

Cambridge Resthaven Trust Board Incorporated - Cambridge Resthaven

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:

Legal entity:	Cambridge Resthaven Trust Board Incorporated
Premises audited:	Cambridge Resthaven
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 30 August 2023 End date: 31 August 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	60



Executive summary of the audit

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 haumaruru | 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

Cambridge Resthaven Trust Board Incorporated operates Resthaven on Vogel (Resthaven) and provides hospital, rest home and dementia level care for up to 74 residents which includes 12 approved for care apartments under occupation rights agreements (ORA). On the days of audit there were 60 residents, one of whom was residing in an ORA apartment. The board also own and operate a large retirement village situated near Resthaven and another aged care facility in Leamington Cambridge, Resthaven on Burns.

Significant changes since the previous surveillance audit in November 2021, are the demolition of the 50-year-old wing that housed 18 dual purpose beds. An extensive building project is underway to create 33 care suite apartments with dual purpose beds, and spaces to accommodate administration services, kitchen, and allied health services. It is anticipated this will be ready for occupation pursuant to a partial provisional audit and Manatū Hauora approval in February 2024.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and contracts with Te Whatu Ora – Health New Zealand Waikato (Te Whatu Ora Waikato) and Whaikaha – Ministry of Disabled People. The process included a pre-audit assessment of policies and procedures, reviewing a sample of residents’ and staff files, observations, and interviews with residents and whānau, two governance representatives, management, staff, the contracted

physiotherapist, and a general practitioner. The service is managed by an experienced chief executive officer (CEO) and general manager (GM). A nurse director, clinical nurse leader (CNL) and other heads of department also oversee service delivery. Residents, whānau and other external health providers were complimentary about the care provided.

Strengths of the service, resulting in a continuous improvement rating is the control and management of COVID-19 outbreaks. There were no areas requiring improvement identified during the audit.

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.
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Resthaven works collaboratively to support and encourage a Māori world view of health in service delivery. A Māori health plan, policies and procedures are in place to ensure Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of self-determination/mana motuhake.

Policies, processes, and staff knowledge ensure Pacific peoples are provided with services that recognise their worldviews and enable culturally safe care.

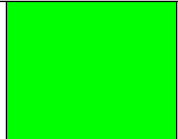
The service provides an environment that supports residents' rights. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, and other ethnicities. This was confirmed by care plan reviews, and resident and staff interviews.

Residents and their family/whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents are kept safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provides services and support to people in ways that are inclusive and respect their identity and their experiences. Care plans accommodated the choices of residents and/or their whānau. There was evidence that residents and their family/whānau were being kept well informed.

Residents and their family/whānau receive information in an easy-to-understand format and are included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Residents and their family/whānau and legal representatives participate in decision-making that complies with the law. Advance directives were being followed wherever possible.

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.		Subsections applicable to this service fully attained.
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The organisation is governed by a board of trustees who work with senior managers to monitor organisational performance and ensure ongoing compliance. The board assumes accountability for delivering a high-quality service and is inclusive of and sensitive to the cultural needs of Māori. All board members are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

Organisational planning ensures the purpose, values, direction, scope, and goals for the service are defined. Progress toward meeting goals and organisational performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care and includes processes to meet these standards, legislation, regulations and health and safety requirements. 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. Essential notification reporting occurs as required.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced. There have been ongoing shortages in registered nurses (RNs). There is an RN on site for all morning and evening duties seven days a week and night duties are being covered by an offsite virtual RN service provided by Te Whatu Ora.. Staff competencies are monitored, and their individual performance was being reviewed.

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

Ngā huarahi ki te oranga | 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.

Subsections applicable to this service fully attained.

All residents are admitted using a person-centred and whānau-centred approach. Relevant information is provided to the potential resident and their family/whānau.

The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans sampled were individualised, based on comprehensive information, and accommodated any recent problems. Files reviewed demonstrated that the care provided meets the needs of residents and their family/whānau and that care was evaluated on a regular and timely basis.

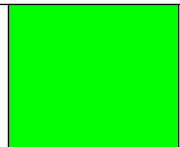
Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines were being safely managed and administered by staff who were competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

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

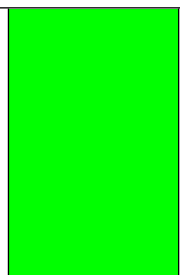
Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

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.
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The facility meets the needs of residents and was observed to be clean and well maintained. There is a current building warrant of fitness. Electrical and medical equipment is being tested as required. External areas are accessible and safe, with suitable seating and shade provided. The outside areas meet the needs of older people and 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.
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The education facilitator was the infection control coordinator (ICC). The ICC was trained and experienced and ensured the safety of residents, visitors, family/whānau and staff through implementing a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme. The programme was appropriate to the size and complexity of the service, and adequately resourced. The ICC was engaged in the procurement process.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Resthaven has an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required.

The environment supported both preventing infections and mitigating their transmission. Waste and hazardous substances were managed. Safe and effective cleaning and laundry services were implemented.

