

# Kaylex Care Limited - Eastcare Residential Home

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## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Kaylex Care Limited
<b>Premises audited:</b>	Eastcare Residential Home
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 26 July 2023    End date: 26 July 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	37

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Eastcare Residential Home provides rest home and dementia level care for up to 46 residents. The service is operated by Kaylex Care Limited and managed by a temporary facility manager who is the owner/director and is supported by a clinical nurse lead. Residents and families spoke positively about the care provided.

The surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's contract with Te Whatu Ora – Health New Zealand Waikato (Te Whatu Ora Waikato). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, families, the director, managers and staff.

One of three areas requiring improvement from the previous audit remains open and relates to analysing and reporting trends in adverse events. The two areas of improvement now closed relate to operational and service delivery reports to governance and maintenance of kitchen surfaces. There are a further five areas for improvement that have been identified from this audit in relation to a required diversional therapist, care planning, neurological observations, general practitioner (GP) reviews, medication management and the recording of ethnicity data.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code), and these are respected. Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. The residents confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, residents, and families is promoted and was confirmed to be effective. Interpreter services are provided as needed. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies, including external Māori cultural entities who are mana whenua.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The owner/director, who is currently the acting facility manager, assumes accountability for delivering a high-quality service.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. The service is continuing to work towards collection and analysis of quality improvement data, identifying trends which leads to improvements. Actual and potential risks and hazards are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

## Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised, and interventions developed and evaluated.

Activity plans are completed in consultation with whānau and residents noting their activities of interest. Residents and whānau interviewed expressed satisfaction with the activities programme provided.

There is a medicine management system in place. All medications must be reviewed by the general practitioner (GP) every three months. Staff involved in medication administration must be assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met.

Residents are referred or transferred to other health services as required.

## Te aro ki te tangata me te taiao haumarua | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There is a current building warrant of fitness. The service has an approved evacuation scheme and fire drills are completed regularly. Security is maintained.

## **Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship**

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Some subsections applicable to this service partially attained and of low risk.
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The service ensures the safety of the people supported and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The clinical nurse lead coordinates the programme.

A pandemic plan is in place. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks of COVID-19 in March 2023 were managed according to Ministry of Health (MoH) guidelines.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

Eastcare Residential Home has a philosophy and practice of no restraint. This is supported by the governing body, policies and procedures. There were no restraints in use at the time of audit.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	3	2	0	0
Criteria	0	54	0	4	2	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of 'not applicable' which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Eastcare Residential Home has a cultural policy. The owner/director interviewed ensures Māori applicants for positions advertised are always provided with equal opportunities for all roles. All applicants are acknowledged, and information is recorded as part of human resources management processes. The service works collaboratively to provide high-quality, equitable and effective services for Māori, framed by Te Tiriti o Waitangi. On the day of the audit there were residents and staff who identified as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	Not applicable	<p>On the day of the audit there were no residents or staff who identified as Pasifika. The recruitment policies are in place as for sub-section 1.1. The facility has documented policies and procedures that included the organisation's approach to Pacific peoples. There were no established links that had been developed with Pacific communities. The owner/director interviewed stated that the Pasifika support team at Te Whatu Ora Waikato would be consulted if needed</p>

As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		for any Pasifika residents admitted to this aged care service.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility, as was a range of signage in te reo Māori. The clinical nurse lead (CNL) reported that residents who identified as Māori have their mana motuhake recognised and respected. The service is guided by the cultural policies and training sessions that outline cultural responsiveness to residents who identify as Māori.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Eastcare Residential Home's orientation programme requires all staff to read and understand the principles of Te Tiriti o Waitangi. Staff have completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the Māori health plan sighted.</p> <p>Policies and procedures were updated to ensure that te reo Māori is incorporated in all activities undertaken. Staff reported that national events are celebrated including Māori Language Week.</p> <p>Residents and family/whānau reported that their values, beliefs, and language were respected in the care planning process. The service responds to the needs of the residents including those with a disability and supports and encourages participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The owner/director, CNL and staff stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the organisation's code of conduct.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, said they were treated fairly, and they felt safe and protected from abuse and neglect. This was reiterated in family/whānau</p>

