

CSR Healthcare Limited - Remuera Rest Home and Hospital

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 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: CSR Healthcare Limited

Premises audited: Remuera Rest Home and Hospital

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 10 October 2023 End date: 11 October 2023

Proposed changes to current services (if any): The service has applied for certification related to residential disability (physical) services (sighted), and this audit has verified that the service is suitable to provide this level of care.

Total beds occupied across all premises included in the audit on the first day of the audit: 32

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 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

Remuera Rest Home and Hospital provides rest home, and hospital (geriatric and medical) levels of care for up to 35 residents. There were 32 residents on the days of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with the Te Whatu Ora Health New Zealand – Te Toka Tumai Auckland. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

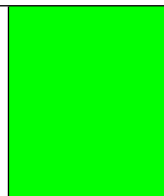
The facility manager is appropriately qualified and experienced and is supported by registered nurses and experienced healthcare assistants. There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The shortfalls identified at the previous audit related to complaints documentation, meetings, and education have been resolved. The shortfalls related to registered nurse staffing and interRAI completion remain ongoing.

This certification audit identified shortfalls in hot water temperature recording, care plan completion timeframes, food control plan, fridge and freezer temperature recording, adherence to the resident menu, and ethnicity data for entries and declines.

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.



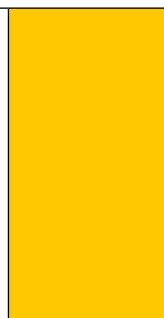
Subsections applicable to this service fully attained.

Remuera Rest Home and Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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.



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy; however, at the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.

Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

The activity programme is designed to meet the individual needs, preferences, and abilities of the residents. Residents are encouraged to maintain community links. The activities programme offers opportunities for residents to participate in te ao Māori.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The menu is culturally diverse and cultural needs are accommodated.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent health care assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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.		Some subsections applicable to this service partially attained and of low risk.
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The building holds a current warrant of fitness. All equipment is well-maintained and tagged, tested, and calibrated as scheduled. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There are twenty-nine rooms, three of which are shared making a total of thirty-two beds. Resident rooms are personalised to their individual taste. Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained with shade and seating available.

There are documented systems in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. Fire drills are held six-monthly. There is a call bell system responded to in a timely manner. Appropriate security measures are implemented.

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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, 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. Antimicrobial usage is monitored. 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 to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There have been no outbreaks since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances, there are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. 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 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 were residents listed as using a restraint. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	24	0	2	3	0	0
Criteria	0	171	0	3	6	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
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan is documented for the service. This policy acknowledges the Te Tiriti O Waitangi as a founding document for New Zealand. The service does currently have residents who identify as Māori.</p> <p>As part of staff training, Remuera Rest Home and Hospital incorporate the Māori health strategy (He Korowai Oranga), Te Whare Tapa Whā Māori Model of Health and wellbeing. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>The service has links with local iwi through current staff members to support the organisations cultural journey.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff members. Staff members interviewed who identified as Māori stated that they are supported in a culturally safe way and staff are encouraged to use both te reo Māori and relevant tikanga in their work with the residents as detailed in the Māori health plan and</p>

		<p>tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Seven staff members interviewed; four healthcare assistants (HCAs), one registered nurse (RN), one chef, and one activity coordinator, described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Remuera Rest Home and Hospital recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights are available in several different languages including the languages of the Pacific Islands.</p> <p>On the day of audit there were Pasifika residents living at Remuera Rest Home and Hospital. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered in the residents' files. Whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The service is actively recruiting new staff. The facility manager described how they encourage and support any staff that identifies as Pasifika beginning at the employment process. This was confirmed in interviews with staff who identified as Pasifika.</p> <p>Interviews with staff members, one rest home resident (YPD), three hospital residents (including one YPD), and five relatives (hospital – including three YPD) identified that the service puts people using the services, whānau, and the Remuera community at the heart of their services. The service can consult with Pacific Island staff to access community links and continue to provide equitable employment</p>

		opportunities for the Pasifika community. The service also has links to access support through the Pacific Cultural Resource Unit at Auckland City Hospital, and the Pacific Island Women's Health Project in Mount Albert.
<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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family. The facility manager discusses aspects of the Code with residents and their whānau on admission.</p> <p>Discussions relating to the Code are also held during the bi-monthly resident/ whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy 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 through the local churches. Church services are held regularly.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</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>	FA	<p>Staff members interviewed described how they support residents in their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to</p>

