

Kohatu Resthome Limited - Kohatu Resthome

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:	Kohatu Resthome Limited
Premises audited:	Kohatu Resthome
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 August 2023 End date: 23 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:	23

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 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

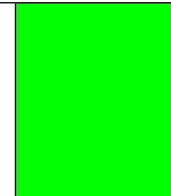
Kohatu Rest Home provides rest home care for up to 24 residents. The service is owned and operated by two owner/directors with the support of a nurse manager/RN. Residents and their family/whānau were very positive about the care provided.

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 Taranaki (Te Whatu Ora Taranaki). The audit process included a sample of policies and procedures, residents' and staff files, observations and interviews with residents, family/whānau members, director/owner, nurse manager, staff and the general practitioner (GP).

No areas for improvement were identified as a result of this audit. Two quality improvement projects designed to manage resident weight loss and staff identification have been rated continuous improvement.

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.

Kohatu Rest Home provides an environment that supports residents' rights and care safe from abuse and neglect. Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment.

There are pamphlets on the Code of Health and Disability Services Consumers' Rights in the reception. The Code of Health and Disability Services Consumers' Rights posters are displayed in the hallways.


Care plans accommodate the choices of residents and/or their families/whānau. Open communication between staff, residents, and families is promoted and confirmed to be effective. Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status.

There is access to interpreting services if required. Whānau and legal representatives are involved in decision-making that complies with the law.

Advance directives are 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 director/owners assume accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and tāngata whaikaha - 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

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.
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Kohatu Rest Home has a system to record entry and decline information. The nurse manager (NM) manages the entry to service. Information is provided to residents and their whānau on entry to the service, and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required.

A registered nurse/NM assesses residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs, and these are completed within the required timeframes. The general practitioner (GP) completes a medical assessment on admission, and reviews occur three-monthly. Long-term care plans are developed and implemented within the required timeframes. Residents' files reviewed demonstrated evaluations were completed at least six-monthly.


Medication management policies and processes align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The activity programme is managed by a diversional therapist and an activities coordinator. The programme provides residents with various individual and group activities and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on-site. The service has a current food control plan. A contracted dietitian reviews the menu plans. There are nutritious snacks available 24 hours per day. Residents and families confirmed satisfaction with the meals provided.

Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

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 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.
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A suitably qualified nurse manager is the infection control coordinator (ICC). The ICC has completed formal IPC training.

The IPC committee is supported by representation from all areas of the service. The IPC team has access to a range of resources.

Policies and procedures are implemented around antimicrobial stewardship, and data is collated and analysed monthly.


There is a comprehensive pandemic plan.

Surveillance is undertaken. Infection incidents data is collected and analysed for trends, and the information is used to identify improvement opportunities. Staff are informed about infection control practices through meetings and education sessions.

Education is provided to staff at induction to the service and annually after that, planned on the yearly education planner. Internal audits are completed with corrective actions completed where required.

Documented processes for managing waste and hazardous substances are in place. Dedicated housekeeping staff provide all cleaning. Documented policies and procedures for the cleaning and onsite laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

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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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 restraint coordinator is the nurse manager/RN. The facility has been restraint-free for 14 years.

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	0	0	0	0
Criteria	1	166	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>	FA	<p>The facility 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. Local iwi, kaumātua and staff and residents at Kohatu Rest Home who identify as Māori, support and guide the facility as required.</p> <p>The facility actively recruits 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>
<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>	FA	<p>The Pacific plan, which was developed with Pacific communities, supports culturally safe practices for Pacific peoples using the service. The facility is supported by a staff member who identifies as Pasifika</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>and has ties with the Pasifika community and church, and is available for advice, guidance and support as required.</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. There were staff who identified as Pasifika at the time of audit but no residents who did so.</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>Details relating to the Code are included in the information provided to new residents and their families/whānau. The registered nurse/NM discusses aspects of the Code with residents and their families/whānau on admission.</p> <p>Discussions relating to the Code are held during the fortnightly resident/family meetings. Residents and family/whānau interviewed reported the service upholds the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in hallways in English and te reo Māori. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available when needed.</p> <p>There are links to spiritual support and links with a local Māori community. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan in place.</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>Caregivers (CGs) interviewed described how they support residents in choosing what they want to do. Residents have control over and choice of activities they participate in. Residents are supported to decide whether they would like family/whānau members to be involved in their care or other forms of support. Residents interviewed stated they had a choice.</p> <p>It was observed that residents are treated with dignity and respect. This was also confirmed during interviews with residents and families.</p> <p>Kohatu Rest Home's annual training plan demonstrated training that is responsive to the diverse needs of people across the service. The service promotes holistic and collective care by educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were optimistic about the service in relation to their values and beliefs being considered and met. Privacy is ensured, and independence is encouraged.</p> <p>Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with the correct pronunciation. Te reo Māori resources are available on the education platform. Cultural awareness training is provided</p>

