

# Kingswood Healthcare Matamata Limited - Kingswood Rest Home

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Kingswood Healthcare Matamata Limited
<b>Premises audited:</b>	Kingswood Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 14 September 2023    End date: 15 September 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	36

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Kingswood rest home is part of Kingswood healthcare and provides rest home and dementia level of care for up to 41 residents. At the time of the audit there were 36 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand - Waikato. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family/whānau, staff, general practitioner, and management.

There have not been any changes in management since the last audit. An experienced general manager oversees the day-to-day operations of the facility. They are supported by a clinical manager, enrolled nurse, administrator, and experienced caregivers.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has completed a number of environmental improvements and upgrades.

This certification audit identified improvements required around hot water temperature monitoring.

The service was awarded a continuous improvement related to the reduction in use of antipsychotic medications through a sensory garden.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Kingswood Rest Home provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support, encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery to Pacific peoples.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whanau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and concerns are actively managed and well-documented.

## 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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Kingswood healthcare has a documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The general manager supported by the clinical manager, oversees the day-to-day operations of the service. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Kingswood Rest Home has a documented quality and risk management system. Quality and risk performance is reported across meetings and to the organisation's governance. Kingswood Rest Home collates clinical indicator data and comparison of data occurs. There are human resources policies including recruitment, selection, orientation, staff training and development.

The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible and confidential.

## 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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Relevant information is provided to the potential resident and their family/whānau. The clinical manager and enrolled nurse is responsible for each stage of service provision. Medication policies and procedures reflect legislative requirements and guidelines. Annual medicine administration competencies are completed. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities coordinator and diversional therapist provides and implements the activity programme which includes outings, entertainment, and meaningful activities.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The service has a current food certificate. There are nutritious snacks available 24 hours a day.

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk.
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The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilize within communal areas. Appropriate training, information, and equipment for responding to emergencies are being provided. A staff member trained in first aid is rostered twenty-four hours per day. The dementia unit is secure at all times.

## 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.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on in a timely manner. Comparison of data occurs.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There has been one Covid-19 outbreak since the last audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and 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.

The restraint coordinator is the clinical manager. There are no residents using a restraint at the time of the audit. Maintaining a restraint-free environment is included as part of the education and training plan. Staff maintain restraint competency.

## 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	26	0	1	0	0	0
Criteria	1	166	0	1	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

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Māori Health plan is documented within the cultural care and cultural safety policy. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Kingswood Rest Home is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. Evidence is documented in the resident care plan. Māori mana motuhake is recognised and residents are supported to make choices around all aspects of their lives where possible.</p> <p>At the time of the audit there were Māori staff at Kingswood Rest Home in senior positions. The general manager stated that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce. The general manager interviewed stated they will interview Māori applicants when they do apply for employment opportunities. The Māori health plan and business plan documents the commitment of Kingswood rest home to build cultural capabilities, partnering with Māori, government, and other businesses to align their</p>

		work with and for the benefit of Māori. The quality and risk plan evidence a statement on cultural safety in provision of care. Kingswood Rest Home has a long-standing relationship with a local marae and local kaumatua from a cultural advisory perspective. The service also refers to staff who identify as Māori for advice and implementation of the Māori health plan into day-to-day service delivery.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Kingswood Rest Home has a Pacific people's policy which notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs. The Ola Manuia: Pacific Health and Wellbeing Plan 2020-2025 forms the basis of the policy related to Pacific residents. There is a cultural awareness and cultural safety policy that aim to uphold the cultural principles of all residents and to provide an equitable service for all. The service has established links with Pacific organisations through their Pasifika staff. Staff cultural training has been completed using the online training resources and completion recorded in staff training records.</p> <p>On admission all residents state their ethnicity. There are currently no residents that identify as Pasifika. The general manager interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, and identity are respected when in their care.</p> <p>Code of Rights is easily accessible in other Pasifika languages such as Tongan and Samoan. There are staff that identify as Pasifika. The general manager described how Kingswood Rest Home increases the capacity and capability of the Pacific workforce through equitable employment processes as documented in the recruitment and employment policies.</p> <p>Interviews with the general manager, clinical manager, and staff (five caregivers [four with dual or multiple roles], one enrolled nurse, the cook/housekeeper, one maintenance person, one administrator, one activities coordinator and one activity assistant) identified that the service provides person-centred care.</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>Residents, enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required.</p> <p>Details relating to the Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The general manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Six family/whānau and two rest home residents interviewed reported that the service respects residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support. Church services are held. Staff receive education in relation to the Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The Kingswood Rest Home annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo, health equity and the impact of institutional racism and cultural competency.</p> <p>It was observed that residents are treated with dignity and respect and was also confirmed during interviews with residents and</p>

