

# Rangiura Trust Board - Rangiura Rest Home & Retirement Village

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## Introduction

This report records the results of a Certification 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>	Rangiura Trust Board
<b>Premises audited:</b>	Rangiura Rest Home & Retirement Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 17 August 2023 End date: 18 August 2023
<b>Proposed changes to current services (if any):</b>	0
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	71

# 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

Rangiura Rest Home and Retirement Village (Rangiura Rest Home) provides rest home, dementia and hospital level care for up to 76 residents.

The service is owned and operated by the Rangiura Trust Board and managed by a chief executive officer, general manager, a clinical nurse leader, and four other supporting managers. Residents and their family/whānau were positive about the care provided.

The only changes since the previous certification audit have been changes in board membership.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard 8134:2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand Waikato (Te Whatu Ora Waikato). The audit process included a sample of policies and procedures, residents' and staff files, observations and interviews with residents, family/whānau members, senior managers, the board chairperson, and the nurse practitioner (NP).

This audit has identified two corrective actions which relate to not meeting timeframes of interRAI and long-term care plans, and residents who administer their own medicines not meeting requirements.

## 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.

Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe. The service has developed meaningful partnerships with Māori communities and organisations to benefit Māori residents and whānau. Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code). Staff have received education on Te Tiriti o Waitangi and the Code.

The provider maintains a socially inclusive and person-centred service. Residents confirmed that they are always treated with dignity and respect.

Consent is obtained where and when required. Residents are safe from abuse. Residents and family/whānau receive information in an easy-to-understand format, felt listened to and were included in making decisions. Open communication is practised. Interpreter services are provided as needed. Whānau/family and legal representatives are involved in decision-making. Advance directives are followed where applicable.

The complaints process aligns with consumer rights legislation. All complaints have been managed well and resolved to the satisfaction of the complainant.

## 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.

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

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. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks 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.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The entry to service process is efficiently managed. Residents are assessed before entry to the service to confirm their level of care. The registered health professionals are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions are appropriate and evaluated as per policy requirement. Transfers and discharges are managed efficiently.

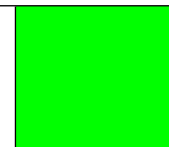
The service provides planned activities that meet the needs and interests of the residents, as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. The planned activity programme promotes residents to maintain their links with the community and support community initiatives that meet the health needs and aspirations of Māori and whānau. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a paper-based medicine management system in place used in prescribing, dispensing, and administration of medications. The nurse practitioner and the general practitioner are responsible for all medication reviews. There are policies and procedures that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents with special needs and menu options specific to te ao Māori are catered for. Food is safely managed. Residents verified satisfaction with meals.

## Te aro ki te tangata me te taiao haumaruru | 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.



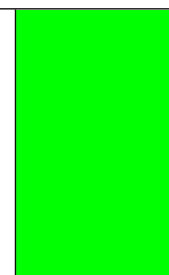
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. 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.



Subsections applicable to this service fully attained.


The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and scope of the service. A registered nurse leads the programme which is reviewed annually. Specialist infection prevention advice was accessed when needed. There is a current COVID-19 pandemic plan and outbreak management plan.

Staff understood the principles and practice of infection prevention and control. This was guided by relevant policies and supported through education and training.

Hazardous waste is managed appropriately. There are safe and effective laundry services.

Prescribed antibiotics are recorded, and occurrences of adverse effects are monitored. Surveillance of health care-associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required. COVID-19 outbreaks reported since the previous audit were managed effectively.

## 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.
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A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions. Governance is committed to eliminating the need for restraint. The frequency of restraint use has decreased. There were three restraint interventions in place on the days of audit. The restraint coordinator is the physiotherapist and part of the senior management team.



## 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	27	0	1	1	0	0
Criteria	0	175	0	1	1	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>The organisation has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Mana motuhake is respected. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>A Māori health plan has been developed and was in use. The facility is supported by a local Māori health provider, and also by staff and residents at Rangiora Home that identify as Māori, for guidance and support as required.</p> <p>The service actively recruits for all levels of staff and does not discriminate based on ethnicity. Whānau and residents interviewed were very satisfied with the culturally safe personal care and overall service delivery.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	FA	The organisation has knowledge of local Pacific communities and