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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There are clearly documented restraint policies and procedures, a nominated restraint coordinator and restraint approval group. Resthaven is committed to reducing and eliminating the use of restraints which is endorsed by governance. On the days of audit there were two residents with restraints in use. A comprehensive assessment, approval, monitoring process, and regular review

occurs for all restraint used. Staff are provided with ongoing education on restraint minimisation and the requirements of this standard and service policy. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	29	0	0	0	0	0
Criteria	1	173	0	0	0	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

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>	<p>FA</p>	<p>Resthaven has developed policies and processes under the guidance of local iwi which reflect mātauranga Māori and enact the principles of Te Tiriti o Waitangi in all aspects of its work. This is reflected in the organisation’s values, across a wide range of service documents. Tikanga Māori is embedded in day-to-day practices, for example, karakia to open and close meetings, adherence to Māori cultural and spiritual beliefs, and kawa around death and dying.</p> <p>A staff ‘cultural group’ has been meeting every month for the past year to further develop and update the existing Māori health plan and identify and implement strategies for cultural safety, and equitable practices, using a partnership approach. The group comprises a board member, Māori staff, managers, and other staff representatives or leaders from different service areas. The work of this group has been supported by input from local tau iwi.</p>

		<p>On the days of audit, seven percent of the total staff population identified as Māori. Those staff interviewed said they experienced the service as culturally safe and that they felt proud to be working there. There were a small number of residents whose ethnicity was Māori but the residents and their whānau made it clear during interview that they did not identify as such. Those interviewed said that staff respected their right to self-determination/mana motuhake, and that they felt culturally safe.</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> <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>FA</p>	<p>The organisation has knowledge of local Pacific communities and organisations who are available to advise and provide information. The Pacific plan, which was developed with input from Pacific communities, supports culturally safe practices and promotes equity of Pacific peoples using the service.</p> <p>Although there were no Pasifika residents, the processes and resources in place provide sufficient guidance for staff to ensure a resident's cultural and spiritual needs and beliefs are considered. There are a significant number of Pasifika staff employed (14%), some of whom are in leadership roles. This reflects the local population demographic.</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>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed in te reo Māori, English and New Zealand Sign Language posters around the facility, with brochures in both languages available at reception. Signage information on the Nationwide Health and Disability Advocacy Service was displayed in both languages near the reception area. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the Code and the availability of the advocacy service and were seen supporting residents in accordance with their wishes. Interviews with eleven</p>

		<p>family members who visited regularly, confirmed staff were respectful and considerate of residents' rights.</p> <p>Resthaven had a wide range of cultural diversities in their staff mix who could interpret and speak a wide range of languages if required. Resthaven also had access to external interpreter services and cultural advisors/advocates. Relationships had been established with the local iwi. Several nearby kaupapa māori providers were accessible if additional support was needed to support residents who identified as Māori. Resthaven had established a cultural group. The group comprised of a board member, Māori staff, managers, and other staff representatives or leaders from different service areas. The work of this group had been supported by input from local tau iwi, to identify and implement strategies to ensure cultural safety, and equitable practices, using a partnership approach.</p> <p>Interviews, observations, and documentation demonstrated the ways in which residents' self-determination/mana motuhake was upheld.</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>Resthaven support residents in a manner that is inclusive and respects their identity and experiences. Residents and their family/whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice with te reo Māori and tikanga Māori being promoted.</p> <p>All staff working at Resthaven were educated in Te Tiriti o Waitangi and cultural safety. The staff were assisted to speak and learn te reo Māori, with the assistance of staff members who identified as Māori.</p>

		<p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advance care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents, except two married couples, had a private room. Resthaven responded to tāngata whaikaha needs and had processes in place that enabled tāngata whaikaha to participate in te ao Māori, if they wished. Training included training on support for people with disabilities.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Employment practices at Resthaven included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected. Professional boundaries were maintained.</p> <p>A holistic model of health at Resthaven was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Thirteen residents and eleven family/whānau interviewed expressed satisfaction with the services provided at Resthaven.</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>	<p>FA</p>	<p>Residents and their family/whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. Resident and family/whānau meetings at Resthaven are held regularly in addition to regular contacts with family/whānau by email, phone calls, and the open-door policy of the general manager (GM) and clinical nurse leader (CNL) which kept family/whānau informed.</p> <p>Evidence was sighted of residents communicating with all staff, including the GM and CNL. Residents and their family/whānau and staff reported the GM or CNL responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with family/whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the resident's care when needed.</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</p>	<p>FA</p>	<p>Residents at Resthaven and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting Enduring</p>