		<p>interviews conducted. There are systems and processes in place to safeguard residents from institutional and systemic racism. These include satisfaction surveys, a complaints process, residents' meetings, and advocacy services.</p> <p>A cultural safety policy is used when required to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>The surveillance audit scope was widened to include criterion 1.6.4 as follow up to a complaint made to the Age Care Commissioner in the office of the Health and Disability Commissioner. We found that Kaylex Eastcare had responded to the complaint findings and had made improvements accordingly. Criterion 1.6.4 is rated as fully attained as residents and family members confirmed they were given time for discussion and decisions to be made.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The service ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family/whānau in interviews conducted. The CNL stated that additional advice can be accessed from the local cultural advisors or Te Whatu Ora Waikato if required. Residents confirmed that they are provided with information and are involved in the consent/informed choices and decision-making process about their care. Staff reported they are encouraged to refer to the cultural safety policy on tikanga best practice.</p>
Subsection 1.8: I have the right to complain	FA	<p>The complaint/compliment management policy and procedures were</p>

<p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>clearly documented to guide staff. There is complaints register. The process complies with Right 10 of the Code, which is the right to complain, to be taken seriously, respected, and to receive a timely response.</p> <p>Staff and residents' whānau interviewed stated that they were fully informed about the complaints procedure and where to locate the forms if needed.</p> <p>The director interviewed expressed that they would ensure that the complaints process works equitably for Māori by offering internal and/or external cultural support for the resident and/or whānau and extra time if required. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter if needed.</p> <p>There has been one internal complaint since the previous audit. This complaint was managed by the facility manager in a timely manner with evidence showing the complainant was happy with the outcome. There were no open internal complaints at the time of audit.</p> <p>There has been one Health and Disability Commissioner (HDC) complaint. The complaint was from a family member and was received in December 2020 and closed in May 2023. There have been no external complaints received since the last audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Eastcare Residential Home provides aged related residential rest home and secure dementia care services. One of two owner/directors was interviewed. The directors own and operate two aged care facilities. Eastcare Residential Home is currently being supported by the owner/director as acting facility manager and supported by a clinical lead manager/RN. Both the director/owner and clinical lead manager are experienced in aged care. The clinical lead manager/RN supports all clinical aspects related to resident care and is on site Monday to Friday and on call 24 hours a day, seven days a week (24/7) for any clinical issues. The service is actively advertising for a facility manager. Eastcare Residential Home is also supported by a general manager and an operations manager/RN who is also the</p>

		<p>facility manager for Eastcare Residential Home's sister facility.</p> <p>The previous area for improvement (NZS 8134:2008 criteria # 1.2.1.1-mapping to 2.1.2) related to ensuring that governance is kept fully informed about all aspects of service delivery at Eastcare Residential Home, including emerging risks and improvements, has been addressed. Meeting minutes showed evidence of weekly meetings between the general manager, operations manager and management at Eastcare. Meeting minutes also acknowledged that the directors/owners had attended the weekly meetings and/or had read the meeting minutes.</p> <p>The director/owner interviewed stated that there were no identified barriers for Māori seeking care at this home. The residents and staff are supported by a kaumātua who affiliates with local iwi and visits regularly. The service has a focus on ensuring services with tāngata whaikaha are provided to improve residents' outcomes. Both owner/directors have not yet completed training in Te Tiriti o Waitangi, health equity, and cultural safety as core competencies.</p> <p>Eastcare Residential Home has Aged Residential Care (ARRC) contracts with Te Whatu Ora Waikato for providing rest home and dementia level of care. On the day of audit twenty-four (24) residents were receiving dementia level care. Of those twenty-four (24) residents, one resident was admitted under the long-term chronic health contract (LTCH) and four residents were receiving respite care, with Accident Compensation Corporation (ACC) funding care for one of those four residents. Thirteen (13) residents were receiving rest home level of care. Eastcare Residential Home has completed a 'Notification for One Hospital Level Resident in a Rest Home Area (NOHRRRA)' to support one resident requiring hospital level of care. There was evidence of three-monthly required notification to HealthCERT. There were no residents admitted as a boarder.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p>	<p>PA Moderate</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints, audit activities, a regular patient satisfaction survey, meeting minutes, monitoring of outcomes, policies</p>