<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> <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.</p>		<p>organisations who are available to provide information. The Pacific plan, which was developed with input from Pacific communities, supports culturally safe practices for Pacific peoples using the service.</p> <p>There are processes and resources in place to provide sufficient guidance for staff to ensure a resident’s cultural and spiritual needs and beliefs are taken into account. At time of audit there were no residents that identified as Pasifika, but there were staff who did so.</p> <p>The facility supports the employing of Pasifika staff members as vacancies and applications for employment permit and does not discriminate based on ethnicity. Ethnicity data is gathered when staff are employed.</p>
<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>	<p>FA</p>	<p>Staff have received training on the Code as part of the orientation process as was verified in staff files and interviews with staff. Staff gave examples of how they incorporated residents’ rights in daily practice. Copies of the Code in English and te reo Māori were posted around the facility. The Nationwide Health and Disability Advocacy Service (Advocacy Service) and the Code pamphlets were provided as part of the admission information.</p> <p>Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation was provided by staff on admission. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>Māori mana motuhake is recognised in practice. Care for Māori residents is guided by the cultural assessment for Māori residents and the cultural safety policy. Residents and family/whānau are involved in the assessment and care planning process and relationships with iwi and hapu are recognised as important factors taken into consideration. This approach enabled residents to practice autonomy and independence to determine individual wishes and support needs.</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>	<p>FA</p>	<p>Residents' values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics are identified through the admission assessment process. These were documented in the residents' care plans sampled. Staff were observed respecting residents' personal areas during the audit. Personal cares were provided behind closed doors. Shared bathrooms had clear signage when in use. Residents were supported to maintain as much independence as possible.</p> <p>Principles of Te Tiriti o Waitangi are incorporated in service delivery. Tāngata whaikaha needs were responded to as assessed. Residents were supported to participate in te ao Māori as desired. Cultural artwork was observed in residents' rooms.</p> <p>Te reo Māori and tikanga Māori are actively promoted throughout the organisation and incorporated in all activities. Staff have received Te Tiriti o Waitangi training. Te reo Māori words and phrases were posted around the facility to increase residents' and staff awareness. Family/whānau for residents who identify as Māori confirmed satisfaction with the consultation process during assessment and care planning.</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>	<p>FA</p>	<p>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are discussed in the orientation process for all staff. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation.</p> <p>Systems in place to protect residents from abuse, revictimisation, and systemic and institutional racism include the complaints management process and care evaluation meetings with residents and family/whānau. Staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, exploitation.</p> <p>Residents' property is labelled on admission. Residents, family/whānau and staff confirmed that they have not witnessed any</p>