<p>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>Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Staff who identified as Māori and a range of other cultures assisted other staff to support and understand cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</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 complaints system is in place which promotes use and understanding by Māori and others to receive and resolve complaints. For example, local kaumātua and tau iwi who have been advising the organisation, are available to support any Māori residents and their whānau.</p> <p>The GM has overall responsibility for all complaint investigations and uses these as opportunities to make improvements. The process and policies meet the requirements of the Code and these standards. Residents and whānau interviewed understood their right to make a complaint and said they knew how to raise concerns.</p> <p>Documentation sighted showed that all complaints received since January 2023, had been acknowledged in writing, complainants had been informed of findings throughout the process and following investigation and that resolution and/or agreement had been reached between the parties involved. Four complaints were still open pending further investigation and resolution.</p> <p>There have been no known complaints received or investigated by the funder or the office of the Health and Disability Commissioner since the previous audit.</p>
<p>Subsection 2.1: Governance</p>	<p>FA</p>	<p>There have been minor changes within the governing body/trust</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>board since the previous surveillance audit in November 2022. These include one member stepping down and a new person moving into the position of chairperson. These changes are to be ratified at the upcoming Annual General Meeting and then notified to Manatū Hauora under Section 31 reporting processes. The seven-member board assumes accountability for delivering a high-quality service and is inclusive and sensitive to the cultural needs of Māori. Most trustees have trained under the Institute of Directors New Zealand which includes a course on the Principles of Māori Governance. All trustees have completed education on Te Tiriti o Waitangi, cultural safety, equity, and unconscious bias. One of the board members is identified as ‘championing’ equity and cultural safety. The CEO and two board members interviewed were fully informed about their legal, contractual, and regulatory obligations including the requirements of Ngā Paerewa. The board are kept informed about all operational matters, including changes to service delivery, the quality and risk system, and progress toward achieving equity for tāngata whaikaha, Māori and Pasifika. Interviewees spoke of their commitment to the principles of their charitable status, ensuring equal access and options for all people in their community.</p> <p>The strategic and annual business/quality/risk plans outline the purpose, values, scope, direction, and goals of the organisation. These documents describe annual and longer-term objectives and are linked to operational plans. A sample of monthly reports to the trust board confirmed that quality data such as incidents, including falls, pressure injuries, infections, behavioural events, and restraint is presented for discussion. Key performance indicators and any emerging risks and issues, including potential inequities are used to monitor performance</p> <p>The organisation works in partnership with a group of tau iwi, who provide guidance and advice on cultural safety and Te Tiriti. The CEO also confirmed that services are delivered safely and appropriately for tāngata whaikaha/people with disabilities to facilitate improvement in their health outcomes and achieve equity. There was no evidence of infrastructural, financial, physical, or other</p>
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	<p>barriers to equitable service delivery. This was further demonstrated by interviews with members of the leadership team, staff, residents and their whānau/family, results of satisfaction surveys, and the demographic population of residents.</p> <p>The CEO has been in the post for more than 20 years and has well-established connections within the aged care sector. Day-to-day service delivery and operations are managed by the GM who is a registered nurse with managerial qualifications. This person has been in the role for 14 years. Responsibilities and accountabilities are defined in their job description and individual employment agreements.</p> <p>The service holds contracts with Te Whatu Ora Waikato for aged residential care - hospital medical, geriatric, rest home and secure dementia care with a maximum capacity of 62 beds, plus 12 apartments (total 74 beds) that have been approved as suitable to deliver rest home or hospital care. The agreement includes provision for respite/short stay and Long-Term Support-Chronic Health Conditions (LTS-CHC) and post-acute care. On the days of audit there were no respite residents and no LTS-CHC residents.</p> <p>Of the 60 residents receiving services on the days of audit, 24 were assessed at rest home level care (one in an ORA apartment), 23 at hospital level care and nine for dementia care. The service also has a Young People with Disabilities (YPD) contract with Whaikaha-Ministry of Disabled People. Four of the 60 residents (one rest home and three hospital level care) were being provided care under this agreement. The ORA apartments are within the same building/wing as other hospital and rest home bedrooms, and therefore readily accessible to staff. This wing has its own dining room and there is a communal lounge with recreational facilities for the 12 ORA residents. The physical arrangement is safe, the agreements for care services are clear and transparent and meet the requirements in the age related residential agreement (ARRC). This works well,</p>
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		<p>according to residents and staff interviewed.</p> <p>The approach, size and complexity of clinical governance is appropriate for the services delivered. Weekly meetings with heads of teams meet to discuss for example, unstable/deteriorating residents, new wounds/pressure injuries and/or any new infection events, and any other clinical concerns including safe staffing.</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 service provider has a documented and implemented quality and risk management system which is reviewed and kept current by the senior leadership team and the external owner of the quality system. The system includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks including potential inequities and corresponding mitigation strategies.</p> <p>Activities to monitor adherence to the business, quality and risk plan, and the service policies and procedures include scheduled and ad hoc internal audits, a range of staff and resident meetings, provision of staff education and professional development opportunities, and analyses of quality data, such as incidents, infections, restraint use and complaints. Where a need for improvement is identified, corrective actions are implemented until improvement occurs. This was demonstrated by interview, and seen on the documented outcomes of incidents, internal audits and in the minutes of the full staff meetings, the RN meetings and the health and safety meetings.</p> <p>Annual resident and relative surveys are conducted by an external company which provides valuable feedback and is used to monitor improvement or decrease in satisfaction with services. The 2023 survey revealed no major concerns and an overall satisfaction rating of 83%.</p> <p>Essential notification reporting is occurring as required. Two section</p>