<p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>be involved in their care or other forms of support.</p> <p>The service’s annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. The service completes annual satisfaction surveys, and these confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident’s right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. Residents’ files and care plans identified residents’ preferred names. Values and beliefs information is gathered on admission with relative’s involvement and is integrated into the residents’ care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee’s induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>environment. Staff are encouraged to address issues of racism and to recognise their own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during 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 residents and whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and whānau on admission. Bi-monthly resident meetings identify feedback from residents and subsequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify whānau /next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. The accident/incident forms reviewed identified whānau /next of kin are kept informed, and this was confirmed through the interviews with whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit not all residents could speak and understand English. Healthcare assistants and registered nurses interviewed described</p>

		<p>how they assist residents who do not speak English with interpreters or resources to communicate as the need arises.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and next of kin are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora- Te Toka Tumai Auckland specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with regarding services involved. The facility manager has an implemented a process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</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, 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>FA</p>	<p>There are policies around informed consent. Six resident files reviewed included informed consent forms signed by either the resident or enduring powers of attorney (EPOA) /welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of EPOA or welfare guardianship were in resident files where available. Certificates of</p>

		<p>mental incapacity and activation of the EPOA documents were on file for residents where required.</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>The complaints procedure is provided to residents and relatives on entry to the service. The service maintains a record of all complaints, both verbal and written on the complaints register. There have been five complaints in 2023 year to date since the previous audit in September 2022. There have been no external complaints received.</p> <p>The facility manager could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the combined staff and quality meetings. Complaints are a standard agenda item in all combined staff/quality/clinical meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau 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. Resident meetings are held bi-monthly. Communication is maintained with individual residents with updates at activities and mealtimes and one on one reviews. Residents and/or whānau making a complaint can involve an independent support person in the process if they choose. On interview residents and whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.</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>	<p>FA</p>	<p>Remuera Rest Home and Hospital is located in Remuera, Auckland. Remuera Rest Home and Hospital provides care for up to 35 residents at rest home, and hospital (geriatric) levels of care. On the day of the audit there were 32 residents: 13 rest home, and 19 hospital residents. Seven residents were under younger persons with a disability contract (YPD), all other residents were under the aged related residential care (ARRC) agreement. Thirteen beds are rest home only, and 22 beds are certified for dual purpose use.</p> <p>The service has applied for certification related to residential disability (physical) services (sighted), and this audit has verified that the service is suitable to provide this level of care.</p> <p>Remuera Rest Home and Hospital is the trading name of CSR Healthcare Limited - a privately owned company with one director. Remuera Rest Home and Hospital has a current business plan (2023-2024) in place with clear goals to support their documented vision, mission, and values. The values espouse compassion, quality, innovation, a focus on special needs, and family/ whānau relations. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Whā.</p> <p>The business current business plan includes a mission statement and operational objectives with site specific goals. The management team report to the director formally monthly in addition to the director’s daily input and at least fortnightly attendance at the facility.</p> <p>The owner/director is the governing body for CSR Healthcare Limited – trading as Remuera Rest Home and Hospital, has owned the facility for approximately five years, and has owned a nearby sister facility for approximately one year. The director has attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. The service has a strategic plan which reflects collaboration with Māori and aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There are extensive iwi links through current staff members, and there are advisors and community links (including Toi Tangati) who are able to provide advice to the director in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The working practices</p>
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		<p>at Remuera Rest Home and Hospital are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings.</p> <p>The facility manager has managed Remuera Rest Home and Hospital since April 2023, having previously been a registered nurse within the facility since 2021. They have previously worked in aged care for other providers. The facility manager is supported by two registered nurses, and an experienced care team.</p> <p>The facility manager is on track to complete eight hours of training related to managing an aged care facility, including cultural training, management orientation, resident advocacy, and the code of rights (facilitated by the health & disability advocate), restraint training, and peer support provided by a fellow manager at a nearby sister site also owned by CSR Healthcare Limited.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Remuera Rest Home and Hospital has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits, through the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity.</p> <p>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. A document control system is in place. Policies are regularly reviewed and have been updated to meet the HDSS:2021 standards. New policies or changes to policy are communicated to staff.</p> <p>Fortnightly management/director meetings, and monthly combined quality/staff/clinical meetings provide an avenue for discussions in</p>