		<p>abuse or neglect.</p> <p>Te Whare Tapa Whā model of care is used to ensure wellbeing outcomes for Māori. Residents and family/whānau confirmed that residents are treated fairly.</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>Residents, family/whānau and enduring power of attorney (EPOA) for residents in the dementia unit are provided with an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. Residents and family/whānau stated they were kept well informed about any changes to care and any incidents in a timely manner. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures.</p> <p>Residents were referred to allied health care providers where required. Information provided to residents and family/whānau was mainly in the English language. Interpreter services are engaged when required. Family/whānau support Māori residents with interpretation where appropriate or a kaumātua can be engaged as required. Written information and verbal discussions were provided to improve communication with residents, their family/whānau or EPOAs.</p> <p>Residents' family/whānau stated that all staff were approachable and responsive to requests in a sensitive manner. A record of phone or email contact with family/whānau or EPOAs was maintained. For non-verbal residents, communication strategies were documented and observed to be effectively implemented by staff during the audit.</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>	FA	<p>Residents and family/whānau or EPOAs for residents in the dementia unit are provided with the information necessary to make informed decisions. Residents felt empowered to actively participate in decision making. Appropriate best practice tikanga guidelines in relation to consent were followed. Staff interviewed understood the</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>		<p>principles and practice of informed consent.</p> <p>General consent was obtained as part of the admission agreement. Informed consent for specific procedures had been gained appropriately. EPOAs were activated for all residents under dementia level of care, and where applicable for hospital and rest home level of care.</p> <p>Resuscitation treatment plans were in place in addition to advance directives where applicable. Staff were observed to gain consent for daily cares.</p> <p>Residents are supported by family/whānau and support of advocacy services can be accessed when required. Communication records verified inclusion of support people where applicable.</p>
<p>Subsection 1.8: I have the right to complain</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>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. The complaints management system has been reviewed to ensure this works effectively for Māori. Residents and whānau understood their right to make a complaint and knew how to do so. Staff confirmed their understanding of the complaint process and said they always refer complainants to the managers who are responsible for the management of these.</p> <p>The complaints register recorded five internal complaints since the last audit. Documents sighted showed that prompt and appropriate actions had been taken and that complainants had been informed of findings following investigation. The facility has received two complaints from the Health and Disability Commissioner (HDC) since the previous audit, of which one remains open.</p> <p>There have been no complaints received from any other external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p>	<p>FA</p>	<p>Rangiura Rest Home is operated by New Zealand Aged Care</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>		<p>Services Ltd and managed by a chief executive who commenced their role five years ago and a clinical nurse leader who commenced their role in 2015. Both the chief executive and clinical nurse leader have extensive background in health management in different sectors including aged care and confirmed knowledge of the sector, regulatory and reporting requirements, and maintain currency within the field.</p> <p>There have been minimal changes within the governing body/trust board since the previous audit. The seven-member board assumes accountability for:</p> <ul style="list-style-type: none"> <li>• Supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti.</li> <li>• Defining a governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation.</li> <li>• Appointing an experienced and suitably qualified person to manage the service.</li> <li>• Identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals.</li> <li>• Demonstrating leadership and commitment to quality and risk management.</li> <li>• Being focused on improving outcomes for Māori and people with disabilities.</li> </ul> <p>A sample of a report to the board of directors showed adequate information to monitor performance is reported. The board meets once a month and weekly meetings occur with the chief executive.</p> <p>The board chair interviewed said that the board had been informed about the new requirements of Ngā Paerewa and their additional obligations. All have knowledge and understanding about Te Tiriti o Waitangi, equity and cultural safety. Further training provided by an</p>
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		<p>external provider is booked for September 2023. There was no evidence of infrastructure, financial, physical or other barriers to equitable service delivery and this was further demonstrated in interviews with management, staff, residents and their whānau. Ongoing discussions are occurring to ensure that any barriers to equitable service delivery are identified and explored to reduce any risks.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Waikato (Te Whatu Ora Waikato) for aged residential care – hospital , rest home and dementia care. The agreement includes provision for respite and long-term support – chronic health conditions (LTS-CHC). The service also holds a contract with Whaikaha – Ministry of Disabled People.</p> <p>On the days of audit there were 27 residents receiving rest home level care; of those 27 residents, one resident was admitted under the Whaikaha – Ministry of Disabled People contract. Twenty-seven (27) residents were receiving hospital level care and included one resident admitted under respite care. Sixteen (16) residents were receiving dementia level of care.</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>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>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents, including infections. A residents’ satisfaction survey is currently being sent out. Residents, whānau and staff contribute to quality improvement through day-to-day conversations, residents’ meetings and a suggestions box placed at the main entrance. The general manager interviewed confirmed that they have an open-door policy and encourage residents and whānau to discuss any concerns with them.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is</p>



		<p>evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The general manager described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>The facility has discussed external and internal risks and opportunities, including potential inequities, and developed a plan to respond to them. The organisation is establishing equity as an integral component of its quality systems. This includes ensuring all aspects of service delivery are experienced as fair and acceptable to Māori, using best known practice in cultural assessment and care planning.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The chief executive and clinical nurse leader interviewed understood and have complied with essential notification reporting requirements. There have been no notifications under Section 31 of the Health and Disability Services Act since the last audit.</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. 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. 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. Rosters reviewed identified at least one registered nurse on each shift and at least one staff member on duty has a current first aid certificate.</p> <p>Registered nurses and care staff are supported by a clinical nurse leader who is on site Monday to Friday and is on call after hours.</p>

		<p>Continuing education is planned on an annual basis, including mandatory training requirements to meet the needs of the residents. All staff have completed training in Te Tiriti o Waitangi and equity health, ensuring high quality care for Māori. Care staff have either completed or commenced or are due to commence a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waikato. Staff working in the dementia unit have completed the required NZQA dementia training qualifications. Staff are supported by two educators/assessors on site. Staff files reviewed demonstrated completion of required training and competency assessments.</p> <p>Staff reported that they feel well supported and safe in the workplace and acknowledged the support of the management team.</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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There were job descriptions available. Records of professional qualifications were on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals.</p> <p>Orientation and induction programmes are fully utilised, and staff confirmed their usefulness and felt well supported.</p> <p>Care staff interviewed are aware that they have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing.</p> <p>Staff performance is reviewed and discussed at regular intervals.</p> <p>Ethnicity data is recorded and used in line with health information standards.</p>
Subsection 2.5: Information	FA	Residents' files and the information associated with residents and staff are retained in electronic and hard copies. Staff have their own