		<p>31 notifications for pressure injuries and weekly RN shortage notifications have been submitted since the previous audit. Te Whatu Ora Waikato public health unit were notified about positive COVID-19 infections in July and November 2022 and July 2023. There have been no other significant events, police investigations, coroner enquiries, or reports/investigations by Worksafe New Zealand.</p> <p>The provision of culturally safe and equitable health care is integrated and embedded in quality and risk activities. For example, practical outcomes produced by the cultural group, collecting and analysing resident and staff ethnicity data, entry and decline rates, cultural care planning, incorporating karakia and te reo in daily practices, and a range of education sessions being provided to staff, management and governance. Examples of high-quality health care were sighted in the archived records of a Māori resident and a case review of their dying process. The service received compliments and expressions of gratitude from this person's whānau.</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>	<p>FA</p>	<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). Interviews with residents and their whānau revealed that staff work in ways to deliver health care that is responsive to the cultural and individual needs of all residents including Māori and tāngata whaikaha/people with disabilities.</p> <p>From a preferred number of nine RNs the service is functioning with five plus the GM, the nurse director and clinical nurse leader who are on site Monday to Friday and available after hours for clinical support and advice. It was noted that there are five additional overseas qualified nurses employed who have been working through immigration processes, recognition of prior learning and other processes for obtaining registration with the New Zealand Nursing Council. Weekly notifications about RN shortages have been</p>

	<p>submitted since 2022. The organisation has been using the virtual RN service for night shifts since 2022. This service was established with the support of the health of older people relationship manager for Te Whatu Ora Waikato. Documentation describing the scope of this service was provided. This states that use of the virtual RN service exempts the service from corrective actions for RN shortages.</p> <p>Residents and whānau interviewed said that staff were always attentive to their needs and that nurse call bells were answered within a reasonable time. Clinical advice is available by phone 24/7 and the CNL and nurse director will attend after hours for complex clinical interventions. For example, syringe drivers/subcutaneous infusions, or end of life care.</p> <p>There is at least one RN on the floor for morning and evening shifts plus seven full shift healthcare assistants (HCAs) to care for hospital and rest home residents and two HCAs are rostered in the secure unit (with one HCA at night). A flexible RN roster allocates periods of time for each RN, who can choose to be in the facility to complete paperwork. This system means that there are often additional RNs on site, any day of the week at variable times. An additional short shift HCA is rostered for morning shift on specific weekdays. Where there is no RN available, night shifts in the rest home and hospital are staffed by four HCAs, one of whom is nominated as the lead HCA. Resthaven has developed a range of competencies for the nominated lead HCAs. These include current first aid certificates, advanced medicine competencies, and use of communication tools, such as SBAR (situation, background, assessment, recommendation). The afternoon shift RN hands over to the virtual RN service which starts at 9 pm each evening, with the afternoon shift RN on site until 11pm.</p> <p>All RNs and lead HCAs are maintaining current first aid certificates so there is always a first aider on site. Senior care staff who are assessed as competent to administer medicines are rostered on</p>
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		<p>each shift to support the single RN on duty.</p> <p>Allied staff, such as the resident support person (known as 'Camp mother'), the diversional therapist and activities assistants, a physiotherapy assistant, cleaners, administrators, a gardener, and maintenance staff, are allocated sufficient hours to meet residents' needs and provide smooth service delivery seven days a week. An externally contracted provider ensures there are sufficient kitchen staff providing meal services. Laundry services are carried out daily under contract to an external provider with designated staff to manage delivery and despatch of linen and personal laundry. There have been no concerns with the provision of meals or laundry under these systems.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. The training programme is overseen by a long term employed staff educator (Education Facilitator) who is an approved moderator of Careerforce work-based training programmes and is a registered nurse with current practising certificate. Interview, cross referencing of staff files and review of the annual education plan and individual records of attendance, confirmed that all staff are engaging with education relevant to their roles. Education over the past two years has focused on growing cultural safety and awareness using a variety of resources and teaching methods. See below for details. Staff education has also focused on infection control and prevention and management of COVID-19 outbreaks. The positive learnings from these have been recognised by the funder and endorsed by a recognition certificate from the New Zealand Prime Minister. Refer to the continuous improvement rating in criterion 5.2.4..</p> <p>Care staff have either completed or commenced modules of the National Certificate in Health and Wellness registered by the New Zealand Qualification Authority (NZQA) to meet contractual requirements and best-known practice. Of the 39 care staff employed, 13 have achieved level four, five are at level three and</p>
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		<p>three have acquired level two of the National Certificate in Health and Wellbeing, on NZQA framework. Eight care staff have completed the limited career path in dementia and two have commenced level five. A sample of rosters confirmed that only staff who have completed or are progressing the four-unit standards in dementia care are allocated duties in the secure unit.</p> <p>The organisation supports people's right to speak their own language, endorses tikanga and supports connections to iwi, hapū, and whānau. All staff have attended at least one educational session on Te Tiriti o Waitangi, implicit bias, health equity and cultural safety.</p> <p>Each of the five RNs are accredited and maintaining competencies to conduct interRAI assessments. The staff records sampled demonstrated completion of the required training and competency assessments.</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>	<p>FA</p>	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, current visa, proof of vaccination status, and confirmation of qualifications before an offer of employment is made.</p> <p>Staff records sampled confirmed the organisation's policies are being consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities. Records were kept confirming all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ Medical Council, and the pharmacy, physiotherapy, and podiatry bodies.</p> <p>Personnel records are accurate and stored in ways that are secure</p>