		<p>family/whānau.</p> <p>A sexuality and intimacy in the elderly policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were married couples in the facility. At the time of the audit there was a combination of single occupancy rooms and some shared occupancy. Staff were observed to respect residents' privacy by knocking on bedroom doors before entering. There were consents completed for the residents sharing the rooms in the dementia area.</p> <p>Staff were observed to use person-centred and respectful language with residents. Family/whānau interviewed were positive about the service in relation to their family members values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with residents, family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The recruitment and employment related policies acknowledge cultural diversity, and staff are educated to look for opportunities to support Māori. The Māori health plan aligns with the vision of Mana Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi to ensure wellbeing outcomes for Māori are prioritised.</p> <p>The Māori health plan reflects cultural strategies that include a goal to understand the impact of institutional, interpersonal and internalised racism on a resident wellbeing, and to improve Māori health outcomes through clinical assessments and education sessions. An abuse and neglect policy is being implemented. There are educational resources available.</p> <p>Cultural days are held to celebrate diversity. Staff completed Code of Conduct and Abuse and Neglect training, and the education encourage reflectiveness, self-awareness and thoughtfulness within the team and foster the desire to be effective with people they come into contact</p>

		<p>with.</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged. Staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy readings, cultural training, and available resources.</p> <p>Residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The staff interviewed stated they are well supported by management and that the service promotes a positive working environment that promotes teamwork.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with clinical manager, enrolled nurse and caregivers confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The philosophy of Kingswood Rest Home promotes a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori, as evidenced in the care plans reviewed.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an adverse event. This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed as per communication instructions in files, this was confirmed through the interviews with family/whānau.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. At the time of the audit all residents could speak and understand English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and</p>

		<p>the process to become a subsidised resident should they wish to do so. The residents, family/whānau and enduring power of attorney (EPOA) are informed prior to entry of the scope of services and any items that are not covered by the agreement. There is information available to family/whānau related to dementia care and how the facility manage behaviour that is distressing.</p> <p>The service communicates with other agencies that are involved with the resident such as the Hospice Waikato and Te Whatu Ora Health New Zealand -Waikato specialist services (eg, physiotherapist, district nurse, dietitian, speech language therapist, mental health services for older adults, psychogeriatrician and pharmacists). The delivery of care includes a multidisciplinary team and enduring power of attorney (EPOA) or family/whānau provide consent and are communicated with in regard to services involved. The clinical manager described an implemented process around providing residents with support from family/whānau time for discussion around care, time to consider decisions, and opportunity for further discussion when planning care, if required. Family/whānau are invited to six monthly review meetings or have input into care planning and review process of residents.</p> <p>Family/whānau interviewed confirmed they know what is happening within the facility through, newsletters, emails and phone calls and felt informed regarding events or other information. Regular family/whānau meetings have occurred as planned (except during the time of outbreaks). Staff have completed annual education related to communication with residents who have cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health,</p>	FA	<p>A policy that guides informed consent is in place that include the guidance on advance directives. Informed consent processes were discussed with residents and family/whānau on admission. Six resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management. Medical cares were included and signed as part of the admission process. Specific consent had been signed by competent residents or EPOA for procedures such as influenza, Covid-19 vaccines and for the residents in shared rooms. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain</p>

<p>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>informed consent for entering rooms and providing personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). Enduring power of attorney documentation is filed in the residents' files and is activated for residents in dementia level of care, or as clinically indicated for rest home level care residents. Medical certificates for incapacity, where indicated, were sighted on file.</p> <p>Advance directives for health care including resuscitation status had been completed by the general practitioner. Interviews with family/whānau identified that the service informs them of any health care changes. Discussions with the caregivers and enrolled nurse confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights that included informed consent.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent and the cultural awareness policies guide the cultural responsiveness to Māori perspective in relation to informed 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>	<p>FA</p>	<p>There is a documented process to address concerns and complaints. The complaints procedure is provided to family/whānau on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is maintained. The complaints register documentation evidence complaints can be allocated a theme. The general manager stated she is confident in investigating and provide a root cause analysis when they do receive serious complaints. There were five complaints in 2022 and three complaints year to date in 2023. The complaints reviewed had been acknowledged and investigated in accordance with guidelines set by the Health and Disability Commissioner (HDC). Follow-up and replies to the satisfaction of the complainants were noted on files. There were no complaints from external agencies.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are</p>

