

Dargaville Aged Care Limited - Norfolk Court Home and Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Dargaville Aged Care Limited
Premises audited:	Norfolk Court Home and Hospital
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 26 September 2023 End date: 26 September 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:	57

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

Dargaville Aged Care Limited – Norfolk Court Home and Hospital (Norfolk Court) provides rest home, secure dementia, and geriatric hospital care for up to 63 residents. The facility is owned by a managing director/owner who recently stepped down from the role of facility manager and is supported by a facility manager and clinical nurse manager, both have been appointed since the last audit. There have been no structural changes to the service or building, however, the main dining room, three communal showers, and 13 toilets have been refurbished, along with several bedrooms.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts the service holds with Te Whatu Ora – Health New Zealand Te Tai Tokerau (Te Whatu Ora Te Tai Tokerau). It included a review of procedures, review of residents' and staff files, observations, and interviews with residents and whānau, staff, and a general practitioner. Residents and whānau were complimentary about the care provided.

There were no corrective actions identified at the previous audit. As a result of this audit there are two corrective actions which relate to care plans, interRAI outcome assessment scores and recording of ethnicity data in monthly surveillance.

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.

Staff understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). There is a current policy on abuse and neglect. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. Residents' property and finances are respected, and professional boundaries are maintained. Staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Informed consent for specific procedures is gained appropriately.

Complaints are reported, investigated and responded to in a timely manner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The managing director/owner, serving as the governing body, is committed to delivering high-quality services. Consultation with Māori is occurring within the local community, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and Pacific people.

Strategic and business planning ensures the purpose, values, direction, scope, and goals for the facility are defined. Suitably qualified and experienced people manage the service. Ongoing monitoring of business, health and safety, and clinical services is occurring, with regular reviews and audits completed according to predetermined schedules.

Well established quality and risk management systems are focused on improving service delivery and care outcomes. Residents and whānau provide regular feedback, and staff are involved in quality activities. Actual and potential risks are identified and mitigated. Staff interviewed were aware of statutory and regulatory reporting obligations. An integrated approach includes collection and analysis of quality improvement data, the identification of trends leading to improvements.

Norfolk Court Home and Hospital has policies in place to support safe staffing levels and skill mix to meet the cultural and clinical needs of residents. Staff are appointed and managed using current good practice. An education/training programme is in place. Care staff have access to New Zealand Qualifications Authority (NZQA) approved health and wellbeing courses.

Ngā huarahi ki te ora | Pathways to wellbeing

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

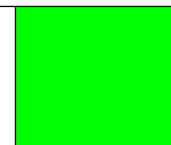
There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

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

Residents are referred 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.

The facility is modern, clean, and well maintained, and meets the needs of residents. There is a current building warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required.

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. Security is maintained.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Some subsections applicable to this service partially attained and of low risk.

The service ensures the safety of the residents and of staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The facility manager coordinates the programme.

Orientation and ongoing education of staff are maintained. There were sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support the plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. The infection outbreaks of COVID-19 in September 2022, and January 2023, were managed according to Ministry of Health (MoH) guidelines.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Norfolk Court aims to provide a restraint free environment. This is supported by the managing director/owner and the facility's policies and procedures. Five residents were using restraint on the day of audit. The facility has comprehensive assessment, approval, monitoring and review processes in place, if a restraint was required by a resident. A registered nurse is the nominated restraint coordinator for the facility. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, and alternative interventions to restraint.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	2	0	0	0
Criteria	0	48	0	2	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	Norfolk court home and hospital has a Māori and Pacific people's health policy, a Māori health plan 2022-2025 and a Māori engagement framework, which collectively outline how the facility responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. The service supports increasing Māori capacity by employing more Māori staff members across all levels as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were staff who identified as Māori employed at Norfolk Court, at the time of audit.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of	FA	The service provider has a Māori and Pacific people's health policy in place which outlines how the organisation responds to the cultural needs of residents, and how staff are supported to ensure culturally safe practice. The facility is embracing Pacific models of care, and is establishing relationships with Pacific cultural advisors, who can provide support and guidance when

<p>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>Pacific people are being supported.</p> <p>Staff who identify as Pasifika provide support and guidance for residents if admitted to the facility to help ensure the resident and their family are supported in a culturally safe manner.</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>	FA	<p>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The clinical nurse manager (CNM) reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	FA	<p>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained</p>