		annually and covers Te Tiriti o Waitangi and tikanga Māori.
<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>	FA	<p>An abuse and neglect policy is in place. All staff are held responsible for creating a positive, inclusive and safe working environment. Cultural diversity is acknowledged, and staff are educated about cultural diversity.</p> <p>Staff complete education on abuse and neglect at orientation and annually as per the training plan. Staff are educated on how to value older people, showing them respect and dignity. Residents' property is labelled on admission. The facility has a system in place for lost property acknowledgment and investigation. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. There was no evidence of discrimination or abuse observed during the audit.</p> <p>Interviews with health care assistants confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities and the processes they would follow, should they suspect any form of abuse, neglect, or exploitation. Professional boundaries are covered as part of orientation.</p> <p>Staff interviewed stated they are treated fairly and with respect. They are treated without discrimination and feel comfortable talking to management if they had any concerns.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents.</p>
Subsection 1.6: Effective communication occurs	FA	Policies and procedures relating to accidents/incidents, complaints,

<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>and the open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. This is documented in the progress notes. Three accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>Information is provided to residents/family/whānau on admission. Monthly resident meetings identify feedback from residents and consequent follow-up by the service.</p> <p>The RN/NM described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion if required.</p> <p>The service communicates with other agencies involved with the resident, such as the hospice and Te Whatu Ora Taranaki (eg, dietitian, speech and language therapist, geriatric nurse specialist, older adult mental health and wound nurse specialist). Care delivery includes a multidisciplinary team, and residents/family/whānau provide consent and communication regarding the services involved.</p> <p>Residents and family/whānau interviewed confirmed they knew what was happening within the facility and felt informed regarding events/changes related to COVID-19 through emails, regular newsletters, and resident meetings. Interpreter services are used where indicated.</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>Five residents' files reviewed included signed general consent forms. Other consent forms included vaccinations and van outings. Residents and family/whānau interviewed described what informed consent was and knew they had the right to choose. There are policies around informed consent.</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>Admission agreements had been signed and sighted in all the files. Copies of the enduring power of attorneys (EPOAs) were on residents' files where available.</p> <p>In the files reviewed, appropriately signed resuscitation plans were in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed they are involved in the decision-making process and the planning of the residents' care.</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 nurse manager/RN who is responsible for the management of these.</p> <p>The complaints register recorded no internal complaints since the last audit. There have been no complaints received from any other external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for</p>	<p>FA</p>	<p>Kohatu Rest Home is owned and operated by two owner/directors who visit the site on a weekly basis. Kohatu Rest Home is managed by a nurse manager/RN who has been in this role for 16 years, has extensive background in health management in different sectors, including aged care, and confirmed knowledge of the sector, regulatory and reporting requirements, and maintains currency within the field.</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>The two director/owners assume accountability for:</p> <ul style="list-style-type: none"> • Supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti. • Defining a governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the facility. • Appointing an experienced and suitably qualified person to manage the service. • Identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals. • Demonstrating leadership and commitment to quality and risk management. • Being focused on improving outcomes for Māori and people with disabilities. <p>Samples of monthly reports to the two owner/directors showed adequate information to monitor performance is reported. The owner/directors meet weekly with the nurse manager/RN.</p> <p>The owner/director interviewed said that they are aware of the new requirements of Ngā Paerewa and their additional obligations. The two owner/directors are yet to complete training and core competencies in Te Tiriti o Waitangi, health equity and cultural safety. There was no evidence of infrastructure, financial, physical or other barriers to equitable service delivery and this was further demonstrated in interviews with the nurse manager/RN, 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>
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		<p>The service holds contracts with Te Whatu Ora Taranaki for aged residential care – rest home care. The agreement includes provision for respite services. The service also holds a contract with Whaikaha – Ministry of Disabled People.</p> <p>On the days of audit there were 19 residents receiving rest home level care; two (2) residents were admitted under the Whaikaha – Ministry of Disabled People contract. The facility is currently in the process of having two long term boarders reassessed to see if they meet rest home level care support.</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 facility is currently implementing policies and procedures and moving to an electronic database and system provided by an external contractor. The facility 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. Residents, whānau and staff contribute to quality improvement through day-to-day conversations, residents' meetings, a suggestions box placed at the main entrance, and staff and resident satisfaction surveys. The nurse manager/RN 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 evaluated. A quality initiative was developed as a result of staff not wearing their name badges, and residents and whānau feedback due to not being able to read the staff name badges, especially from a distance. A second quality initiative was created to support staff to become more aware of residents who were losing weight. Criterion 2.2.2 is rated continuous improvement.</p> <p>Policies reviewed covered all necessary aspects of the service and</p>