	<p>relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received, staffing, and education. Internal audits, meetings, and collation of data were documented as 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 in data are posted, and accessible to staff in their staff room and nurses' stations. Corrective actions are discussed at combined staff/quality/clinical meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The annual resident and family satisfaction surveys reviewed for 2022 and 2023 indicate that both residents and family have high levels of satisfaction with their ability to make choices, decision making, access to technology, aids, equipment, and services.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is a part of all combined quality/staff/clinical meetings. The facility manager is the health and safety officer (interviewed) who has undertaken self-directed health and safety training and plans to undertake related formal training. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed annually (sighted). Health and safety policies are implemented and monitored by the health and safety officer and facility team.</p> <p>A staff noticeboard keeps staff informed on health and safety. 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 accident/incident form. Well-being programmes include offering employees one to one assistance, flexible working arrangements when required and shared kai.</p> <p>All staff completed cultural safety training to ensure a high-quality service is provided for Māori. Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist attends as required. Strategies implemented to reduce the frequency of falls include the use of sensor mats, regular resident checks, comprehensive handovers and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and</p>
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		<p>updated when changes occur. The facility manager, and registered nurses evaluate interventions for individual residents. Residents are encouraged to attend daily exercises, including guided tai chi as part of the activities programme.</p> <p>Hard copy reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, and behaviours of concern). Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Next of kin are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the facility manager who reviews every adverse event.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT around a flood, registered nurse shortages, management appointments and reconfiguration. There have been no outbreaks since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site at times (PM and night shifts) for hospital level care residents. At the time this audit was undertaken, there was a significant national health workforce shortage, and this is a continued finding from the previous audit in August 2022.</p> <p>It was noted that the service has attempted to mitigate the risk of this situation by utilising a senior healthcare assistant (HCA) acting as shift duty lead on site when this occurs. The service is actively recruiting for registered nurses.</p> <p>The registered nurses and a selection of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The facility manager is available Monday to Friday and covers on-call out of hours.</p> <p>Interviews with HCAs, RNs and the manager confirmed that their</p>

		<p>workloads are manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training, behaviours that challenge, de-escalation, and care of both older and younger adults. Education specific to the care of younger adults was last undertaken in August 2023. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, handwashing, infection control, food handling and moving and handling. A record of completion is maintained.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Currently nine staff members have attained level 4, three level 3, and one level 2. Four staff are working towards their level 2.</p> <p>Additional RN specific competencies include syringe driver, medication, and interRAI assessment competency. Two RNs (including the facility manager) are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities, to balance work with life.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored in hard copy. Five staff files reviewed (two RNs, two healthcare assistants, and one activities coordinator/HCA) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p>

<p>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.</p>		<p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). All staff who had been employed have 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 RNs and HCAs to provide a culturally safe environment to Māori. All staff participate in continuing education relevant to physical disability and young people with physical disabilities.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable</p>