		<p>available at the entrance to the facility. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly where concerns can be raised. During interviews with family/whānau, they confirmed the general manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The general manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in quality meetings (meeting minutes sighted). Higher risk complaints are notified to the directors.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Kingswood Rest Home is part of Kingswood Healthcare and is located in Matamata, Waikato. There are two aged care facilities within the organisation that provides 127 care beds: Kingswood Rest Home with two buildings (41 beds rest home and dementia) and Morrinsville with four buildings providing rest home, dementia, psychogeriatric and a man only unit (86 beds).</p> <p>Kingswood Rest Home provides rest home and dementia level of care for up to 41 residents. There were 36 residents at the time of the audit: 15 residents at rest home level (including one respite on accident compensation corporation (ACC) funding and one on long-term support chronic health (LTS-CHC) contract), and 21 residents at dementia level of care. Residents not under a specific contract identified are under the age-related residential care (ARRC) contract.</p> <p>Kingswood Rest Home has a business plan (2023) in place, which links to the organisation's vision, mission, values, and strategic direction. Clear specific business goals are documented to manage and guide quality and risk and are reviewed at regular intervals.</p> <p>There are two directors and one shareholder (who is also the general manager) who own Kingswood Rest Home (since September 2011)</p>



		<p>and oversee the operations of the facilities. The director (interviewed) has extensive business experience and understands their responsibility in the implementation of Health and Disability Services Standard and explained their commitment to Te Tiriti obligations. The obligations to proactively help address barriers for Māori and to provide equitable health care services is documented in the Business Plan scope, quality, and risk management plan. The Māori Health plan is documented within the cultural awareness and cultural safety policy reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>The general manager, clinical manager and the directors have all completed cultural training. The governing body is using expertise from the Māori staff within the facility. There is a cultural advisor at Kingswood Rest Home with established relationship with Matamata marae and kaumatua (who visit the facility regularly).</p> <p>There is a communication policy that address meeting requirements and communication between management, staff, residents and family/whānau that documents support for residents and family/whānau to participate in the planning, implementation, monitoring, and evaluation of service delivery. Interview with family/whānau stated they are informed of what is happening within the facility and the care of their whānau through regular newsletters, meetings, emails, and phone calls. They have the opportunity to provide feedback through meetings and satisfaction surveys.</p> <p>At the time of the audit clinical governance is managed and overseen by the clinical manager across both facilities; the facilities work collaboratively with each other. The general manager and clinical manager provide oversight of the implementation of the business strategy, quality plan and clinical oversight at Kingswood Rest Home. The general manager and directors communicate on a daily basis. They also have monthly meetings where progress reports, updates against business and strategic goals and compliance requirements are discussed. These include (but not limited to) quality data analysis, escalated complaints, human resource matters and occupancy. The directors visit Kingswood Rest Home on a weekly basis and as required in case of emergencies.</p> <p>The working practices at Kingswood Rest Home are holistic in nature,</p>
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		<p>inclusive of cultural identity, spirituality and respect the connection to family /whānau and the wider community. Achieving health outcomes for Māori and tāngata whaikaha is a priority for Kingswood Rest Home as evidenced through assessment, interventions, and evaluation of care process.</p> <p>There has been no changes in the management team since the last audit. The general manager who has extensive management experience has been in the role since the facility opened (2011). The clinical manager has been in the role for four years and has clinical management experience in aged care and dementia care. The general manager and clinical manager work across the two Kingswood healthcare facilities and are supported by an administrator, enrolled nurse, and experienced caregivers at Kingswood Rest Home.</p> <p>The general manager and clinical manager both confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency through training and professional development activities within the field.</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>	FA	<p>Kingswood Rest Home is implementing a quality and risk management programme. Cultural safety is embedded within the documented quality programme and staff training. The Māori health plan and business plan supports outcomes to achieve equity for Māori and addressing barriers for Māori. There are quality focussed goals documented and the progress is reviewed, monitored, and evaluated at meetings.</p> <p>The quality system and resident files are paper based. The Kingswood healthcare business plan documents an approach for their facilities to move to an approved electronic resident and quality management system in the future. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality data are discussed through staff and quality meetings and opportunities are discussed to minimise risks that are identified. Corrective action plans are well documented, followed up and signed off. Staff and quality meetings taking place as planned to address service improvements. Quality data and trends in data are posted on the staff noticeboard, located in the staffroom.</p>