		<p>contractual requirements and were current.</p> <p>The nurse manager/RN 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 facility 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 nurse manager/RN 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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</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, 7 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 staff member on duty who has a current first aid certificate and is medication competent.</p>

<p>services.</p>		<p>The nurse manager/RN is on site Monday to Friday and available and on call 24/7. The night caregiver is also supported by an on-call roster of staff who live very close by if extra support is required on the floor.</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 Taranaki. 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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the facility'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 were aware that they have the opportunity to be involved in a debrief and discussion and receive support following</p>

		<p>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>
<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>	FA	<p>Residents' files and the information associated with residents and staff are retained in electronic and hard copies. Staff have their own 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>Kohatu 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</p>	FA	<p>The entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. The decline entry to services is communicated by the NM electronically, evidence sighted. Enquiries are managed by the NM to assess suitability for entry. The entry criteria are clearly communicated to residents, whānau, and where appropriate, to local communities and referral agencies. 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</p>

<p>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>admission process. Residents enter the service when their required level of care has been assessed and confirmed by the Needs Assessment Service Coordination agencies (NASC). Assessment confirming the appropriate level of care was held in files reviewed.</p> <p>Residents' rights and identity are respected. Enquiry records are maintained and routine analysis of entry and decline rates including specific rates for Māori are completed. Kohatu Rest Home has links with the local Māori community. Support for Māori individuals and whānau can be accessed if required. The service has Māori staff members who would assist with Māori residents' admission.</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 registered nurse/NM is responsible for all residents' assessments, care planning, and evaluation of care. Five residents' files were reviewed. There is a resident assessment, care planning, and evaluation policy. Initial care plans are developed with the residents'/EPOA consent within the required timeframe. The initial care plan is developed using nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>The individualised long-term care plans were developed with information gathered during the initial assessments, and the interRAI assessments completed within three weeks of the resident's admission to the facility for all long-term residents. Documented interventions and early warning signs met the residents' assessed needs.</p> <p>A review of residents' records showed that the residents participate in care planning. Their plan included activities and interventions to ensure that their physical and mental health, cultural, and wellbeing needs were met. There were Māori residents at the time of the audit, and they had a Māori care plan in place. The service has a Māori</p>

		<p>health care plan to educate the staff on Māori beliefs and practices. A registered nurse/NM interviewed described removing barriers so all residents have access to information and services needed to promote independence, and working alongside residents and relatives when developing care plans so residents can develop their pae ora outcomes.</p> <p>Short-term care plans (STCP) were developed for acute problems, for example, infections, wounds, and weight loss. Documented evidence showed STCPs had been reviewed promptly and signed off when the problem had been resolved.</p> <p>The general practitioner (GP) undertook the initial medical assessment within the required timeframe. Residents had reviews by the GP within required timeframes and when their health status changed. The documentation and records reviewed were current. The GP interviewed stated there was good communication with the service and that they were informed of concerns on time. The RN/NM communicates with the GP via phone call or email in relation to any concerns. The facility is provided access to an after-hours service by an external contracted GP.</p> <p>Family/whānau/EPOA interviews and resident records evidenced that families were informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced that wounds were assessed promptly and reviewed at appropriate intervals. Photos were taken where this was required. This was initiated where wounds required additional specialist input, and a wound nurse specialist was consulted. There is a pressure injury assessment and prevention policy.</p>
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		<p>The nursing progress notes were recorded and maintained. Monthly observations, such as weight and blood pressure, were completed and were up to date. Neurological observations were recorded following all unwitnessed falls, as evidenced in one resident file reviewed. The service has a falls prevention and minimisation policy.</p> <p>Staff interviews confirmed they were familiar with the needs of all residents in the facility and had access to the supplies and products required to meet those needs.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN/NM. Long-term care plans are formally evaluated every six months with the interRAI re-assessments and when there is a change in the resident's condition. The evaluations included the degree of achievement toward meeting desired goals and outcomes.</p> <p>There was evidence of hospital discharge letters on file. All discharge plan interventions had been put in place by the registered nurses.</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>An activities coordinator and a diversional therapist implement the residents' activities programme. Activities for the residents are provided five days a week. At weekends, puzzles, quizzes, and movies are available for residents.</p> <p>The activities programme is displayed in the dining area. The activities programme provides variety in the content and includes various activities incorporating education, leisure, cultural, spiritual, and community events. For those residents who choose not to participate in the programme, one-on-one visits from the activities coordinator occur regularly. An outing is organised weekly, and regular van outings into the community are arranged. Church ministers visit</p>