<p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>and procedures and staff training. The FM is responsible for implementation of the quality and risk system. There is an internal audit calendar. Section 31 notifications and/or essential reporting have been completed.</p> <p>Meeting minutes showed evidence of weekly meetings between the general manager, operations manager and management at Eastcare. Meeting minutes also acknowledged that the directors/owners had attended the weekly meetings and/or had read the meeting minutes.</p> <p>The owner/director described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The previous area for improvement (NZS 8134:2008 criteria # 1.2.3.6 - mapping to 2.2.2) related to ensuring that there is an effective system for analysing and reporting trends in adverse events remains open and further improvements are required. Incident and accident forms are completed, gathering of numerical data for incidents and accidents occurs; however, there is no documented evidence that information is analysed in detail and trends are reported.</p> <p>Eastcare Residential Home has identified external and internal risks and opportunities, including potential inequities, and developed a plan to respond to them. The organisation is yet to improve health equity through critical analysis of organisational practices.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. The registered nurse is on call and available for clinical issues and the facility manager and director are available for non-clinical matters. A contracted podiatrist and maintenance person support the service and visit regularly. Bureau staff are not used at the facility.</p> <p>The clinical lead manager is interRAI trained. All staff have completed the approved qualification in dementia care and new staff have</p>

		<p>commenced this qualification. All staff have a current first aid certification. All care staff have had a medication competency completed annually, however not all staff medication competency assessments were current (refer to criterion 3.4.3).</p> <p>The annual education calendar was in place, staff interviewed confirmed that they regularly attend training and there was evidence of this.</p> <p>Staff reported feeling well supported and safe (including culturally) in the workplace. The owner/director interviewed confirmed that they have an open-door policy.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<p>There is a documented and implemented process for employment of staff. Records of orientation and professional qualifications were on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals.</p> <p>The activities co-ordinator is currently training to be a diversional therapist; however, neither the activities co-ordinator nor the residents assessed as requiring dementia level care have the support and/or oversight of a qualified diversional therapist.</p> <p>The owner/director has commenced collection of staff ethnicity data. All staff information held on record is secure and confidential.</p> <p>The clinical nurse lead and staff interviewed confirmed in an interview that they felt well supported, feeling comfortable in their knowledge of their roles. Annual staff performance appraisals are completed.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p>	FA	<p>The service's admission policy for the management of enquiries and entry to service is in place. All enquiries and those declined entry were recorded on the pre-enquiry form.</p> <p>There were Māori residents at the time of the audit. The service is working on implementing the collection of ethnicity data and analysis of entry and decline rates, including specific data for entry and decline rates for Māori.</p>

<p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>The service is working in partnership with local Māori communities and organisations through Te Whatu Ora Waikato. The CNL stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, family/whānau/EPOA.</p> <p>The GP completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The CNL reported that sufficient and appropriate information is shared between the staff at each handover, which was observed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>Each resident's care was being evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in</p>



		<p>three weeks. Any change in condition is reported to the CNL and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes. All residents assessed as requiring dementia level of care had a 24-hour behavioural management plan in place.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>Neurological observations were not completed in four resident files reviewed, long-term care plans in four of six files reviewed were not completed following interRAI assessments. Two files reviewed had no specific management plans describing the care of residents as per the resident's assessed needs.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan.</p> <p>Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful</p>	FA	<p>The activities programme for the hospital, rest home and dementia unit is coordinated by the activities coordinator. The activities coordinator is still undergoing training as a diversional therapist (refer to 2.4.3).</p> <p>The activities coordinator reported the service supports community initiatives that meet the health needs and aspirations of Māori and</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>family/whānau. Residents and family/whānau interviewed felt supported in accessing community activities such as celebrating national events, Matariki, Anzac holidays, Māori Language Week, and local visits from schools, kapa haka groups, and use of basic Māori words. The planned activities and community connections were suitable for the residents. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Regular walks are conducted daily in groups of five.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (an electronic system) is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained.</p> <p>Medication reconciliation is conducted by the CNL when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>Some medication competencies were not current for staff administering medicines.</p> <p>There were expired pro re nata (PRN) medications in the medication trolleys. Monitoring of medicine fridge and medication room temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The caregiver was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were no residents self-administering medications. There was a self-administration of medications policy in place when required.</p> <p>There were no standing orders in use.</p>