<p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>logins and passwords. Backup database systems are held by an external provider. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review.</p> <p>Records are uniquely identifiable, legible, and entries are timely, including staff signatures, designation, and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p> <p>Rangiura Rest Home is not responsible for National Health Index registration.</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> <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>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the Needs Assessment and Service Coordination (NASC) Service. Residents in the dementia unit were admitted with the consent of the EPOAs. Specialist referral to the service was confirmed. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process.</p> <p>Entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Entry to services data is documented, including ethnicity data. Analysis of entry and decline rates include specific entry and decline rates for Māori. The organisation has established links and partnerships with the local Māori organisations and communities. Māori cultural support can be accessed from the family/whānau or a kaumātua as desired.</p> <p>Residents and family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</p>
<p>Subsection 3.2: My pathway to wellbeing</p>	PA Low	<p>The registered health professionals (RHPs) complete admission assessments, care planning and evaluation. There are four trained</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>interRAI assessors. The residents, family/whānau, or enduring power of attorney (EPOA) for residents in the dementia unit consented to the assessment and care planning process. This was verified by the general consent signed as part of the admission agreement. Interviews with residents and family/whānau confirmed this. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. Care plans completed by the physiotherapist or enrolled nurse are countersigned by a registered nurse. Cultural assessments were completed by staff who have completed appropriate cultural training.</p> <p>Te Whare Tapa Whā model of care was utilised to ensure tikanga and kaupapa Māori perspectives permeate the care planning process and support Māori residents and whānau to identify their own pae ora. The cultural assessment plan for Māori residents includes Māori healing methodologies, such as karakia, rongoā, special instructions for taonga and tangihanga. Specific requirements were documented where applicable. Tāngata whaikaha and family/whānau are involved in the care planning process to ensure their choices and wishes are respected. The service enables accessible services by encouraging whānau support and enabling access to kaumātua or cultural support as required.</p> <p>A range of clinical assessments, including interRAI assessment outcome scores, referral information, and the needs assessment and service coordination assessments (NASC) served as a basis for care planning. However, some initial interRAI assessments and long-term care plans were not completed within three weeks of an admission and a shortfall has been identified in relation to this, refer to 3.2.1.</p> <p>The long-term care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed with identified triggers and strategies to manage the identified behaviours documented, where applicable, and for all residents in the dementia</p>
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	<p>unit. Family/whānau goals and aspirations identified were addressed in the care plan where applicable.</p> <p>Service integration with other health providers including activity notes, medical and allied health professionals was evident in the care plans. Changes in residents' health were escalated to the general practitioner (GP) or the nurse practitioner (NP). Referrals sent to relevant specialist services as indicated were evident in the residents' files sampled. In interview, the NP confirmed timely communication from the clinical team for any residents' health issues and that care was implemented promptly. Care staff reports noted changes to the RNs, as confirmed in the records sampled.</p> <p>Medical assessments were completed by the GP or NP within two to five working days of an admission. Routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evident in sampled records. Physiotherapy services are available five days a week. Referrals to the physiotherapist were completed where required and these were evident in the resident's records sampled for review. The physiotherapist expressed satisfaction with the communication process and services provided by the clinical team.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for any identified acute resident care needs. Short-term care plans were reviewed weekly or earlier if clinically indicated. Care evaluations included the residents' degree of progress towards their agreed goals and aspirations, as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any</p>
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		resulting changes.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is overseen by a registered diversional therapist (DT) who is supported by an assistant diversional therapist who is undergoing DT training, and an activities coordinator. Activities calendars were posted on notice boards around the facility. Activities on the programme reflected residents' goals, ordinary patterns of life, strength, skills, interests, and included normal community activities.</p> <p>Residents are supported to access community events and activities where possible. Individual, group activities and regular events are offered. There is a wide variety of activities offered including gender specific activities. Opportunities for Māori residents and family/whānau to participate in te ao Māori are facilitated. Māori art was displayed in several areas within the facility. Residents are supported to go out to visit family/whānau and friends where applicable. Family/whānau support with this activity.</p> <p>Diversional therapy care plans were completed in all residents' files sampled. Residents' activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review, and when there is a significant change in the residents' abilities. Residents and family/whānau are involved in evaluating and improving the programme.</p> <p>Activities for residents in the dementia unit were structured to meet the residents' needs and the DT stated that these can be changed when required. Residents were observed participating in a variety of activities on the days of the audit. Twenty four-hour activity plans were completed for residents in the dementia unit. Residents can freely access the secure gardens. This was observed on the days of the audit. Interviewed residents and family/whānau confirmed they find the programme satisfactory.</p>
Subsection 3.4: My medication	PA	The implemented medicine management system is appropriate for the scope of the service. Staff who administer medicine have