		<p>weekly.</p> <p>The programme has included Māori Language Week, visits from kaumātua, and Matariki celebrations. Other cultural activities are held to include the variety of cultures within the facility. Family/whānau participation in the program is encouraged.</p> <p>The activities coordinator and diversional therapist completed the residents' activities assessments in conjunction with the RN/NM within three weeks of the resident's admission to the facility. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and is documented. The activity assessments include a cultural assessment that collects information about cultural needs, values, and beliefs. Information from these assessments is used to develop the residents' activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans.</p> <p>The residents and their families reported satisfaction with the activities provided. Throughout the audit, residents were observed engaging and enjoying a variety of activities.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe electronic system for medicine management was observed on the day of the audit. Ten medication charts were reviewed. Prescribing practices were in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities were documented on the medication chart and in the residents' records.</p> <p>The service uses blister packs that the RN checks on delivery to the facility. The medication charts showed that medication reconciliation had been completed within 24 hours of admission. All stock</p>

		<p>medications sighted were within current use-by dates. A system is in place for returning expired or unwanted medicines to the contracted pharmacy.</p> <p>The medication refrigerator temperatures were monitored daily. Medications were stored securely in accordance with requirements. Medications were checked by two staff for accuracy in administration where required. Weekly checks of controlled drugs and six-monthly stocktakes were conducted in line with policy and legislation.</p> <p>The staff observed administering medication demonstrated knowledge and, at the interview, demonstrated a clear understanding of their roles and responsibilities related to each stage of medication management, and complied with the medicine administration policies and procedures. The RN/NM oversees the use of all pro re nata (PRN) medicines, and documentation regarding effectiveness in the progress notes was sighted.</p> <p>The medication policy describes the use of over-the-counter medications and traditional Māori medications. Interview with RN/NM confirmed that where over the counter or alternative medications were being used, these were added to the medication chart by the GP following a discussion with the resident and/or their family/whānau.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the RN/NM.</p> <p>There were residents self-administering medication on the day of the audit. The residents were assessed by the general practitioner as competent. Current self-administration consents were sighted in their files. The evaluation of self-administration consent was done yearly. The medications were locked in a bedside drawer in the resident's room. The ordering and monitoring of the medications were done by</p>
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		<p>the registered nurses.</p> <p>The facility does not use standing orders.</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>The RN/NM completes a nutritional assessment for each resident on admission to identify the resident's dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed, and the cook at interview confirmed awareness of residents' dietary needs, likes, dislikes, and cultural needs. These are accommodated in daily meal planning for residents. All meals are prepared on-site and served in the dining room or residents' rooms if requested.</p> <p>The temperature of the food served is taken and recorded. Māori Cultural theme menu and recipes were available in the kitchen. Māori bread was prepared for residents to celebrate the Māori language week. Meals were served in respective dining rooms and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Residents are offered two meal options for each meal and are provided with a choice for an alternative if they do not want what is on the menu. Residents were observed to be given sufficient time to eat their meals, and assistance was provided when necessary. Residents and families interviewed stated they were satisfied with the meals provided. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian and last reviewed in May 2022. The food control plan expires in November 2024. The kitchen staff have relevant food handling and infection control training.</p> <p>The kitchen was observed to be clean, and the cleaning schedules were sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit complied with current legislation and guidelines. The cook is responsible for purchasing the food to meet the requirements of the</p>

		<p>menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry, and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Residents and families interviewed stated that they were satisfied with the meals provided.</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>Transition, exit, discharge, or transfer is planned and coordinated and includes ongoing consultation with residents and family/whānau. One of five files reviewed showed a timely transfer to hospital after a fall. The service facilitates access to other medical and non-medical services. Residents/family/whānau are advised of options to access other health and disability services and social support.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care, are provided for the resident. Referral forms and documentation are maintained on residents' files. Referrals are regularly followed up. Communication records reviewed in the residents' files confirmed family/whānau are kept informed of the referral process.</p> <p>Interview RN/NM and a review of residents' files confirmed communication between services, the resident, and family/whānau. Relevant information is documented and communicated to health providers.</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</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</p>