		<p>The medication policy clearly outlines those residents, including Māori residents and their whānau, are supported to understand their medications. This was confirmed in interviews with the registered nurses.</p> <p>An improvement is required around medication competencies, medication chart reviews, and expired PRN medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The Māori health plan in place included cultural values, beliefs, and protocols around food. The cook stated that culturally specific menu options were available and offered to Māori and Pasifika residents when required. These included 'boil ups' and 'Island' food.</p> <p>EPOA/whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau/family expressed satisfaction with food portions and the options available.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>A standard transfer notification form from Te Whatu Ora Waikato is utilised when residents are required to be transferred to the public hospital or another service. Residents and their EPOA/whānau/family were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plans sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-</p>	FA	<p>There is a current building warrant of fitness with an expiry date of 01 December 2023. Tag and testing of electrical equipment was last completed in May 2023. Maintenance records and observation demonstrated regular maintenance is occurring. Painting within the building was occurring at the time of audit.</p>

<p>centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>The internal building environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. The residents have access to two secure external garden areas, one of which is a cultural garden that has been blessed by local iwi. Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance.</p> <p>The previous shortfall (NZS 8134:2008 criteria # 1.3.13.5 mapping to 4.1.1) relating to the kitchen surfaces has been addressed. The whole kitchen bench was replaced.</p> <p>The owner/director confirmed they would consult with local iwi if a decision was made to make any changes to the current building.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The fire evacuation plan has been approved by the New Zealand Fire Service, 2 December 2008.</p> <p>Appropriate security arrangements are in place. Residents and staff were familiar with emergency and security arrangements. Staff ensure that the building is locked, and windows are closed during afternoon and night duties with rounds occurring regularly. There is a bell at the main entrance of the facility for visitors to ring on arrival after hours and on weekends. There was a code to access the two separate secure dementia care areas. Staff wear badges for identification.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe.</p> <p>Communication about the programme is easy to access and</p>	FA	<p>A pandemic plan is in place, and this is reviewed at regular intervals. There was an infection outbreak of COVID-19 in March 2023. Residents and the service were managed according to MoH guidelines and requirements. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the</p>

<p>navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>pandemic plan if required.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	PA Low	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers and at monthly staff meetings, however ethnicity data was not being included. The CNL reported that the GP is informed on time when a resident has an infection and appropriate antibiotics are prescribed for all diagnosed infections.</p> <p>Culturally safe processes for communication between the service and residents who develop or experience an HAI are practised.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint free environment is the aim of the service. The clinical nurse lead and director/owner interviewed demonstrated commitment to this. The clinical nurse lead is the restraint co-ordinator. Eastcare Residential Home has been restraint free since the previous audit. The staff interviewed had a good understanding of restraints. Staff are provided with training around restraint and managing challenging behaviours.</p> <p>Restraint is discussed at each staff meeting to which the owner/director attends and/or has access to the meeting minutes</p>

## Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	PA Moderate	Eastcare Residential Home has recorded a low rate of infections and accidents. Interviews with staff confirmed that incidents and accidents are discussed at staff meetings at which the owner/director attends as acting facility manager. The staff, CNL and owner/director interviewed knew the residents well and were also aware of individual residents at risk and the potential impact for other residents and staff. This information is discussed not only at staff meetings but in handover and was evident in the staff communication book. Each month the total of incidents and accidents occurring is provided; however there is no evidence of an analysis or comparisons of incident/accident data to assist in identifying trends.	There is insufficient documented evidence of analysis or comparison of incident/accident data to assist in identifying trends.	Provide documented evidence of analysing and reporting trends in adverse events. Provide documented evidence of analysing and reporting trends in adverse events.  90 days
Criterion 2.4.3	PA Low	Length of service for most care staff at Eastcare	Residents assessed as	Provide evidence that a