<p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>appropriately. Resuscitation and service plans were signed by residents who were competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent.</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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The complaints process works equitably for Māori. This meets the requirements of the Code of Health and Disability Services Consumers' Rights and known best practice. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation confirmed the managing director/owner had adhered to processes for investigating and resolving the three complaints (two of which were verbal and resolved immediately) that had been received since the previous audit. Complaints are investigated, and the complainant informed of the outcome, all within expected timeframes. Complaint records are paper based. Complaint data is reported monthly at staff meetings. There have been no complaints received from 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</p>	FA	<p>The managing director/owner assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori and Pasifika, and delivering services that improve outcomes and achieve equity for tāngata whaikaha (people with disabilities). The facility is using Māori consultancy processes to enable the service to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o</p>

<p>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>Waitangi is honoured.</p> <p>The director/owner's business plan provides structure, purpose, values, scope, direction, performance. Goals are clearly identified, monitored, reviewed, and evaluated at defined intervals. The director/owner is committed to leadership and commitment to the quality and risk management system. The clinical governance structure in place is appropriate to the size and complexity of the service provision.</p> <p>All staff have completed training in Te Tiriti o Waitangi, health equity, and cultural safety as core competencies.</p> <p>Equity for Māori and Pasifika is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, information in respect of complaints, and infection prevention and control).</p> <p>Norfolk Court Home and Hospital has 63 certified beds. Forty-one of those beds are dual purpose and six are twin-occupancy rooms. Three of the six twin-occupancy rooms were occupied by two residents at time of audit. Two bedrooms were empty as they are currently being refurbished. No structural changes are occurring as a result of this refurbishment.</p> <p>The service holds contracts with Te Whatu Ora Te Tai Tokerau for Aged Related Residential Care (ARRC) for rest home, hospital level and dementia level care. Whaikaha – Ministry of Disabled people contract. Long term Support – Chronic health conditions contract (LTCH). Te Whatu Ora Te Tai Tokerau has purchased a bed and admits residents under a short-term Residential Respite Care Service for Older People in Residential Aged Care contract. On the day of audit, six residents were receiving rest home level care, of those six residents one resident was admitted for respite care. Fifteen residents were receiving dementia level of care and 36 residents were receiving hospital level of care. Of those 36 residents, one resident was admitted under an Accident Compensation Corporation (ACC) short-term contract and one resident was admitted short-term for respite care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me</p>	<p>FA</p>	<p>Norfolk Court has established quality and risk management framework and processes to ensure services are delivered to reflect the principles of quality</p>

<p>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>improvement processes. The facility's policies include a clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, health and safety strategy, critical incident/accident/sentinel event policy and the quality cycle. The facility has established systems in place to record, track and analyse quality data.</p> <p>On-site quality and risk monitoring includes collecting, collating and analysing quality data (such as clinical incidents) to identify trends and develop action plans as required. The managing director/owner, facility manager and clinical nurse manager discuss issues with staff and provide feedback around analysis of quality data to the team. Quality initiatives are evaluated and discussed, and this was confirmed by records sighted and by staff at interview. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>There is an established internal audit schedule in place to monitor compliance with procedures, with set audits required to be completed each month. Where the audit results indicate the need for improvement, the facility manager and clinical nurse manager are responsible for developing corrective action plans to address these gaps.</p> <p>A resident satisfaction survey was completed in May 2023 identifying overall satisfaction from residents.</p> <p>Documents related to risk management showed how risks are monitored and managed within the facility, including the clinical, environmental, and human resource areas of service delivery. Health and safety policies and procedures and the hazard management programme are implemented. Staff interviewed described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. The risk and hazard register sighted was current and confirmed by staff as being kept updated.</p> <p>The facility is focused on achieving Māori health equity and identifies external and internal risks and opportunities, including potential inequities, and has developed a plan to respond to them.</p> <p>Staff interviewed understood essential notification reporting requirements. There have been eight section 31 notifications submitted since the previous audit.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate.</p> <p>A sample of rosters sighted showed that a registered nurse (RN) is on site 24/7. In addition to these staff, the clinical nurse manager (RN), and the facility manager support staff on site Monday to Friday and are on call after hours. The managing director/owner in taking a step back in their role is still on-site Monday to Friday and continues to be involved in day-to-day planning.</p> <p>Continuing education is planned on an annual basis; education includes equitable service delivery, Te Tiriti o Waitangi, cultural safety, and ensuring high quality care for Māori. Other core training sessions cover infection control, restraint, health and safety, and manual handling. The service provides an environment that encourages collecting and sharing of high-quality Māori health information.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the funder, including core papers in dementia level care. Health care assistants interviewed had completed qualification ranging from level two through to level four.</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>	FA	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There was evidence of good recruitment processes, including letters of offer, signed employment agreements and position descriptions, validation of qualifications, police vetting, and regular performance appraisals. Health care and support workers receive an orientation and induction programme that covers the essential components of the service</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>provided. Staff ethnicity data is recorded and stored with the consent of the employee and used in line with health information standards.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>A total of six files were reviewed. Needs Assessment and Service Co-ordination (NASC) confirmed the levels of care were completed and sighted in all files reviewed. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau/enduring power of attorney (EPOA). Long-term care plans were also developed, and six-monthly evaluation processes ensure that assessments reflected the residents' daily care needs, however, outcome scores from interRAI assessments were not consistently documented. Initial care plans for respite, and Accident Compensation Corporation (ACC) residents, were not completed in a timely manner. Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care. Residents in the dementia unit had 24-hour activities care plans in place. Behaviour management plans identifying triggers and interventions were implemented as required.</p> <p>The general practitioner (GP) completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, that medical orders were followed, and care was resident centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The CNM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate</p>