		<p>and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation. (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role.</p> <p>Formal performance appraisals occur at least annually, and all staff records sampled contained evidence of a performance review for 2023.</p> <p>Staff receive ongoing support, debrief and mentoring regularly and as required after incidents, through one-to-one meetings and via the contracted employment assistance service.</p>
<p>Subsection 2.5: Information</p> <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>FA</p>	<p>Resthaven maintains records in ways that comply with relevant legislation, health information standards and professional guidelines. Most information was held electronically, and password protected. Any paper-based records were being held securely and only available to authorised users.</p> <p>Electronic and hard copy resident records are integrated. Files for residents and staff are stored securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current health records standards. Consent was sighted for data collection.</p>

		<p>Data collected included ethnicity data.</p> <p>Resthaven are not responsible for the National Health Index registration of people receiving services.</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>	<p>FA</p>	<p>Residents were welcomed into Resthaven when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency, as requiring the level of care Resthaven provided and had chosen Resthaven to provide the services they require.</p> <p>A review of two files from residents in the secure unit evidenced a specialist’s authorisation for the residents to be cared for in a secure unit. Each resident had an activated EPOA in place, and an admission agreement and consents signed by the EPOA.</p> <p>Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. The files reviewed met contractual requirements. Resthaven collected ethnicity data on entry and decline rates. This process included systems in place that included data for entry and decline rates for Māori.</p> <p>Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau.</p> <p>Resthaven has developed meaningful partnerships with local iwi to benefit Māori individuals and their whānau. The facility can access support from nearby Kaupapa Māori services that include health practitioners and traditional Māori healers if required. Resthaven’s Māori health plan and interviews evidenced the Trust board’s</p>

		<p>commitment to making Māori health equity a strategic priority, developing improvement goals to address Māori health inequities, decreasing institutional racism, and decreasing implicit bias.</p> <p>When admitted, residents have a choice over who would oversee their medical requirements. Whilst most choose the main medical provider to Resthaven, several residents had requested another provider to manage their medical needs.</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>FA</p>	<p>The multidisciplinary team at Resthaven works in partnership with the resident and their family/whānau to support the resident's wellbeing. Nine residents' files were reviewed; four hospital files, three rest home files, and two files of residents who were receiving care in the secure unit. These files included residents who were receiving care under contract with Whaikaha-Ministry of Disabled People, residents who had experienced an acute event requiring transfer to Waikato Hospital, residents with a pressure injury, residents with a wound, residents with behaviours that challenge, residents at high risks of falls, and residents with several co-morbidities.</p> <p>The files reviewed verified that a care plan was developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Behaviour management plans, that included triggers to behaviours were present in the files of residents reviewed in the secure unit. Policies and processes were in place to ensure tāngata whaikaha and whānau participate in Resthaven's service development, deliver services that give choice and control, and remove barriers that prevent access to information. Service</p>

		<p>providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whanau, including younger residents with a disability, confirmed active involvement in the process.</p> <p>An interview with the general practitioner (GP) expressed satisfaction with the care provided by Resthaven, as did an interview with the physiotherapist.</p>
<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>	<p>FA</p>	<p>The diversional therapist (DT) with the assistance of six volunteers provides an activities programme that supports residents in maintaining and developing their interests, tailored to their ages and stages of life. The younger residents were enabled to attend community activities of their choice and participate in activities that are of interest to them. A monthly newsletter advises residents and families of any messages from the GM, any notices, and the activities and hobbies groups that are occurring in the upcoming month.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities.</p>