		<p>Internal audits have been completed according to schedule.</p> <p>A documentation review was completed on site. Policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. There are procedures to guide staff in the management of clinical and non-clinical emergencies. It is general manager and clinical manager responsibilities to provide document control that is site specific. The general manager and clinical manager at Kingswood Rest Home have reviewed the policies and a printed suite of policies is available to staff (sighted on the day of audit). There is documented evidence that updated and new policies are discussed at staff meetings.</p> <p>The policies document guidelines for tāngata whaikaha to have meaningful representation through monthly resident and family/whānau meetings, complaints management system and annual satisfaction surveys. Family/whānau meetings have occurred (except during the Covid-19 outbreak). Family/whānau satisfaction survey for 2022 and 2023 have occurred, and the analysis of the satisfaction survey results has been actioned by the management team.</p> <p>The general manager has an open and transparent decision management process. This includes regular staff meetings and communication with family/whānau either when they visit the facility or through regular emails as evidenced through family/whānau interviews. High levels of satisfaction were indicated through interviews with family/whānau.</p> <p>A health and safety system is in place. There is a health and safety representative that provides a monthly report to be discussed at staff and quality meetings. Hazard identification forms are completed, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented. The noticeboards in the staffroom keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Incident reports are completed for each resident incident/accident, ethnicity is recorded, severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in</p>
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		<p>twelve accident/incident forms reviewed (witnessed and unwitnessed falls, behaviours that challenge, skin tears). Opportunities to minimise future risks are identified by the enrolled nurse and clinical manager in consultation with the staff. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking activities occur by doing comparisons between months. Results are discussed in the staff meetings.</p> <p>Staff completed a cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori. Quality data analysis occur to ensure a critical analysis of Kingswood Rest Home practice to improve health equity.</p> <p>Discussions with the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There were Section 31 – registered nurse shortage reports reported to HealthCERT and Health of the Older Persons manager weekly, for instances when the clinical manager was not physically on site at Kingswood Rest Home. Mitigation strategies include having a full-time enrolled nurse on duty and the clinical manager being on call. The service currently has a vacancy for one registered nurse and have been actively recruiting. There was one Covid-19 outbreak recorded since the last audit which was reported to Public Health.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of cultural and clinical safe care and support. There is a person with a first aid certificate on every shift.</p> <p>When the clinical manager is absent, the experienced enrolled nurse with support from senior registered nurse at sister facility carries out all the required duties under delegated authority. The clinical manager is on site Monday to Friday and provides clinical on call 24/7. The caregivers work predominantly twelve-hour shifts (6am-6pm and 6pm-6am) with short shifts rostered 9.30am-1pm and 4pm to 6pm. The number of caregivers is sufficient to meet the care needs of the residents. Absences can be covered by staff working extra hours or</p>

		<p>casual staff. There were no vacancies at the time of the audit. The rosters reviewed evidence that absences are covered to ensure safe care. Interviews with staff and family/whānau confirm that overall staffing is adequate to meet the needs of the residents. Family/whānau received emails to communicate any changes in staffing levels. Staffing requirements and occupancy are discussed as part of the staff and quality meetings.</p> <p>There is a documented annual training programme that includes clinical and non- clinical staff training that covers mandatory topics. The training schedule has been implemented for 2022 and being implemented and on track for 2023. Training and education is provided monthly and include online training packages as well.</p> <p>The enrolled nurse and clinical manager meet their training requirements through Te Whatu Ora – Waikato training and training sessions held in-house.</p> <p>The service is implementing an environment that encourages and supports culturally safe care through learning and support. Staff attended cultural awareness training as part of orientation and annually through the online modules as evidenced in their individual training records. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes, health equity and disparities through sharing of high-quality Māori health information.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All caregivers, the enrolled nurse and the clinical manager are required to complete annual competencies for hand hygiene, correct use of PPE and moving and handling. A record of completion is maintained. Medication competencies are completed. The clinical manager and the enrolled nurse are both interRAI trained.</p> <p>There are 16 caregivers employed. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the eleven caregivers who work in the dementia area five have completed the relevant dementia standards,</p>
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		<p>one is in progress and the other five are less than 18 months in the service and are enrolled to complete the dementia standards within the required timeframe.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings and performance appraisals. Staff interviewed stated the general manager has a transparent process when making decisions that affects staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place including recruitment, selection, orientation, and staff training and development. Staff files are held secure. Five staff files reviewed (clinical manager, enrolled nurse, cook, and two caregivers) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, registered nurse, enrolled nurse, general practitioners, pharmacist, podiatrist, and dietitian). The appraisal policy and appraisal schedule are part of human resources and employment policies. All staff that had been in employment for more than 12 months had an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support the enrolled nurses and caregivers to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. There is a process for wellbeing support being provided to staff to return to work when</p>

		injured.
<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>Resident files and the information associated with residents and staff are retained in hard copy format. Any electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Specimen signatures is available and include the name and designation.</p> <p>Organisation related documents that are not in use are securely destructed. The general manager is the privacy officer for Kingswood Rest Home and has to approve request for health information from third parties. Health Information is kept confidential and cannot be viewed by other residents or members of the public. There is an appropriate secure storage area for archiving of documents (at the sister facility). The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There is an admission and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service.</p> <p>Six admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The manager, enrolled nurse and the clinical manager are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and family/whānau during the admission process and</p>