<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>Moderate</p>	<p>received medication management training and had a current medication administration competency.</p> <p>Medicines were prescribed by the GP or NP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over-the-counter medicines and supplements were documented on the medicine charts where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are used, and relevant guidelines to guide practice were available.</p> <p>Medicines are supplied to the facility from a contracted pharmacy. Medicine reconciliation occurs. All medicines sighted were within current use-by dates. The medicines, including controlled drugs and associated documentation, were stored safely. The required stock checks have been completed. Clinical pharmacist input was provided six monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridges and the medicine rooms sampled were within the recommended range. Residents and their family/whānau are supported to understand their medicine when required. The NP stated that when requested by Māori, appropriate support and advice will be provided.</p> <p>Residents who were self-administering medicines did not have appropriate assessments completed.</p> <p>The implemented process for analysis of medication errors is comprehensive and corrective actions are implemented as required. Regular medication audits were completed, and corrective action plans were implemented as required.</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>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The food service has been contracted to external contractors as from 07 August 2023. The food is prepared onsite. Residents' nutritional requirements are assessed on admission to</p>

<p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>the service in consultation with the residents and family/whānau. The assessment identifies residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Special food requirements are accommodated in daily meal plans.</p> <p>Kitchen staff have received the required food safety training. The menu follows summer and winter patterns in a six weekly cycle and was reviewed by a qualified dietitian on 01 March 2022. Meals are served in respective dining rooms and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Culturally specific to te ao Māori food options were on the current menu and the chef stated that additional options will be provided per residents' request. Family/whānau for residents who identify as Māori expressed satisfaction with the food options provided.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with a current approved food control plan. Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Residents expressed satisfaction with the variety of the meals. Snacks and drinks were provided on a 24-hour basis for residents.</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>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau or EPOA. Residents' family/whānau reported being kept well informed during the transfer of their relative. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed and the resident's progress notes.</p> <p>Residents are supported to access Kaupapa Māori agencies where indicated or requested. Referrals to seek specialist input for non-urgent services are completed where required as evidenced in the</p>



		records sampled.
<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-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>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements in the rest home, hospital and dementia unit. There is a current building warrant of fitness with expiry date 7 December 2023.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces are culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the premises. Residents in the dementia unit have access to a safe outdoor secure garden encouraging purposeful walking.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. The chief executive interviewed confirmed that residents and whānau would be consulted and involved in the design of any new buildings. The Code of Rights is on display in English and te reo Māori and cultural art works and bilingual signs were evident at the time of audit.</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>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency.</p> <p>Fire trial evacuations occur six-monthly and last occurred on 17 July 2023 and 5 January 2023. The fire evacuation plan has been approved by the New Zealand Fire Service and was dated 20 May 2021. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p>

		<p>Call bells alert staff to residents requiring assistance. Residents and whānau interviewed reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place including the dementia unit. Cameras are evident in the main areas including camera signage.</p> <p>Residents were familiar with emergency and security arrangements. There is a staff member rostered on each shift who is first aid trained.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service and has been approved by the governing body. This information is linked to the quality improvement system and the board are kept informed of all infections each month. The facility has commenced benchmarking with other facilities and this overall information will also be included in future reports. The programme is reviewed and reported on yearly.</p> <p>Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the governing body.</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. Communication about the programme is easy to access and 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>	FA	<p>The nominated infection prevention coordinator (IPC) coordinates the implementation of the infection prevention (IP) programme. The IPC role, responsibilities and reporting requirements are defined in the IPC's job description. The IPC has completed external education on infection prevention in August 2023. They have access to shared clinical records and diagnostic results of residents.</p> <p>The IP programme implemented is clearly defined and documented. The IP programme has been approved by the governance body and is linked to the quality improvement programme. The IP programme is reviewed annually; it was last reviewed in August 2023. The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies</p>