		<p>when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. 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>	PA Low	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families/whānau and residents prior to admission or on entry to the service. Six admission agreements reviewed align with all contractual requirements.</p> <p>Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and service coordination (NASC). Confirmations and authorisations of these are kept on file. The facility manager is available to answer any questions regarding the admission process and availability of beds. The facility manager advised that the service openly communicates with potential residents and family/whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The facility has established links with a Māori advisor, who is a kaumātua from the Te Whatu Ora – Te Toka Tumai Auckland and is able to consult on matters in order to benefit Māori individuals, and whānau, when there are Māori residents. The service does not collect or analyse entry and decline rates to the service with ethnicity information from enquiring individual residents. Declined and entry information including ethnicity is not reported or discussed with the owner.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>	PA Moderate	<p>Six resident files were reviewed: two rest home and four hospital level care (including three YPD contract). The registered nurses are</p>

<p>what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau/NOK communication forms. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>Remuera Home has a range of assessment tools alongside the interRAI care plan process. The initial support plan is completed within 24 hours of admission.</p> <p>The service uses an initial nursing assessment and an initial care plan completed within 24 hours of admission. The assessments include: a nursing assessment; falls risk (John Hopkins); pressure area (Braden); dietary; continence; pain; activities; and spiritual/cultural assessment. Dietary requirements are completed on admission with a copy shared with the kitchen staff. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan. First interRAI assessments and re assessments had not been completed for two rest home and one hospital residents within 21 days from admission. Also, one rest home and one hospital resident interRAI re-assessment had not been completed 6 monthly. This had been identified in the previous audit. These residents did have a comprehensive suite of other assessments on file as described above. InterRAI assessments, MDS comments and the re assessments summary were not kept in the resident's file.</p> <p>The long-term care plan includes sections on mobility and transfers; activities of daily living; continence; nutrition; communication; medication; skin care; cognitive function and behaviours; cultural; spiritual; sexuality; and social needs. The care plan aligns with the service's model of person-centred care. However, care plans reviewed did not describe all care needs required to manage residents care; eg, one diabetic resident (RH) with no specific instructions to manage hyperglycaemia or hypoglycaemia and one resident (Hosp-YPD) with challenging behaviours, no strategies to</p>
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	<p>de-escalation or reduce outbursts included in the nursing care plan. Risk assessments are conducted relating to falls, pressure injury, continence, nutrition, skin, and pain. A cultural assessment is a part of social profile which is completed by recreation officer. Care plans reflect the required health monitoring interventions for individual residents. One resident (Hosp/YPD) level and two (RH) residents did not have a nursing care plan completed within three weeks of admission. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with the local medical centre and has the GP visit every two weeks. The medical centre also provides out of hours cover. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist available as required and a podiatrist visit regularly. A dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora – Te Toka Tumai Auckland.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written on every shift and as necessary by HCAs and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Wound assessments, wound management plans with body map, and wound measurements were reviewed for the one resident with a wound (skin tear). Wound dressings were being changed appropriately and a wound register is maintained. The registered nurse confirmed access to a wound nurse specialist was available as and when required. Registered nurses and HCAs interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a urinary continence assessment, bowel management, and</p>
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		<p>continence products identified for day use, night use, and other management.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. HCAs and RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels, behaviour, and toileting regime. Neurological observations are completed for unwitnessed falls where there is a suspected or actual head injury. The registered nurse reviews all neurological observations daily.</p> <p>The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. The GP records their medical notes in the integrated resident file.</p> <p>The service is responsive to young people with disabilities and provides access to the community, and resources. Family interaction is promoted, with family contact being recorded on the paper-based family contact sheet, which includes family notifications and discussions. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the facility manager or an RN initiates a review with a GP. Family was notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status.</p> <p>The service has policies and procedures that enable tāngata whaikaha choice and control over their support. There is evidence of resident and family/whānau input into assessments and care plan development. The service has systems and processes to support future Māori to identify their own pae ora outcomes through linkages with local Māori providers policies, staff training and the care plan process.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p>	<p>FA</p>	<p>The recreational officer is experienced and has a first aid certificate. Activities are held over five days a week, with staff overseeing activities such as church services and movie afternoons at the weekend.</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>		<p>Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau and EPOAs. Activities plans were developed as part of the long-term care plans. The activities were varied and appropriate for people assessed as requiring rest-home, hospital, and YPD residents. One-on-one time is spent with residents who are unable to actively participate in communal activities (as observed during audit).</p> <p>The programme is planned weekly and includes themed cultural events, including those associated with residents and staff. A weekly calendar is delivered to each individual resident. The service facilitates opportunities to participate in te reo Māori with Māori language and staff. YPD residents' activities included one on one outings, events in the community such as St Marks Church community meeting and one resident attends a Zumba Class twice a week.</p> <p>There is cultural diversity amongst staff who hold cultural themed days, including celebrating Diwali, and entertainment. There is signage in te reo Māori placed around the facility. Entertainment and outings are scheduled regularly to the beach, picnics, and local events.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and activities cultural plan is developed and reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include group games, exercises, hand pampering, crafts, reading, general chats. Resident led activities are encouraged and spontaneous activities which are decided on the day.</p> <p>Resident meetings are held monthly. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated they were happy with the range of activities on offer.</p>
<p>Subsection 3.4: My medication</p>	<p>FA</p>	<p>There are medicine management policies and procedures that align</p>

