Tuapeka Community Health Company Limited - Tuapeka Community Health

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

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

The specifics of this audit included:

Legal entity:	Tuapeka Community Health Company Limited
Premises audited:	Tuapeka Community Health
Services audited:	Hospital services - Medical services; Rest home care (excluding dementia care)
Dates of audit:	Start date: 19 October 2023 End date: 20 October 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	7

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou 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 haumaru │ 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

Tuapeka Community Health provides rest home and hospital level of care beds for up to five permanent rest home level residents. There are also two Te Whatu Ora- Southern-funded medical beds which can be used for rest home or hospital residents for respite care or short term periods. There were 7 residents on the days of the audit. The manager (non-clinical) is supported by registered nurses and healthcare assistants.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand- Southern. The audit process included a review of quality systems, the review of residents and staff files, observations, and interviews with residents, relatives, staff, management, and a general practitioner.

The service continues to implement a quality and risk management system. Residents and relatives interviewed were complimentary of the service and care provided. The service has a strong community focus and provides resident-centred care.

The service has addressed four of the six previous audit shortfalls around aspects of the quality programme, training, appraisals and interRAI trained staff. There continues to be shortfalls around timeliness of assessments and care plans, care plan interventions and reviews.

This audit also identified additional shortfalls around neurological observations and aspects of medication management.

Ō tātou 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.

The service provides an environment that supports residents' rights, and culturally safe care. The governance body and management have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. A Pacific health and wellbeing action plan (Ola Manuia) is in place.

Residents and family/whānau interviewed confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.

The 2023 business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation of clinical indicator data

were documented as taking place with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

A recruitment and orientation procedure is established. Healthcare assistants are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme is being implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The registered nurses are responsible for the assessment, development, and evaluation of care plans. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration.

The organisation uses an electronic medicine management system for e-prescribing, and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary requirements, likes and dislikes and there is a current food control plan.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.

There is a current building warrant of fitness. There is a planned and reactive maintenance programme in place.

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

Includes five 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.

An infection control programme is documented for the service. The manager supports the infection control coordinator in implementing the programme.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There have been no outbreaks since the previous audit.

Here taratahi | Restraint and seclusion

Includes four 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 a registered nurse. There are no restraints used at the service. Maintaining a restraint-free environment is included as part of the staff education and training programme. Staff have training in management of challenging behaviour.

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	16	0	0	2	0	0
Criteria	0	44	0	1	5	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	Tuapeka Community Health acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The cultural safety policy includes provision of safe practices for Māori residents, cultural awareness and food services, death of a resident, Māori health care plan and considerations. These policies guide staff to provision of culturally safe services in line with Te Tiriti O Waitangi. Staff interviewed (four registered nurses (RNs), two healthcare assistants (HCA), the cook and housekeeper) confirmed management encourage and support an understanding of Te Tiriti o Waitangi. Residents are involved in providing input into their care planning, their activities, and their dietary needs.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by	FA	Tuapeka Community Health has a policy based on the Pacific Health and Wellbeing Plan (Ola Manuia) 2020-2025 that encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships and embracing cultural and spiritual beliefs and providing high quality healthcare. Cultural training includes Pacific cultures.

Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Five residents interviewed reported that all staff respected their rights, and that they were supported to know and understand their rights. Care plans reviewed were resident centred and evidenced input into their care and choice/independence. Staff have completed training on the Code of Rights. The Code of Rights is displayed in English and te reo Māori.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	A resident's safety, neglect and abuse prevention policy is being implemented. The stated aim of the policy is to recognise, prevent and treat abuse, and to ensure all incidences of abuse are reported, investigated and corrective action plans are instigated where required. Tuapeka Community Health policies prevent any form of discrimination, coercion, harassment, or any other exploitation. A code of conduct is discussed and signed by staff during their induction to the service. The code of conduct addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the code of conduct as part of the employment process. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All five residents and the two families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. Residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.