		<p>declining entry would be if the service had no beds available or could not provide the level of care required. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of this for the purposes of identifying entry and decline rates that is ethnicity focussed. The analysis of ethnicity data is documented in the monthly quality report developed by the general manager (owner) and reviewed at directors' meetings. The facility has established links with a Māori advisor, who is a kaumātua from Matamata marae and is able to consult on matters in order to benefit Māori individuals, and whānau, when there are Māori residents.</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>	FA	<p>Six resident files were reviewed: three dementia level and three rest home including one resident on ACC and one LTS-CHC.</p> <p>The RNs are responsible for undertaking all aspects of assessments, care plan development and evaluations. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in family/whānau contact records and progress notes.</p> <p>Initial assessments and interRAI assessments (inclusive of the LTS-CHC residents) were viewed in resident files and had been completed within the required timeframes.</p> <p>The resident on respite rest home level care/ACC had appropriate risk assessments completed and a care plan documented.</p> <p>Risk assessments are conducted on admission relating to (but not limited to) falls, pressure injury, continence, nutrition, skin, cognition, and pain. Outcomes of the assessments formulate the basis of the long-term care plan and the activities plan. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others form the basis of the long-term care plans. Care plans have been developed within the</p>



		<p>required timelines. The care plans were holistic with interventions to guide staff on care delivery for the residents.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. A Māori health care plan is available and used for those residents that identify as Māori. At the time of the audit there were residents who identified as Māori. The general manager, clinical manager and enrolled nurse interviewed described removing barriers (including cultural) to assist residents to have access to information and services required to promote independence. The service has a process to support Māori residents and whānau to identify their own pae ora outcomes in their care plan. Cultural assessments are completed for all residents. Values, beliefs, and spiritual needs are documented in the care plan and, Te Tapa Whā care plan is developed for Māori residents, displayed in the residents' room.</p> <p>Short-term care plans were utilised for issues such as infections, weight loss, and wounds. These are either resolved or incorporated in the long-term care plan. Written evaluations reviewed identify if the resident's goals had been met or if further interventions and support are required. Long-term care plans had been updated with changes to health status.</p> <p>Medical services are provided by a general practitioner (GP) from a local medical practice, who visits two weekly and is available as required. The GP is on call after hours and on weekends for resident's medical needs. The resident files identified the GP had seen the resident within five working days of admission and had reviewed the residents at least three-monthly or earlier if required. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The GP, interviewed on the day of audit, stated they were happy with the communication from the RN and EN and there was good use of allied health professionals in the care of residents. Specialist referrals are initiated as needed. Allied health interventions are documented and integrated into care plans by the specialist services at Te Whatu Ora – Waikato, including older persons mental health community team, podiatry, dietitian, and speech and language therapist. The service has a contracted physiotherapist and will respond as requested.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>Kingswood Rest Home employs an activities coordinator five days a week in the dementia unit and an activities coordinator in the rest home, both overseen by an organisation diversional therapist (DT). Saturdays and Sundays have caregivers facilitating activities that have been pre-prepared by the activity's coordinator.</p> <p>The activities coordinator and DT were interviewed and discussed the two programs: one specific to dementia and one rest home level care. They are held separately and changed to accommodate the appropriate cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. The activities in the dementia unit has bingo balloons, reminiscing and fancy dress and summer days out. Rest home includes Croquet, newspaper reading, and arts and craft. Planned outings to the community occur for shopping and/or sightseeing and these are scheduled.</p> <p>The facility practices the Spark of Life program and have a number of cats and visiting dogs in the facility. A minister from Matamata Marae visits and delivers a service to residents. Residents who do not participate regularly in group activities are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and staff.</p> <p>Each resident has a Map of Life and a 24-hour individual-activities care plan which contains strategies for diversion and de-escalation should these be required. The activity plans sampled were comprehensive and had been reviewed at least six-monthly.</p> <p>Themed days such as Matariki, Waitangi Day, and ANZAC Day are celebrated with appropriate resources available. Cultural-themed activities include the use of Māori music, language, and TV/film. The use of te reo Māori for everyday use is encouraged and observed on the day of audit. The DT is fluent in te reo Māori. Families/whānau interviewed spoke positively of the activity programme. The service has exceeded the standard in using a sensory garden to reduce the usage of antipsychotic medications.</p>
Subsection 3.4: My medication	FA	There are policies and procedures in place for safe medicine