<p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>with recognised standards and guidelines for safe medicine management practice in accordance with current legislation. The service uses a blister pack system. All medication is checked on delivery against the electronic medication chart and any pharmacy errors are recorded and fed back to the supplying pharmacy. All eye drops, and ointments sighted were dated on opening. Temperatures of the medication fridge, and room where medications are stored are maintained within the acceptable ranges. Monthly medication audits are documented, and any issues are followed up.</p> <p>Registered nurses administer medications and HCAs with medication competencies. Medication competencies have been completed annually and medication education is provided. Competencies include insulin, warfarin, and syringe drivers. Appropriate practice was demonstrated on the witnessed medication round.</p> <p>Twelve electronic medication charts reviewed met legislative requirements. All residents had individual medication orders with photo identification and allergy status documented. Medications had been signed as administered in line with prescription charts. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. The medication policy clearly outlines that resident, including YPD and Māori residents and their whānau, are supported to understand their medications. There were two residents self-administering medications who had been appropriately assessed, regularly reviewed by the GP, and had safe storage within their room. Standing orders were not in use. Over the counter medications are prescribed on the electronic medication system. The RNs interviewed described ways they explain any changes in medication, including potential side effects with all residents and family/whānau, as documented in resident files.</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>PA Moderate</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped; however, there was no current food plan in place the previous one had expired. The cook oversees the food service, and all cooking is undertaken on</p>