Subsection 1.7: I am informed and able to make choices 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. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. 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.	FA	There are policies around informed consent and advanced directives. Informed consent processes were discussed with residents and family/whānau on admission. Five electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent forms had been signed by residents or their activated enduring power of attorney (EPOA) for procedures such vaccines and other clinical procedures.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	The complaints procedure is equitable and is provided to residents and relatives on entry to the service. Complaints forms in English and te reo Māori are readily available at the entrance to the conservatory. The residents interviewed stated they felt comfortable discussing any issues or concerns with staff or the manager. The manager maintains a complaint register. There have been no complaints since the previous audit in April 2022. On interview, the manager could describe the complaint documentation process, including acknowledgement, investigation, follow-up letters and resolution in order to ensure complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There have been no complaints received from external agencies. Staff interviewed confirmed complaints and compliments are standard agenda items at all meetings. Discussions with residents and family/whanau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including the resident meetings which are held bimonthly. Communication is maintained with individual residents, with updates at activities and mealtimes and one

		on one reviews. Residents and relatives making a complaint can involve an independent support person in the process if they choose. Resources in te reo Māori is available to assist Māori in the complaints process. The manager and clinical staff acknowledged the understanding that for many Māori, there is a preference for face-to-face communication and confirmed their commitment to do this wherever possible. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time. Compliments over 2022 and 2023 about the service were sighted on the day of audit.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	Tuapeka Community Health is owned and governed by the Tuapeka Community Health Company Ltd. The service includes a medical centre as well as a medical/aged care facility. The seven beds are divided into five rest home beds and two Te Whatu Ora- Southern-funded medical beds used for respite and short stay. On the day of audit there were seven residents; five permanent and two respite rest home level care. There were no hospital (medical) level residents, and all residents were on the age-related residential care (ARRC) contract. The service has a current 2023 strategic plan. There is a current quality and risk plan which is being implemented. A mission, philosophy and objectives are documented for the service. The plan sighted outlined the scope, direction, and goals of Tuapeka Community Health and describes annual goals and objectives that support outcomes to achieve equity and addressing barriers for Māori. These are reviewed at each Board meeting, as sighted in meeting minutes. There was evidence of the annual review of the business plan. Monthly Board meetings include four directors, and the manager. The Board has a term of reference; this forms part of the suite of governance policies. On interview, the chair of the Board confirmed a knowledge of and a commitment to comply with all legislative, contractual, and regulatory requirements. The Board meets monthly with the manager. The manager provides the Board with a monthly report including all aspects of the rest home and health centre services, which is reviewed and discussed. The service employs a general practitioner and four senior registered nurses who work together to provide the manager and Board with clinical oversight. The Board has access to a Māori advisor with links

		to the Tokomairiro Wairoa Kaupapa Māori health service in South Otago. The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities. The Board reviews annually all policies and risk management systems. Any incidents and exceptions are brought to the attention of the Board, improvements are discussed, and management supported to implement changes as required. There is literature including the resident Code of Rights and complaint forms available in te reo Māori. There is disabled access to all areas of the facility, and there is a Māori health plan available for staff to utilise. The manager has been in the role since June 2021, has a background of information technology (IT) business and support, and is responsible for the day to day running of the rest home and medical centre. The manager is supported by a part-time quality assurance administrator, who has an administration background and setting up policies and procedures. The quality assurance administrator completes all non-clinical internal audits and oversees quality systems. They are supported by an experienced clinical nurse lead (RN) and a team of three registered nurses who work as district nurses and provide nursing services to the rest home and a team of experienced healthcare assistants. The manager has attended all ARRC zoom meetings and has engaged with another rural provider for continuing support. The manager plans attend annual conferences and training around management and leadership of a health care facility. The registered nurses are on call 24 hours a day for all clinical aspects of care, and the manager is available for non-clinical issues.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-	FA	Tuapeka Community Health has a quality and risk management system in place, which is being implemented. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. The quality and risk management systems include performance monitoring through internal audits, performance monitoring, resident satisfaction, staff retention and the collection, collation, and benchmarking of clinical indicator data. Internal audits, staff meetings, and collation of data were documented as