Professional qualifications shall be validated prior to employment, including evidence of registration and scope of practice for health care and support workers.		Residential Home was between 10 and 16 years. The care staff are very experienced in supporting residents with appropriate activities, and residents that need support in the behaviours that challenge. They know the residents well. The activities co-ordinator is currently halfway through training to become a diversional therapist and has oversight and support from the clinical nurse manager. The planned activities and community connections were suitable for the residents.	requiring dementia level of care do not have oversight of a qualified diversional therapist.	qualified diversional therapist has oversight of residents that have been assessed as requiring dementia level care as per contractual requirement.  180 days
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration</p>	PA Low	<p>Long-term care plans were developed, and six-monthly evaluation processes ensure that assessments reflected the residents' daily care needs, however not all long-term care plans were reviewed following interRAI assessments. This has the potential of missing outcome scores from interRAI assessments. Two files reviewed had no specific management plans for residents' current conditions to guide staff. The documentation describing the care the resident required was not consistent with meeting the resident's assessed needs.</p> <p>Residents, family/whānau/EPOA, and GP involvement is encouraged in the plan of care. Goals were specific and measurable, and interventions were detailed to address the desired goals/outcomes identified during the assessment process. 24-hour activity plans were completed for residents assessed as requiring dementia level of care. Files reviewed evidenced that only initial nursing observations were completed following falls. Neurological observations were not being consistently completed following unwitnessed falls or head</p>	<p>(i) Four of six long-term care plans reviewed were not reviewed following interRAI assessments.</p> <p>(ii) Two residents' files reviewed had no specific management plans for the residents' current conditions.</p> <p>(iii) Neurological observations were not completed following unwitnessed falls or head injuries in four residents' files reviewed.</p>	<p>(i) Ensure long-term care plans are reviewed following interRAI assessments.</p> <p>(ii) Develop specific management plans for residents' current conditions.</p> <p>(iii) Ensure neurological observations are completed for residents post unwitnessed falls or head injuries.</p> <p>180 days</p>

with the person receiving services and whānau responds by initiating changes to the care or support plan.		injuries as per the policy requirements.		
<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	PA Moderate	<p>Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews; however, six of twelve medication charts reviewed were overdue for review. The CNL reported that the GP was in the process of completing these reviews. Indications for use are noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>There were expired PRN medications still being administered to residents; these included laxatives, pain relief, and anti-anxiety medications.</p>	<p>i) Six of twelve medication charts reviewed were overdue for review with timeframes ranging from one to two months overdue.</p> <p>(ii) Expired PRN medications were still being administered to residents.</p>	<p>Ensure medication charts are reviewed three monthly and PRN medications are current.</p> <p>90 days</p>
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Low	<p>The clinical nurse lead is on site Monday to Friday and oversees the medication management system. All pro re nata (PRN) medication is administered by a caregiver having first contacted the CNL for advice. There are no controlled drugs on site. All care staff administering medication have a medication competency completed annually and last updated in 2022. Seven of 24 care staff do not have an up-to-date medication competency.</p>	<p>Not all care staff administering medication have an up-to-date medication competency.</p>	<p>Provide evidence that all care staff administering medication have an up-to-date medication competency.</p> <p>90 days</p>



<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	<p>Monthly surveillance of infections is completed by the CNL; however, surveillance of healthcare-associated infections was not including ethnicity data.</p>	<p>Surveillance of healthcare-associated infections was not including ethnicity data.</p>	<p>Ensure surveillance of infections includes ethnicity data.</p> <p>180 days</p>

# Specific results for criterion where a continuous improvement has been recorded

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As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.