<p>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.</p>		<p>site. There is a seasonal four-week rotating menu, which has been reviewed by a dietitian on 22nd June 2022; however, it was observed on the day of audit that the cook was not delivering to the days menu and the manager confirmed that this had been an ongoing issue which they had been monitoring and managing. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>The kitchen can meet the needs of residents who require special diets, and the cook works closely with the registered nurses on duty. The service provides soft and pureed foods to those residents requiring this modification (observed on the day of audit). Lip plates and other modified utensils are available as required. Supplements are provided to residents with identified weight loss issues. The kitchen serves directly into the dining room for all residents. Residents may also choose to have meals in their rooms.</p> <p>Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. Cleaning schedules are maintained.</p> <p>End-cooked and serving temperatures are taken on each meal; however, chiller and freezer temperatures had not been recorded, no records provided.</p> <p>All foods were date labelled in the pantry, chiller, and freezer. The service can deliver menu options specifically to cultural needs eg, te ao Māori or Chinese. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</p> <p>The residents and family members interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition,</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and 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 residents (if appropriate) and families/whānau were involved for all exits or discharges to and from the service,</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>including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The service utilises the 'yellow envelope' Te Whatu Ora -Te Toka Tumai Auckland transfer documentation system, which ensures all corresponding documentation and medications accompany the resident. The facility/RN managers interviewed described providing a verbal handover to the receiving service to ensure a smooth transition.</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>Remuera Rest Home and Hospital has a current building warrant of fitness displayed which was issued 23rd June 2023. All building and plant have been built to comply with relevant legislation. There is a planned maintenance schedule. The environment is inclusive of peoples' cultures and supports cultural practices. The maintenance man is employed for eight hours per week (and is on call) and is responsible for day-to-day maintenance and gardening. Essential contractors are available as required.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures; however, there was inadequate recording of hot water temperatures, a record of six entries taken over a six-month period and only from one source. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Testing and tagging of resident's electrical equipment is completed annually. Checking and calibration of medical equipment is completed annually. HCAs interviewed stated they have adequate equipment and space to safely deliver care for rest home and hospital care residents.</p> <p>The care centre has a reception, lounge, and dining area. The kitchen is adjacent to the dining room.</p> <p>There are thirty-two rooms, three of which are shared making a total of thirty-five beds. The resident rooms consisted of twenty-one, having shower, toilets and handbasins. The remainder had</p>

		<p>communal toilets, handbasins and showers. Rooms have space to provide care and are suitable for disability access and manoeuvring of mobility aids. There are centralised hand basins in the facility with flowing hand soap, hand sanitiser and paper towels installed near hand basins. There are sufficient shared toilets and shower rooms. There are handrails in corridors and in communal bathrooms. All communal areas allow for the safe use of mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. The external areas are secure and maintained, with seating and shade available. Quiet spaces for all residents (including young people with disabilities) and their whānau to utilise are available inside and externally. The facility has a mix of vinyl and carpeted floor surfaces. There is adequate space for storage of mobility equipment. Residents are able to bring their own possessions into the home and personalise their room as desired.</p> <p>The building is appropriately heated and ventilated. There are wall heaters throughout the facility. There is sufficient natural light in the rooms. The facility is non-smoking. The building is secure at night and a security camera monitors corridors and exit and entrances to ensure the safety of residents and staff.</p> <p>The service is not currently engaged in construction. The facility manager described utilising their links with their Māori advisor, to ensure the designs and environments reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>There are comprehensive policies and procedures documented and available to staff around the management of an emergency and civil defence disaster, including consideration regarding the special needs of young people with disabilities in an emergency. A current fire evacuation plan is in place for the existing facility dated approved 1993. Fire drills are routinely held six-monthly, the most recent occurred 13 July 2023. All staff complete fire and emergency training during orientation to the service and this is included in the education planner as ongoing education. There is a dedicated cupboard with all emergency equipment, including personal</p>

		<p>protective equipment and civil defence packs. Stock is checked regularly for expiry.</p> <p>All staff have current first aid certificates. There is adequate supplies of water and food to meet current requirements. BBQ and gas cooking facility is available.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors. Residents were observed to have their call bells within reach. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secure in the evening and staff perform security checks throughout the night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The facility manager (registered nurse) oversees infection control and prevention across the service, with peer support from a fellow manager at a sister site. The job description outlines the responsibility of the role. 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 programme is reviewed annually by the manager and director, and infection control audits are conducted. Infection rates are presented and discussed at combined staff/quality/clinical meetings. Infection control data is also reviewed by the manager and benchmarked internally. Infection control is part of the strategic and quality plans. The director receives reports on progress towards quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) monthly including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Te Whatu Ora– Te Toka Tumai Auckland, and support from the GP.</p>

		<p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a Pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GP, laboratory, and Te Whatu Ora– Te Toka Tumai Auckland infection control nurse specialist should this be required. There is sufficient PPE equipment available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the manager, director, and all policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti.</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. There has been additional training and education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated</p>