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.		taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends, including infections and adverse events, are discussed at quarterly staff and quality/management meetings and at Board meetings. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed with sign-off when completed. The previous partial attainment (2.2.3) has been addressed. Staff interviewed were aware of quality data indicator results and any corrective actions required. The manager summarises all information in a monthly report and present the report at the monthly Board meetings. Policies are provided by an external consultant and regularly reviewed by the manager, clinical staff, and the Board. Policies align with the 2021 Ngā Paerewa Standard. New policies or changes to policy are communicated to staff. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. Quality goals for 2022 were reviewed by the directors and management team in February 2023. Quality goals for 2023 are established and relate to improving quality documentation. Progress towards goals is reported at quarterly quality and staff meetings. The recent annual resident and family/whānau satisfaction surveys indicate that both residents and family/whānau have reported high levels of satisfaction with the service provided. Results will be shared in the next staff, resident and family/whānau meetings, as confirmed on interview with management. A health and safety system is in place with two trained health and safety representatives. Six-monthly health and safety meetings include a review of the hazard register and discussion of new hazards and controls. Manufacturer safety datasheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed. Health and Safety is a standard agenda item at quarterly meetings. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the electronic accident/incident form. Monthly reports are documented. Adverse event forms are completed for each incident/accident. Data is collated monthly

		and analysed. Discussions with the manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one Section 31 notification completed to notify HealthCERT around the change in management. There have been no outbreaks.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a biannual education and training schedule being implemented that includes mandatory training across 2022 and 2023. Training is provided monthly via online training and RN's and/or external providers. Additional online training can be accessed by registered nurses, with a record of completion evidenced on staff files. Toolbox talks are held when required or at handovers, facilitating the collection and sharing of high-quality safe services for all residents. Electronic records identify all staff have received all training as scheduled. The previous partial attainment around completion of mandatory training (2.3.4) has been addressed. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for medication, restraint, handwashing, use of personal protective equipment (PPE), and moving and handling. A record of completion is maintained on an electronic register. The service embeds cultural values in their mandatory training programmes and competencies. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 10 healthcare assistants, four have completed their level four qualification, five have completed their level three qualification and one is currently completing level three. Clinical staff can access external training through Te Whatu Ora - Southern. Registered nurse specific training viewed included wound care, interRAI and first aid. There are four RNs, with one RN interRAI trained. The staffing policy meets with the safe staffing hours and aligns with the ARRC contract with Te Whatu Ora -Southern. There are currently seven rest home level residents (including two on respite contracts). The manager works full-time between Monday and Friday and is available after hours for non-clinical issues. Registered nurses are on site weekdays and over the

		weekends between 10 am and 2 pm. The registered nurses share on-call for all clinical issues after hours. The GP lives adjacent to the rest home and is available if required. Staff are instructed to call an ambulance in the event of a medical emergency after hours. All staff have current first aid certificates and medication competencies. Interviews with residents and families/whānau confirmed staffing overall was satisfactory. The service is currently certified for hospital – medical level care. There are two beds funded by Te Whatu Ora- Southern which can be used to provide short-term rest home or hospital level care. The manager and RNs advised they do provide 24/7 cover when they have patients in the hospital level beds. The service has amended their policy to address this.
Subsection 2.4: Health care and support workers 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. 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. 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.	FA	There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are stored securely. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There is evidence in staff files confirming staff have first aid certificates, and the required skills and knowledge to meet their position requirements. There is an interRAI trained registered nurse employed and a second RN in the process of training. The previous shortfall (2.4.2) around an interRAI trained RN has been addressed. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and additional roles (eg, restraint coordinator, infection control coordinator) to be achieved in each position. All staff sign their job description during their onboarding to the service. A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. All staff who had been employed for over one year have an annual appraisal completed. 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.

Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Moderate	Five of the seven current resident files were reviewed, including two residents on respite contracts. The registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes, six-monthly care review electronic form, and family/whānau contact forms. Family/whānau interviewed stated they are involved in the development and evaluation of the care plan. Admission assessment information and an interim plan is planned at time of admission; however, not all recent admissions evidenced these were completed. All long-term resident files had an interRAI assessment completed; however, these were not all completed within the required timeframes or prior to the completion of the long-term care plan. Risk assessments are evidenced in some files relating to falls; pressure injury; continence; nutrition; skin; and pain. Cultural assessments are available; however, have not been fully implemented for all residents. Not all long-term care plans have been completed within 21 days of admission to the service or updated following changes in health condition and identified needs. The previous shortfall (3.2.1) around interRAI and long-term care plan timeframes remains ongoing. The long-term care plan includes sections on mobility and transfers; activities of daily living; continence; nutrition; skin care; cognitive function; behaviours; cultural; spiritual; sexuality; and social needs. Care plan interventions were not always documented in sufficient detail to guide staff in the management of the care of the resident. Evaluations are scheduled to be completed six-monthly; however, not all the care plans reviewed evidenced an evaluation within the required six-month timeframe or identified if goals had been met or unmet. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term care plans were utilised for issues such as infections, weight loss, and wounds. The previous shortfall (3.2.5) around care planning continues to require improvement. The general practitioner (GP) reviews the residents at least three-monthly or earlier if required. The GP documents medical notes in their electronic practice management system. The GP consultation notes are printed and added to the resident's progress notes. All residents had been assessed by the GP within five working days of