		<p>reflect the requirements of this standard and include appropriate referencing.</p> <p>The COVID-19 pandemic plan and the outbreak management plan in place are reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic and outbreak management response plan.</p> <p>The clinical nurse leader has input into other related clinical policies that impact on health care-associated infection (HAI) risk. Staff have received education in IP at orientation. Education with residents was on an individual basis when an infection was identified, in residents' meetings and through infection control posters posted around the facility.</p> <p>The clinical nurse leader and the IPC are involved in the procurement of the required equipment, devices, and consumables through approved suppliers. The clinical nurse will be involved in the consultation process when significant changes are proposed to the existing facility, though this has not been required so far as stated by the clinical nurse leader.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. Policies and procedures to guide staff practice were available. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Infection prevention practices were observed during the audit. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>A Māori cultural advisor was involved in the development of IP policies to ensure culturally safe practices in IP are protected and to acknowledge the spirit of Te Tiriti. Educational resources in te reo Māori were available. Residents who identify as Māori expressed satisfaction with the information provided.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governance body. The AMS policy in place aims to promote appropriate antimicrobial use and minimise harm. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement monthly.</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>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection prevention programme. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection data is collected, monitored, and reviewed monthly. The data is collated, analysed and action plans are implemented. Ethnicity was included in surveillance data.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff are informed of infection rates and regular audit outcomes at staff meetings and through compiled reports as confirmed in interviews with staff. New infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and family/whānau were advised of infections identified in a culturally safe manner. This was verified in interviews with residents and family/whānau. There were three COVID-19 infection outbreaks reported since the previous audit that were managed effectively with appropriate notification completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical storage room, the laundry and cleaners' rooms.</p>

<p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>Cleaning products were in labelled bottles. Cleaners ensure that the cleaning trolleys are safely stored when not in use. There was sufficient PPE available which included masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The cleaners and laundry staff have attended training appropriate to their roles. The maintenance manager has oversight of the facility testing and monitoring programme for the built environment.</p> <p>The effectiveness of cleaning and laundry processes is monitored by the internal audit programme. Residents confirmed satisfaction with cleaning and laundry processes.</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 governance group demonstrated commitment to this. At the time of audit three residents were using a restraint. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management and facilitated by the physiotherapist. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group are responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA were involved in decision making.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my</p>	FA	<p>Assessments for the use of restraint, monitoring and evaluation were documented and included all requirements of the Standard. Whānau</p>

<p>care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>confirmed their involvement.</p> <p>Access to advocacy is facilitated as necessary. A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record.</p> <p>There have been no episodes of emergency restraint. Staff interviewed were aware of the availability of a debrief session after any emergency situations.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint has been reduced by one over the past six months.</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)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>The RHPs complete the interRAI assessments and long-term care plans in consultation with residents and their family/whānau with the resident’s consent or that of the EPOA for residents in the dementia unit. Some initial interRAI assessments and long-term care plans were not completed within three weeks of an admission. Residents’ care was guided by the nursing assessments completed on admission and initial care plans. Staff regularly document in the residents’ progress notes in each shift. The clinical nurse leader and the nursing team were aware of the overdue initial interRAI assessments and long-term care plans, and a corrective action plan has been implemented to address the shortfall. Interviewed residents, family/whānau and observations verified that residents were receiving appropriate care to</p>	<p>Initial interRAI and long-term care plans were not completed in a timely manner in four out of nine residents’ files sampled for review.</p>	<p>Ensure all assessments are completed in a timely manner to meet the contractual and criterion requirements.</p> <p>180 days</p>

		meet their needs.		
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA</p> <p>Moderate</p>	<p>Appropriate policies and procedures to guide safe self-administration of medicine was available. Interviewed staff understood the processes required to facilitate safe self-administration, including the assessment process, consent, and storage requirements. There were five residents who were self-administering inhalers at the time of the audit. However, there was no evidence of the assessments and consent available for the residents who were self-administering inhalers and the medicine was not stored in locked cupboards.</p>	<p>Five residents who were administering inhalers did not have self-administering assessment and competency completed.</p>	<p>Ensure self-administration of medication is facilitated safely for all residents.</p> <p>90 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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display
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End of the report.