		<p>Opportunities for residents to participate in te ao Māori were facilitated, through signage, song, language, contact with the local marae, Matariki celebrations, cultural events, visits by kapa haka groups, quizzes, karakia and blessings at events.</p> <p>Activities are held every day, in addition to an exercise session run by the physiotherapist assistant and hobby clubs. Van outings are held twice a week and there is a shopping trip on Wednesdays.</p> <p>Residents' meetings are held monthly, and minutes of those meetings demonstrated residents' involvement and their satisfaction with services.</p> <p>Residents in the secure unit each have a twenty-four-hour lifestyle plan that addresses the resident's previous lifestyle patterns and regimes. This provides guidance to care staff around maintaining the residents' previous regimes and continuation with areas of interest. The residents in the unit either participated in the wider activities programme for all residents or were provided with activities in the unit that were planned by the DT based on residents' previous interest.</p> <p>The facility has two vans that enable twice-weekly outings to places and events of interest. Residents are supported to access local community events, attend the community house and kaumātua group meetings.</p> <p>Satisfaction surveys evidenced residents and their family/whānau were satisfied with the activities provided at Resthaven, however some requested access to more educational activities, and this is being addressed.</p>
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<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>FA</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 using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>The use of a virtual overnight RN, had required an increase in knowledge around medications by the care staff present at night. These care staff had all attended training and competency assessments by the Te Whatu Ora Waikato virtual RN cover, in addition to additional training and competency assessments by Resthaven.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates. Pro re nata (PRN) medications, when used were evaluated for their effectiveness. There was a process in place to address any medication errors and minimise the risks of recurrence.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p>

		<p>Prescribing practices meet requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Resthaven.</p> <p>Self-administration of medication was facilitated and managed safely. Residents were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</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>	<p>FA</p>	<p>Food services are provided by an external contractor. The food was prepared offsite and transported to Resthaven in scan boxes, that keep the food hot. The food was then placed into heated Bain Maries. The food provided was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 2 May 2023. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Resthaven in November 2022. Three areas requiring corrective action were identified and had been addressed. The plan was verified for 18 months. The plan is due for re-audit in May 2024.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction</p>

		<p>with meals was verified by residents and family/whānau interviews, satisfaction surveys, and resident and family/whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days. An interview with the food supplier verified the service was able to meet the menu options culturally specific to te āo Māori, and had prepared hangis, mussel fritters, seafood chowder and sweetcorn fritters during Matariki celebrations.</p> <p>Residents in the secure unit have access to food at any time over the twenty-four-hour period.</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>Transfer or discharge from Resthaven was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The family/whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Family/whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</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-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</p>	FA	<p>The building had a current warrant of fitness with an expiry date of 12 May 2024. Inspection of the internal and external environments revealed no concerns. Residents were observed to be independently accessing the gardens, decks, and external areas. There was enough safe and suitable seating, handrails, and flat walking surfaces and shade options provided.</p> <p>Plant and equipment is being well maintained and new equipment to promote independence and mobility is acquired as needed. Records</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>and receipts sighted confirmed at least annual checking, tagging and testing, and calibration of electrical devices and medical equipment. For example, testing and tagging of all plug-in electrical equipment by a registered electrician in July 2023 and safety checks of hoists, electric beds, sit-on scales, and calibration of thermometers and blood pressure monitors by the supply company in June 2023.</p> <p>Improvements have been made and the internal environment is inclusive of residents' cultures. For example, signage throughout the home is in te reo Māori and English and a range of cultural decoration and ornaments are on display. A new 'cosy corner' private room with a small kitchenette is now available for whānau/family visits.</p> <p>Most bedrooms have accessible ensuite bathrooms. Where there is no toilet or shower in the residents' bedrooms, there are enough conveniently located and disability-accessible bathrooms and toilets for residents. Separate staff and visitor toilets are available. These are clearly identified, designated as male and female and have functional privacy locks. Hot water temperature monitoring was occurring, as confirmed by the records sighted. Daily inspections of equipment and the environment is occurring. Where hazards are identified, these are added to the hazard register and urgent or non-urgent maintenance requests are logged. Interviews and documents sighted confirmed that remedial or preventative maintenance occurs in a timely manner.</p> <p>The only shared bedrooms on the days of audit were two rooms occupied by married couples. Each resident's bedroom was large enough to accommodate lifting equipment and easy manoeuvring. The rooms are light-filled, warm and well-ventilated by large opening windows and individual heaters. There was a wash basin in all bedrooms. Personal spaces were furnished and decorated according to the occupant's preferences. Communal dining and recreational areas were spacious, contained safe and suitable furniture for the resident group and are in close proximity to</p>
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		<p>residents' bedrooms in each wing. Communal areas are fitted with dual-setting heat and air-conditioning heat pumps. Hallways and bathrooms were heated.</p> <p>Construction and design of the new building has involved tau iwi at all stages. Kaumātua attended the 'turning of the sod' to consecrate the ground. Senior management said the new environment will reflect the aspirations of Māori.</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>	<p>FA</p>	<p>Emergency, natural disaster and civil defence plans and policies direct the service in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. There is always at least one staff member with a current first aid certificate on site. Emergency plumbers, electricians, senior managers and/or the CNL and nurse director are available on call after hours. Staff interviewed said that after hour calls were always answered and that clinical advice and assistance was available 24/7.</p> <p>An adequate amount of food, water, and medical supplies for up to 80 residents plus staff was being stored on site. This meets the Ministry of Civil Defence and Emergency Management recommendations for the region. Equipment and resources for use during a power outage or environmental disaster were sighted and confirmed as available; for example, a plug-in generator, a barbeque for cooking, and additional blankets for warmth.</p> <p>Six-monthly trial fire evacuations had been occurring. The most recent drill occurred on 17 July 2023 and 08 December 2022 before that. Fire suppression systems and equipment audits are carried out by contracted services at regular intervals. A record of residents who require special assistance during emergencies (such as young people with disabilities, and older people with mobility issues and/or confusion) is maintained. The fire evacuation plan was approved by</p>