		<p>on Covid-19 policies and procedures through resident meetings, and emails. Posters regarding good infection control practise were displayed in English, te reo Māori, and other languages.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the director. The manager and director would liaise with their contact at Te Whatu Ora – Te Toka Tumai Auckland regarding infection control implications should the design of any new building or significant change be proposed to the existing facility.</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 anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the combined staff/quality/clinical meetings and director. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Remuera Rest Home and Hospital 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.</p> <p>Infection control surveillance is discussed at combined staff/quality/clinical meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted.</p>

		<p>Internal benchmarking is completed by the infection control coordinator, meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Te Whatu Ora – Te Toka Tumai Auckland for any community concerns. There have been no outbreaks since the last audit. The pandemic plan has clear communication pathways for communication with residents, relatives, and staff should an outbreak occur. The plan outlines requirements for staff around personal protective equipment, isolation of affected residents, and restrictions to visiting.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. 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. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is managed onsite, with duties shared by the AM and PM HCAs. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. There is appropriate sluice and sanitiser equipment available, and the HCAs interviewed was knowledgeable around systems and processes related to hygiene, infection prevention and control.</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</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with</p>

<p>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.</p>		<p>Māori and younger residents with disabilities, to promote oversight, and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the registered nurse. There are three residents currently listed on the restraint register as using a restraint bedrail. The use of restraint is reported in the facility quality/staff meetings and to the facility manager via the registered nurse. The restraint approval process, as described in the restraint policy and procedures provide guidance on the safe use of restraints. Seclusion is not used.</p> <p>Restraint minimisation training for staff, which includes a competency assessment begins during their orientation, and is repeated annually.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Procedures around monitoring and observation of restraint use are documented in the policy, approved restraints are documented. The restraint coordinator is the RN and is responsible for ensuring all restraint documentation is completed. The use of restraint is linked to the resident's care plans. The type of restraint used, when required has a time on and time off recorded as well as the restraint checks as per the documented frequency. Monitoring of restraint was completed as planned by the HCA and overseen by the RN. A restraint register is in place providing a record of restraint use. Interview with the RN confirmed that no emergency restraint has been required at Remuera Home and Hospital; however, there is a debrief process in place for staff should this be required.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing</p>	<p>FA</p>	<p>The restraint coordinator undertakes a six-monthly review of all restraint use which includes all the requirements of the standard. The outcome of the review is reported to the manager and owner. Any changes to policies, guidelines, education, and processes are implemented if indicated. Benchmarking is completed internally. The benchmarking is used to identify trends, identify ways to minimise and eliminate the use of restraint, and capture staff participation in restraint and challenging behaviour education.</p>

data and implementing improvement activities.		
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Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA Moderate</p>	<p>As per the ARRC contract with Te Whatu Ora – Health New Zealand, an aged care facility providing hospital level care is required to always have at least one registered nurse on duty; however, the service has been unable to provide a registered nurse on site on the PM and night shift for hospital level care residents at times. It was noted that the service has attempted to mitigate the risk of this situation by utilising a senior HCA acting as shift duty lead on site and having comprehensive on-call cover.</p>	<p>The service does not have enough registered nurses to have an RN on duty at all times as per the ARC contract D17.4 a. i.</p>	<p>Ensure a registered nurse is always on duty to meet the requirements of the ARC contract D17.4 a. i.</p> <p>90 days</p>
<p>Criterion 3.1.5</p> <p>Service providers demonstrate routine analysis</p>	<p>PA Low</p>	<p>The facility manager advised that the service openly communicates with potential residents and family/whānau</p>	<p>The service does not collect ethnicity data on entry. There is no record for the decline rates of residents to the</p>	<p>Provider to demonstrate routine analysis to show entry and decline rates.</p>