<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>management that meet current guidelines. There is an electronic medication management system in place. Twelve medication charts reviewed met legislative prescribing requirements. All medication charts had photographic identification and sensitivity and allergy status documented. The GP has reviewed the medication charts three-monthly.</p> <p>The RN, EN and caregivers who administer medications have been assessed for competency on an annual basis. Medications are checked on delivery by the RN. All medications are stored safely. The medication room air temperature and medication fridge temperatures are monitored and were evidenced to be within the recommended ranges. There were no residents self-administering their medications on the day of audit; however, processes were in place to allow this. Regular and pro re nata (PRN - as required) medications are administered as per policy and effectiveness is documented. All medications are checked at least monthly, and no expired medications are kept on site.</p> <p>Standing orders were not used at Kingswood Rest Home. Medication errors were reported, and follow-up was completed.</p> <p>Residents, including Māori residents and their whānau, are supported to understand and access their medications, and this was confirmed by the residents and their whānau during interviews. Culturally specific medicines and over-the-counter medicines are considered as part of the resident's medication and, if in use, these would be documented on the resident's electronic medication management file. There were no culturally specific medicines or over-the-counter medicines in use at the time of the audit.</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</p>	FA	<p>There was a current food certificate in place. The current menu was approved by a registered dietitian in April 2022.</p> <p>The kitchen is situated centrally, with meals being served directly from the kitchen into the dementia unit dining room and by a trolley to the rest home. A tray service to residents' rooms is also available as required. Auditors observed that the dining room space was adequate,</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>and all residents received their meals with dignity.</p> <p>Prepared food was covered, dated, and stored in the refrigerator. Cleaning records of the kitchen and its appliances were completed daily. Refrigerator and freezer temperature records were maintained, and records verified these were within acceptable parameters. Staff were observed to be wearing the correct personal protective clothing. End-cooked and or serving temperatures are taken on each meal and were within safe parameters.</p> <p>Each resident had a nutritional assessment completed by the RN/EN on admission. Individual dietary requirements were documented in the resident's clinical file, and a copy of this information was sighted in the kitchen. Supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen is run by a qualified chef and one kitchen assistant with support from the caregivers at the weekend. The chef interviewed was knowledgeable about the consideration of cultural values and beliefs, including Māori practices in line with tapu and noa and is fluent in te reo Māori. A hangi was served on the day of audit, celebrating Māori language week, ten residents participated.</p> <p>Nutritious snacks and finger foods are available for the residents at any time of the day or night. Family and whānau at times, bring food with cultural significance to a resident/s, and residents go out with whānau for meals/kai and celebrations. The kitchen staff had food handling training.</p> <p>Residents and family/whānau interviewed spoke positively about the food service and confirmed that any feedback was accepted and implemented.</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,</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and</p>

<p>transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>disability services and social support, Te Whatu Ora - Waikato, or kaupapa Māori agencies were indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>Kingswood Rest Home has a building warrant of fitness which expires on 8th July 2024. A preventative maintenance programme is in place; however, it was not fully implemented. The planned maintenance schedule includes electrical testing and tagging, calibrations of weigh scales and clinical equipment and these have been completed. Monthly hot water temperatures are completed by the garden and maintenance manager. Water temperatures had been recorded from 2022 to present day and had been consistently recorded at 47degrees with no corrective action taken to reduce the water temperature to the recommended 45 degrees.</p> <p>The facility is single level building consisting of a secure dementia unit with 25 beds comprising of, six single rooms, six double rooms, one three bedded room and one four bedded room. In multi occupancy rooms privacy curtains and consent has been gained to share the room prior to admission.</p> <p>The rest home consists of sixteen-beds, all single rooms, consisting of eight rooms with a shared ensuite, one with a private ensuite and seven single rooms without toilet or shower facilities. In the rest home area, the shared ensuites have a lock system to maintain privacy. All rooms allowed space for the use of mobility aids and moving and handling equipment.</p> <p>Rooms are personalized according to the resident's preference. Spaces were culturally inclusive and suited the needs of the resident groups. All rooms have external windows which can be opened for ventilation. A combination of central heating and heat pumps are in place to heat the facility.</p> <p>Corridors are wide enough for the safe use of mobility aids and have handrails in place. Residents were observed moving freely in both units with mobility aids during the audit. There are adequate numbers of</p>