		<p>the New Zealand Fire Service (now Fire and Emergency New Zealand FENZ) in 2014 and has not required a review to date.</p> <p>The call bell system was witnessed to be functional during the audit and residents said staff always responded to these in a timely way.</p> <p>Appropriate security arrangements are in place. Staff wear uniforms and name badges so that they are easily identifiable. Automatic external doors and windows are locked at dusk. All visitors are required to sign in and provide proof of identify if they are unknown to staff. Residents and staff said they were familiar with emergency and security arrangements.</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>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, approved by the governing body, linked to the quality improvement system, and were being reviewed and reported on yearly. Resthaven has IP and AMS outlined in its policy documents. This is supported at governance level. Clinically competent specialist personnel make sure the IP and AMS are appropriately implemented and managed throughout the facility.</p> <p>Clinical specialists can access IP and AMS expertise through Te Whatu Ora Waikato. Infection prevention and AMS information is regularly presented and discussed at full staff meetings, RN meetings, at clinical governance meetings, and to the board.</p> <p>The service is collecting data on infections and antibiotic use including the ethnicity of residents with infections. Over time the data will add meaningful information to allow Resthaven to analyse the data at a deeper level to support IP and AMS programs.</p>

		<p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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. 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. 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>FA</p>	<p>The infection control coordinator (ICC) at Resthaven was responsible for overseeing and implementing the IP and AMS programmes with reporting lines to the GM. The IP and AMS programmes are linked to the quality improvement programme and are reviewed and reported annually. The ICC had appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Their advice is sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflecting the requirements of the standard were provided by an external advisory company. Cultural practices and knowledge about infection was accessed through the cultural group and local iwi. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used. Staff who identified as Māori and speak te reo Māori can provide ICC infection advice in te reo Māori if needed for Māori accessing services. Educational resources were available in te reo Māori.</p> <p>The effectiveness of the service provider's COVID-19 responses is rated continuous improvement in criterion 5.2.4</p> <p>Resthaven's pandemic/infectious diseases response plan was documented and had been tested. There were sufficient resources and personal protective equipment (PPE) available, stocks were</p>

		<p>sighted, and staff verified their availability at the interview. Staff had been trained in its use.</p> <p>Residents and their family /whānau were educated about infection prevention in a manner that met their needs.</p>
<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>Resthaven had a documented Anti-Microbial Stewardship (AMS) programme in place which is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise of an external advisory company and has been approved by the governing body.</p> <p>Policies and procedures were in place which complied with evidence-informed practice.</p> <p>The effectiveness of the AMS programme has been evaluated by monitoring the quality and quantity of antimicrobial use. Subsequent identification of areas for improvement has led to a reduction in the use of antibiotics.</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>Resthaven carries out surveillance of infections appropriate to that recommended for long-term care facilities which are in line with priorities defined in the infection control programme. Resthaven uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme are being reported to the Trust board, management, and shared with staff. Surveillance data includes ethnicity data.</p>

		<p>Documented processes which facilitate culturally safe and clear communications with residents and their family/whānau, are implemented.</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> <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>FA</p>	<p>Maintaining a clean and hygienic environment supports the prevention of infection and transmission of anti-microbial-resistant organisms at Resthaven. Suitable personal protective equipment is provided to those handling contaminated material, waste, and hazardous substances, and to those who perform cleaning and laundering roles. Safe and secure storage areas for equipment and chemicals are available, which staff can access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and sanitizing gel were positioned throughout the facility.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>All laundry at Resthaven was laundered off-site including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment.</p>

		<p>Laundry and cleaning processes are regularly monitored for effectiveness. Staff involved had completed relevant training and were observed to carry out duties safely.</p> <p>Residents and their family/ whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was also confirmed through observation.</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>	<p>FA</p>	<p>Resthaven is committed to achieving and maintaining a restraint-free environment and this is reflected in their policy and procedures. Interviews with staff and members of the Trust board/governance body confirmed they are fully informed and understand the philosophy. Policies and procedures for the management of restraint, when required, reflect the requirements of this standard, and define the type of restraints approved for use.</p> <p>The CNL is designated as the restraint coordinator and oversees all aspects of restraint use in collaboration with the restraint committee. Restraint activity is discussed at full staff meetings, RN meetings, in daily handovers and at clinical governance meetings. The extent of restraint use has been decreased from five to two ongoing restraints, by implementing alternatives. There has been no emergency restraint used since the previous audit.</p> <p>On the days of audit there were two residents on site who could not consent to the use of restraint interventions. Both had long-term neurological conditions that impacted their mobility and physical coordination. One resident had bed rails and a lap belt and the other resident required a lap belt when seated. Both resident records confirmed consent had been obtained from their nominated EPOA and that a comprehensive assessment had been conducted prior to use.</p>