		admission. There is one GP who work works Monday to Thursday on site at the community health clinic. An off-site locum is available for telehealth consultations on Friday and medical on call is available from Balclutha outside these hours. The registered nurses provide on call after hours when needed. The GP interviewed was positive about the team approach and the open communication the registered nurses provide, as well as the quality of the HCAs. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist as required. A podiatrist visits regularly. Specialist services including mental health, dietitian, speech language therapist, gerontology nurse specialist, wound care, and continence specialist nurse, are available as required through Te Whatu Ora -Southern. Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written every shift and as necessary by healthcare assistants and at least weekly by the registered nurses. The registered nurses further add to the progress notes if there are any incidents or changes in health status. Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with the GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes. A wound register is maintained. Wound assessments, wound management plans, and photos were reviewed in resident files of previous wounds. There were no residents with wounds or pressure injuries on the day of audit. All staff interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts as required, including (but not limited to) bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; and toileting regime; however, neurological

		observations have not routinely and comprehensively been completed for unwitnessed falls.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	PA Moderate	There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. The registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The service uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Policies confirm a requirement to record effectiveness of 'as required' medications; however, on the days of audit this was not always evident in either the electronic medication system or in the progress notes. All medications are stored securely. Medications reviewed were appropriately stored in the medication trolley and medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. Expired medicines were being returned to the pharmacy promptly. All eyedrops have been dated on opening. Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each medication chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over the counter medications and supplements. There are two partly self-medicating resident in the rest home; however, three-monthly competency reviews have not been completed as per policy. Self-medicating residents' medication is stored safely in locked draws in their rooms. There are no standing orders in use. The registered nurses described working in partnership with all residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.

		Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of this was reviewed during the audit.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen folder. There is a current food control plan in place with an expiry date of January 2024.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, 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.	FA	A standard transfer notification form is utilised when residents are required to be transferred to the public hospital or another service. Residents and their families/whānau were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be	FA	Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme and buildings, plant, and equipment are maintained to an adequate standard. There is a current building warrant of fitness that expires on 13 December 2023. All electrical equipment is tested and tagged, and bio-medical equipment calibrated. Hot water temperatures

Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.		were monitored and recorded. Residents and family/whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Spaces were culturally inclusive and suited the needs of the resident groups.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are provided by an external consultant with input from infection control specialists and reviewed by the management team and governance. Policies are available to staff and linked to the quality system. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The infection control programme is reviewed and reported on annually. The infection control policy states that Tuapeka Community Health 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. The infection control coordinator has undertaken recent online education in infection prevention and control and has additional support from expertise at Te Whatu Ora- Southern. There has been additional training and education around Covid-19. All staff completed infection prevention and control education via online and practical education. Competencies include handwashing and the use of personal protective equipment.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by	FA	The infection prevention control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered on an individual infection log. Surveillance of all infections (including organisms) is entered onto a monthly infection log. This data (including ethnicity) is monitored and

ethnicity. 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.		analysed for trends, monthly and annually. Infection control surveillance is discussed at quality/staff meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. Tuapeka Community Health receives regular notifications and alerts from Te Whatu Ora Health – Southern for any community concerns. There have been no outbreaks reported since the previous audit. On interview, the infection control coordinator was aware of required notifications and management of outbreaks.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the restraint coordinator (RN) stated the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free, and has been for many years. The use of restraint (if any) would be reported in the quality meetings. If there are any instances of challenging behaviours, this is discussed instead of restraint. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme. The restraint coordinator meets with the RNs and the manager annually to discuss any issues around challenging behaviours (if any), and review policies and procedures; this is included in the report to the Board.