<p>to show entry and decline rates. This must include specific data for entry and decline rates for Māori.</p>		<p>during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible: however, there was no evidence of ethnic data collection or analysis in the admission process.</p>	<p>service, or analysed information from enquiring individual residents. Declined and entry information including ethnicity is not reported or discussed with the owner.</p>	<p>This must provide specific data for entry and decline rates for Māori and discussed at owner level.</p> <p>90 days</p>
<p>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.</p>	<p>PA Moderate</p>	<p>Remuera and Hospital has a range of assessment tools alongside the interRAI care plan process. The initial support plan is completed within 24 hours of admission.</p>	<p>First interRAI assessments and re assessments had not been completed for two rest home and one hospital residents within 21 days from admission. One rest home and one hospital resident interRAI re-assessment had not been completed 6 monthly. This had been identified in the previous audit. These residents did have a comprehensive suite of other assessments on file as described. InterRAI assessment's, MDS comments and the re-assessments summary were not kept in the residents file</p>	<p>All rest home and hospital residents to have initial interRAI assessments within 21 days of admission.</p> <p>InterRAI routine re-assessments to be completed 6 monthly for rest home and hospital residents.</p> <p>Ensure that the residents interRAI assessments are accessible by the RN.</p> <p>60 days</p>
<p>Criterion 3.2.2 Care or support plans shall be developed within service providers' model of care.</p>	<p>PA Moderate</p>	<p>The long-term care plan includes sections on mobility and transfers; activities of daily living; continence; nutrition; communication; medication; skin care; cognitive function and behaviours; cultural; spiritual;</p>	<p>Care plans reviewed did not describe all care needs required to manage residents care e.g. i) One diabetic resident (RH) with no specific instructions to manage hyperglycaemia or hypoglycaemia (ii) One resident (Hosp YPD) with</p>	<p>Ensure care plans are documented and updated to reflect resident current needs.</p>

		sexuality; and social needs.	challenging behaviours, no strategies to de-escalation or reduce outbursts included in the nursing care plan.	60 days
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(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;</p> <p>(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;</p> <p>(g) Early warning signs and</p>	<p>PA</p> <p>Moderate</p>	<p>Risk assessments are conducted relating to falls, pressure injury, continence, nutrition, skin, and pain. A cultural assessment is a part of social profile which is completed by recreation officer. Care plans reflect the required health monitoring interventions for individual residents.</p>	<p>One resident (Hosp/YPD) level and two (RH) residents did not have a nursing care plan completed within 21 days of admission.</p>	<p>Ensure that care plans are developed within the required 21 days of admission, and these are completed and documented in consultation with the resident and /or their family/whānau.</p> <p>60 days</p>

risks that may adversely affect a person's 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 3.5.1 Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.	PA Low	There is a seasonal four-week rotating menu, which has been reviewed by a dietitian on 22nd June 2022. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.	It was observed on the day of audit that the cook was not delivering to the days menu and the facility manager confirmed that this had been an ongoing issue and they had been monitoring and managing.	The cook is to deliver food to residents scheduled on the menu, as reviewed by the dietitian. 90 days
Criterion 3.5.3 Service providers shall ensure people's dining experience and environment is safe and pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.	PA Moderate	Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezer.	Chiller and freezer temperatures had not been recorded no records provided.	Chiller and freezer temperatures to be taken and recorded daily. 60 days
Criterion 3.5.5 An approved food control plan shall be available as required.	PA Moderate	All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped. The cook oversees the food service, and all cooking is	There was no current food plan in place, the previous one expired.	An approved current food control plan shall be available as required.

		undertaken on site.		60 days
<p>Criterion 4.1.1</p> <p>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.</p>	PA Low	<p>Remuera Rest Home and Hospital has a current building warrant of fitness displayed which was issued 23rd June 2023. All building and plant have been built to comply with relevant legislation. There is a planned maintenance schedule. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures.</p>	<p>There was inadequate recording of hot water temperatures, a total of six entries from only one source taken over a six-month period.</p>	<p>Water temperatures should be recorded on a regular basis from varies sources and outlets, temperatures should not exceed 45 degrees Celsius to comply with Health and Disability service being provided.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.