<p>around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>for rest home level care. There is a current building warrant of fitness with expiry date 7 March 2024.</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.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. The nurse manager/RN 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. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. 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>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 1 April 2023. The fire evacuation plan has been approved by the New Zealand Fire Service and was dated 31 March 1995. 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. Cameras are</p>

		<p>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 owner/directors are kept informed of all infections each month. 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 NM oversees and coordinates the implementation of the (IPC) programme at the service level. The infection control coordinator role, responsibilities and reporting requirements are defined in the infection control coordinator job description. The infection control coordinator (ICC) has completed external education on infection prevention and control.</p> <p>The IPC programme implemented is clearly defined and documented. It was developed with input from external IPC services. The IPC programme was approved by the governance body and is linked to the quality improvement programme. The IPC programme is reviewed annually.</p> <p>The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC</p>

		<p>policies reflected the requirements of the infection prevention and control standards and included appropriate referencing.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IPC resources including personal protective equipment (PPE). The IPC resources were readily accessible to support the pandemic response plan if required.</p> <p>The governance team has input into other related clinical policies that impact on health care-associated infection (HAI) risk.</p> <p>Staff have received education in IPC at orientation and through ongoing annual education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings.</p> <p>The ICC carries out procurement of the required equipment, devices, and consumables through approved suppliers and through Te Whatu Ora - Health New Zealand. The ICC stated that the governance team will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility, although this has not been required so far.</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. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</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 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 policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted, with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data includes antibiotic usage.</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</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, wounds and multi-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data is included in surveillance records.</p>

<p>an equity focus.</p>		<p>Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings and through compiled reports. Records of monthly analyses sighted confirmed the total number of infections, reason for increase or decrease, and action advised. The NM monitors the infection events recorded weekly. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and family/whānau (where required) were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</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>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 room. Cleaning products were in labelled bottles. Cleaners ensure that the trolley is 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 facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. Regular internal audits to monitor environmental cleanliness were completed. Residents' laundry services are completed onsite. There is a designated area for dirty and clean laundry. The effectiveness of laundry processes is monitored by the internal audit programme. Resident surveys and 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>	<p>FA</p>	<p>The facility has had no restraint for 14 years. The owner/directors, nurse manager/RN and staff interviewed demonstrated commitment to this.</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. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The nurse manager/RN and GP are responsible for the approval of the use of restraints and the restraint processes.</p>
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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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>At time of handover and in meetings staff were reminded to wear name badges, however, staff would forget at times to wear them. When staff were wearing the name badges, residents, whānau and visitors to the facility commented that they were unable to read the name badges due to the small print, and at times acknowledged they did not know who they were talking to. In a staff meeting staff decided to trial a new form of staff identification that included the name of the staff member, their designation in English and Māori, and which included the facility logo embroidered onto their work shirts. The calligraphy and typography were in different fonts and colours and thus stood out from the main colour of the staff shirts. Residents, whānau and visitors were interviewed and confirmed that they are now able to read the names of the staff and their designation (in English and Māori) and know whom they are talking to, including at a distance, and staff are now wearing their</p>	<p>Changes and improvements made to the embroidered staff name badges on staff uniforms has resulted in residents, whānau and visitors being able to identify to whom they are talking.</p> <p>Changes and improvements made to support staff awareness in regards to resident weight loss has resulted in staff been more aware of residents who are and or more likely to lose weight and intervening sooner to reduce and mitigate this risk.</p>

		<p>name badges every time they are on shift.</p> <p>In August 2022 it was acknowledged that although appropriate interventions were in place residents were still losing weight. The nurse manager/RN in researching weight loss in the elderly found a tool called 'Betty Blue system' which supports staff to be more aware of residents who are more likely to lose weight for various different reasons, including medical related issues and reduced cognitive impairment. Teaching of this tool included memos, toolbox talks, and staff and handover meetings. A staff champion was also identified. Initially all residents were weighed weekly; if it was found the resident was losing weight, at meals their food was provided on a blue plate. This supported staff to be more aware of residents of concern that may not be eating enough. A review of data collected after three month, and it was found that residents were not losing weight; however, they were not gaining weight and remained stable, and at that point residents would return to monthly weighs supported by ongoing GP reviews and weight prevention interventions. It was then decided that all new residents admitted to the facility were to be weighed weekly for one month to support future care planning and mitigate risk again with the same outcome. The staff champion was unavailable to be interviewed at time of audit.</p>	
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End of the report.