		<p>Staff education records confirmed that all care and clinical staff attend training on alternatives to restraint, safe restraint use and de-escalation practices and techniques. Staff interviews, observation of handover and a sample of meeting minutes confirmed that restraint use, including the type and frequency of restraint, is being reliably reported across all shifts. The restraint committee meets at least six-monthly and reviews all restraint use to ensure any use of restraint is as per policy and ensures the health and safety of residents and the staff.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my 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>FA</p>	<p>There have been no emergency restraint episodes since the previous audit. The restraint register revealed that the number of residents requiring restraint interventions since the last audit had reduced from five to two. Observations and interviews with staff showed how residents who are assessed as 'at risk' from falls when in bed, had their electric beds at the lowest level with safety mats on the floor.</p> <p>The records of the two restraint interventions in place contained evidence that the requirements in criteria 6.2.4 were met. A comprehensive assessment for the safe use of this equipment was completed by the RN restraint coordinator with input from other staff, the resident's whānau/family and the resident's GP prior to use. The documented assessment process included consideration and recording of all potential risks associated with the use or non-use of bedrails and lap belts and confirmed there were no acceptable alternatives. The records also determined that a cultural assessment was not indicated.</p> <p>Restraint interventions were being monitored two-hourly with comments recorded 24/7. Staff enter the times restraint interventions are on or off, and document the cares provided to the resident concerned. These include movements and positioning, nutrition and</p>

		<p>hydration, skin integrity, cognitive state, and mood of the residents. The ongoing need for each individual's restraint interventions is reviewed by the restraint coordinator at least every six months or earlier if indicated.</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 meet every six months to review the extent of restraint used in the service. The committee meeting minutes contained an auditable record of discussions and sufficient detail to show a quality review focus. This included the collection, monitoring and reviewing of all restraint data and activities. There had been no incidents related to restraint use. Internal audit results confirmed that policy and procedures were adhered to, that staff were attending restraint-specific education and that they had acceptable knowledge and understanding about safe restraint use and the need to minimise this. All restraint activity is reported and discussed at three-monthly staff meetings, and any changes are recorded in the residents' care records and communicated at shift handovers.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 5.2.4</p> <p>Service providers shall ensure that there is a pandemic or infectious disease response plan in place, that it is tested at regular intervals, and that there are sufficient IP resources including personal protective equipment (PPE) available or readily accessible to support this plan if it is activated.</p>	CI	<p>The Resthaven COVID-19 working group established in March 2020, developed and implemented a COVID-19 response plan which resulted in Resthaven having no COVID-19 outbreaks in the facility when the incidence elsewhere was high, and other facilities were having to go into lockdown. This working group met twice a week to review and respond to the Government’s recommendations and strategies and other best known practices for preventing and managing COVID-19 to keep residents safe. The group developed a traffic light system in July 2020, six months prior to the Government implementing the same system in December 2020. At this time the internal environment was configured into “bubbles”. Staff were allocated to bubbles and residents remained in bubbles. By October 2021 98% of the staff and 92% of residents had been vaccinated. This was</p>	<p>The effectiveness of the service provider’s COVID-19 response, strategies, and efforts in delaying, preventing, and arresting the transmission of COVID-19 positive cases has been publicly recognised by the funder and the Office of the Prime Minister.</p>

		<p>prior to the Government mandating vaccinations.</p> <p>Resthaven managed to keep COVID-19 out of the home for 2 years, until June 2022 when 20 of the 72 residents became infected. PCR testing was used at that time, and it was taking 7 days to get results. The outbreak lasted for 45 days and impacted in two of the five wings. The outbreak was initiated by admitting someone from hospital. Over time Resthaven has analysed and adjusted its response based on knowledge gained. In November 2022 there was another outbreak, that involved 23 of 72 residents over 51 days. There was an initial outbreak, that resolved, and then another outbreak occurred.</p> <p>The working group's ongoing review and evaluation kept informing their practices. In June 2023, one case was identified. Five residents in proximity to each other were isolated. Dedicated staff across all shifts were allocated to provide care to these residents and followed strict protocols such as donning and doffing PPE gear and applying standard precautions when attending to each resident. In 13 days, everyone was clear. Three residents had COVID-19 and two did not.</p> <p>Resthaven was nominated by Te Whatu Ora Waikato for a COVID-19 response award, in recognition of their effectiveness and success in managing and preventing the spread of infection. The service provider has subsequently received 'The Covid Response Recognition Award' by the Prime Minister (PM).</p>	
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End of the report.