		<p>interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p>
<p>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>	FA	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication competencies were current, completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were residents who were self-administering medication on the audit day. Appropriate processes were in place to ensure this was managed in a safe manner. There is a self-medication policy in place, and this was</p>

		<p>sighted.</p> <p>There were no standing orders in use.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 13 April 2024.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. Snacks and drinks are available for residents throughout the day and night when required.</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>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</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, and are inclusive of peoples' cultures and support cultural practices. The building has a building warrant of fitness which expires on 9 June 2024. Norfolk Court is aware of the requirement to consult and co-design with Māori if making changes to</p>

As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.		the building.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service and dated 29 April 2021. Supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Residents interviewed were familiar with emergency and security arrangements.</p> <p>Fire suppression systems are in place and are tested regularly. Trial fire evacuations occur at least every six months. The most recent fire drill occurred on 10 May 2023.</p> <p>Appropriate security arrangements are in place. Staff wear name badges.</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 service has a clearly defined and documented IPC programme implemented that was developed with input from external IPC services. The IPC programme was approved by the management team and is linked to the quality improvement programme. The IPC programme was current. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online 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. This</p>

		included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	PA Low	<p>The infection surveillance programme is appropriate for the size and complexity of the service. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds.</p> <p>Infection prevention audits were completed including cleaning, laundry, personal protective equipment (PPE), donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other sister facilities and externally with similar organisations.</p> <p>Surveillance of health care-associated infections did not include ethnicity data. COVID-19 infection outbreaks were reported in September 2022 and January 2023 since the previous audit. These were managed in accordance with the MoH guidelines, and the pandemic plan in place. Appropriate notifications were completed as required.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The managing director/owner is committed to the facility being restraint-free. At the time of this audit there were five residents with restraints in place. Two of the five residents have had a second restraint removed.</p> <p>The facility's policies and procedures meet the requirements of this standard. The registered nurse has been appointed as the restraint coordinator. The role is described as providing support and oversight for any restraint management. Restraint is discussed at staff meetings and minuted. Staff regularly attend training about the least restrictive and alternative practices, safe restraint practice, cultural-specific interventions, and de-escalation techniques.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process,</p>	PA Low	<p>All interRAI assessments reviewed were current. Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner for residents requiring long-term care, however, initial care plans for short-stay residents' respite and ACC were not completed in a timely manner. Outcome scores from interRAI assessments were not consistently documented, identifying falls, undernutrition, and behavioural issues.</p>	<p>(i) Initial care plans for short stay residents were not completed in a timely manner.</p> <p>(ii) Outcome scores from interRAI assessments were not consistently identified in long-term care plans.</p>	<p>Ensure initial care plans are completed in a timely manner and outcome scores from interRAI assessments are consistently documented in long-term care plans.</p> <p>90 days</p>

and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.				
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection data is collected, monitored, and reviewed monthly; however, this did not include ethnicity data as per requirement.	Surveillance of health care-associated infections was not including ethnicity data.	<p>Ensure surveillance of infections includes ethnicity data.</p> <p>180 days</p>

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.

No data to display

End of the report.