		<p>accessible bathroom and toilets throughout the facility, including a separate toilet for staff and for visitors.</p> <p>Corridors are wide enough for the safe use of mobility aids and have handrails in place. Residents were observed moving freely around the areas with mobility aids during the audit. There are adequate numbers of accessible bathroom and toilets throughout the facility, including a separate toilet for staff and for visitors. In the facility there is also a dining room, kitchen, laundry/sluite, along with office area and staff room.</p> <p>There is an external area available for the recreation and leisure activities of rest home residents. A secure external area is available to residents who reside in the dementia unit and there is a looped indoor-outdoor walkway for residents to wander freely within a garden area with shade and seats.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Staff interviews confirmed that they have adequate equipment to safely deliver care for residents.</p> <p>The service is not planning any major refurbishments; however, a governance interview confirmed that they understood the requirements to consult and co-design any proposed new environments to ensure they reflect the aspirations of Māori. There is Māori art and signage in the facility.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Kingswood Rest Home has a current fire evacuation plan that has been approved by the New Zealand Fire Service. Fire drills are scheduled six monthly and the last fire drill in May 2023. The orientation programme, annual education and training program include fire, emergency, and security training. Staff interviewed confirmed their understanding of emergency procedures.</p> <p>Civil defence and pandemic supplies are stored in an identified cupboard. In the event of a power outage, there is back-up power</p>

		<p>available and there is gas cooking facilities. There are adequate supplies in the event of a civil defence emergency including over 2500 litres of stored water. A minimum of one person with current competence in first aid is always available.</p> <p>There are operational call bells in the residents' rooms and ensuites in the rest home communal toilets, lounge/dining room areas and a panic alarm system in the dementia unit. Families/whānau interviewed confirmed that call bells are answered in a timely manner, and this was observed during the audit.</p> <p>Staff complete security checks at night and there is a camera system monitoring corridors and communal areas. The dementia unit is secure at all times.</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>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Kingswood Rest Home business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and antimicrobial stewardship can be accessed through Public Health and Te Whatu Ora - Waikato. Infection control and antimicrobial stewardship resources are accessible.</p> <p>The facility infection control committee is part of the monthly staff and quality meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach involving the infection control team, the GP, and the Public Health team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to governance.</p> <p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control and antimicrobial programme is reviewed annually (and when there are changes to standards and guidelines) by the infection control team which includes the infection control coordinator (enrolled nurse supported by the clinical manager), clinical</p>



		manager, general manager, housekeeper and cook. The annual review was completed and documented in August 2023.
<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 infection control manual outlines a comprehensive range of policies, standards and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the infection control team regularly to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Te Whatu Ora - Waikato.</p> <p>The infection control coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinator has completed an online training in infection control. The infection control coordinator has access to support from sister facilities and a network of professional aged care peer support within Waikato when required.</p> <p>The infection control coordinator was interviewed, described the pandemic plan, and confirmed the implementation of the plan proof to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour staff were observed to adhere to infection control policies and practices. The infection control audit monitors the effectiveness of education and infection control practices.</p> <p>The infection control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control (IC) resources including personal protective equipment (PPE) were sighted and these are regularly checked against expiry dates. The IC resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection control information and hand hygiene posters in te reo Māori. The infection control coordinator and caregivers work in partnership with Māori residents and family/whānau for the</p>

		<p>implementation of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. Staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>Infection control meetings (sighted) evidence a clear process of involvement from the infection control team during development of the new build and ongoing refurbishments of the building.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment training. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through emails.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported to the Kingswood Healthcare directors. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The general practitioner and clinical manager provide oversight on antimicrobial use within the facility.</p>
Subsection 5.4: Surveillance of health care-associated infection	FA	Infection surveillance is an integral part of the infection control

<p>(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>		<p>programme and is described in the Kingswood rest home infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends and patterns. Infection control surveillance is discussed at quality and staff meetings. The service is incorporating ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates. Meeting minutes and graphs are displayed for staff. Action plans where required for any infection rates of concern, are documented, and completed. Internal infection control audits are completed with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection.</p> <p>The service receives information from the local Te Whatu Ora- Waikato services for any community concerns. There have been one Covid- 19 outbreak since the last audit which affected 14 residents (July 2023). An action plan infection prevention and control Covid-19 was put in place which evaluated effectiveness of measures put in place to manage the outbreak. The outbreak was contained to the rest home area and managed well.</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>	FA	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms and sanitisers with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical</p>