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 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.	PA Moderate	Family/whānau are involved in care plans as requested by residents or required due to enacted enduring powers of attorney. Care planning is undertaken by a registered nurse; however, not all initial assessments or initial care plans were completed within 24 hours of admission. There is one RN who is interRAI trained. Not all interRAI assessments have been completed within timeframes. This is an ongoing shortfall. All resident files included enduring powers of attorney which have been activated, as necessary.	i). Initial assessments were not documented for two respite residents. ii). Initial care plan of one respite resident had not been updated with the current admission. . iii). One of the three long-term care plans did not have an initial interRAI assessment completed within the required timeframes. iv). Two initial long-term care plans were not documented within required timeframes and the date of one initial long-term care plan could not be confirmed. v) Three interRAI reassessments were not completed within	i). Ensure respite residents have initial assessments completed within 24 hours of admission. ii). Ensure respite initial care plans reflect the current admission. iii). Ensure all residents have an interRAI assessment completed within 21 days of admission. iv). Ensure all residents have a long-term care plan completed with 21 days of admission.

			required timeframes.	v). Ensure all residents have an interRAI reassessment documented within required timeframes. 60 days
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's	PA Moderate	The registered nurse completed the long-term care plans for two of five care plans reviewed. Two respite residents who have been at the facility for over six weeks and one long-term resident did not have long-term care plans documented. There was evidence of collaboration with family/whānau and the resident in these. Cultural assessments are available; however, have not been fully implemented for all residents and care plans do not always include the resident's cultural needs.	i) . One respite resident identified as a high falls risk with a history of three recent falls, did not have interventions documented around falls prevention. The same resident had minimal interventions documented to address short-term memory loss, activities of daily living and mobility. ii). One resident assessed with a medium falls risk and fragile skin had no interventions documented to minimise risks. iii). Three of three long-term files reviewed did not document the residents' values, beliefs, or cultural needs. iv). One resident returned from a hospital admission following exacerbation of a chronic illness. A short-term care plan was documented; however, did not fully inform the care staff of medication changes.	i)-iv). Ensure care plans fully inform care staff or the interventions required to meet resident needs. 90 days

wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.				
Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.	PA Low	There is a falls management policy and neurological observation policy to guide staff in the management of witnessed and unwitnessed falls. Four adverse events related to unwitnessed falls were reviewed; all had a post fall assessment completed, timely registered nurse follow up occurred and the family/whānau was contacted where appropriate. One adverse event included neurological observations completed as per policy. Monitoring charts for weight, vital signs, blood sugar levels etc have all been maintained.	Two of four adverse event forms related to unwitnessed falls did not have neurological observations completed as per policy.	Ensure staff complete neurological observations within the stated frequencies for unwitnessed falls with or without suspected head injuries. 90 days
Criterion 3.2.5 Planned review of a person's care	PA Moderate	The registered nurse completed the long-term care plans on two of the five care plans. There was evidence of	i). The evaluations of two long-term care reviews did not evidence all required review	i). Ensure evaluations documentation is maintained to confirm

or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.		collaboration with family/whānau in these and all were signed by the resident; although not all were dated. Two of three residents with long-term care plans in place required six-monthly reviews; however, review dates were not documented, and it was not possible to confirm these were completed within the required timeframes.	dates. ii). Evaluation documentation does not evidence progress towards the goals.	six-monthly evaluations. ii). Ensure evaluation documentation evidence progress towards goals. 60 days
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	PA Moderate	There are comprehensive medication policies documented that comply with best practice and current legislation. All staff who administer medications have current competencies in place. As required medications have indications for use documented and have been administered appropriately; however, not all 'as required' medications administered have efficacy recorded.	Effectiveness of 'as required' medications were not completed in the files or medication notes of three residents who had received 'as required' medications	Ensure effectiveness of 'as required' medication is documented as per policy. 60 days

Criterion 3.4.6 Service providers shall facilitate safe self-administration of medication where appropriate.	PA Moderate	Registered nurses are required to check the competency of self-medicating residents three-monthly; however, completed competencies have not been completed as scheduled. Residents have a locked drawer in their rooms for safe storage.	(i). One self-medicating resident did not have a competency review completed three-monthly. (ii). One resident did not have a competency review completed.	(i).& (ii). Ensure all self-medicating residents have a competency completed three-monthly as per policy. 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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

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End of the report.