		<p>provider monitors the effectiveness of chemicals.</p> <p>There is a laundry on site with all laundry completed by staff on duty. There is a housekeeper on duty Monday to Friday. There are defined dirty and clean areas. Personal laundry is delivered back to residents' rooms. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection control coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building. The infection prevention and control during construction, renovations and maintenance policy guide the input required from the infection control team.</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>Restraint elimination and safe practice policies and procedures are in place. The restraint approval process is described in the restraint policy. Procedures meet the requirements of the restraint elimination and safe practice standards and provide guidance on the safe use of restraints. Restraint elimination is overseen by the restraint coordinator who is the clinical manager.</p> <p>The facility has no residents with restraint and has been restraint free for a number of years. It would be considered as a last resort only after all other options were explored. An interview with the restraint coordinator described the organisation's commitment to restraint elimination. They are conversant with restraint policies and procedures. Restraint minimisation training for staff begins during their orientation and continues annually.</p> <p>The reporting process includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. If used, a review of the records for residents requiring restraint would cover the restraint assessment, consent, monitoring, and evaluation. Family/whānau approval would be sought should any resident be unable to consent to the use of restraint. Any impact on family/whānau</p>

		would also be considered. The director would be informed of any restraint use in the facility.
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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)
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.	PA Low	A preventative maintenance programme is in place. All equipment has been tagged tested and calibrated as scheduled. A current building warrant of fitness is displayed. The environment is inclusive of residents cultures. Hot water temperature monitoring is completed by the garden and maintenance manager; however, where water temperatures are higher than 45 degrees Celsius, there was no evidence of corrective actions taken.	i). Water temperatures had been recorded from 2022 to present day and had been consistently recorded at 47degrees.  ii). There was no documented evidence of corrective actions taken to reduce the water temperature to the recommended 45 degrees. Corrective action was taken on the day of the audit.	i). & ii). Ensure that hot water temperatures do not exceed 45 degrees Celsius and corrective actions are documented and implemented if hot water temperatures in resident areas exceeds the recommended range.  60 days

## 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, there 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
Criterion 3.3.1 Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.	CI	A quality management framework is being implemented. Clinical indicators are monitored monthly. Use of anti-psychotic medications have significantly reduced following the implementation of specific and targeted strategies to support residents to live fulfilling lives including diversional activities.	Staff at Kingswood dementia unit started to create a sensory garden in September 2022 with the aim of creating a purposeful outdoor space for residents to bring enjoyment and enhance their sensory stimulation. Sensory plants such as rosemary and thyme for scent, sage for touch, lavender for sight, citrus for sight, wind chimes, bird feeding houses (made by residents) appealing to the sense of sound. The aim is to encourage residents to spend more time in the garden, being exposed to more sunlight increasing vitamin D and serotonin production thereby reducing the need for anti-depressant, anti-anxiety, and antipsychotic medications. Antipsychotic medication usage was tracked monthly since January 2023 where there were 16 residents on multiple antipsychotic medications.  The general manager met with the directors regarding approval for quotations and commencement of work

			<p>(which started in October 2022). Input and suggestions for the garden were gathered from residents, family/whānau, and staff. The project came to life as the residents, caregivers and activity coordinators embraced the challenge of planting and coming up with ideas. The new gardens also created opportunities for discussions and reminiscence; with residents talking about their memories of gardening and being outdoors. A mural was also started which provokes memories for many of the residents.</p> <p>At the same time, the clinical team and general practitioner worked alongside the family/whānau and started looking at reducing and stopping use of antipsychotic medications with residents. As residents were becoming more engaged with activities and work in the sensory garden this was achieved gradually. Results and graphs indicate that in January x2 antipsychotics were stopped and one reduced; February x1 stopped; April x1 stopped; June x2 stopped; July x2 stopped; and August x2 reduced. This has seen a total of four residents to date coming totally off antipsychotic medications (25% of initial residents noted to be on antipsychotics in January 2023). Review of the behaviour monitoring records, and progress notes did not indicate any increase in aggressive behaviour with the residents; however, more interaction and purposeful activity was noted as the residents got occupied in the sensory garden. Outcomes of the project are discussed at the staff and quality meetings.</p> <p>The vegetable gardens are maintained and harvested by the residents (as able) and used for the weekly hangi and boil up. The project continues to expand with cultural garden being created and recently a family member offering to come and install outdoor sensory lights / fairy lights as well as more plants and decorations in the garden.</p>
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End of the report.