

North Waikato Care of the Aged Trust Board - Kimihia Home & 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 The DAA Group Limited, 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:	North Waikato Care of the Aged Trust Board
Premises audited:	Kimihia Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 18 December 2023 End date: 19 December 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	62

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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

Kimihia Home and Hospital (Kimihia) provides rest home, dementia and hospital level care. The maximum number of beds/residents was 77; however, the service provider has temporarily closed a six-bed wing and maximum capacity is now 71. There were 62 residents on the days of audit. The care facility and surrounding retirement village is owned and operated by the North Waikato Care of the Aged Trust Board. The full- time facility manager (FM) reports to a board of trustees monthly.

The only significant change since the June 2022 surveillance audit is the appointment of a clinical nurse leader, and a temporary reduction in bed numbers.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard 8134:2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand Waikato (Te Whatu Ora Waikato). The audit process included a review of policies and procedures, residents' and staff files, observations, a telephone interview with the board chairperson, and interviews with residents, family/whānau members, a range of staff, senior managers, and a nurse practitioner (NP). Residents and their family/whānau were positive about the care provided.

There were ten findings identified during this audit. These relate to quality systems, 24 hour a day, seven day a week (24/7) registered nurse (RN) staff cover, performance appraisals, the timing of initial assessments and interRAI assessments, the needs of residents identified through assessments not being reliably documented in care plans, care plan reviews, the food menu which is overdue for review, evaluating the effectiveness of as required (pro re nata (PRN) medication, annual review of the infection control programme, and evaluation of antimicrobial surveillance data.

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.

Kimihia works collaboratively with staff, residents, and the local community to support and encourage a Māori world view of health in all aspects of service delivery. There is a Māori health plan to guide staff to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. There has been an increase in the number of residents who identify as Māori, and a significant demand and increase in the number of Māori attending the day activities programme. Although the day programme is outside the scope of this audit, the increase in referrals and attendance suggests greater acceptance of Kimihia as a culturally safe and acceptable service.

A significant percentage of the workforce identify as Māori. All staff receive in-service education on Te Tiriti o Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code). Residents who identified as Māori said they were treated equitably and that their self-sovereignty/mana motuhake was respected. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori are incorporated in daily practices. Residents and relatives confirmed that they are always treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

A Pacific plan and related policies and procedures guide staff in delivering Pacific models of care to residents who identify as Pasifika.

Consent is obtained where and when required. Residents and family/whānau received information in an easy-to-understand format, felt listened to and were included in making decisions. Open communication is practised. Interpreter services are provided as needed. Whānau/family and legal representatives are involved in decision-making. Advance directives are followed where applicable. Residents and family/whānau confirmed that staff maintain professional boundaries and that residents' finance and property are respected.

The complaints process aligns with consumer rights legislation. Complaints are managed and resolved to the satisfaction of the complainant.

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 low risk.
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The organisation is governed by a board of trustees who work with senior managers to monitor organisational performance and ensure ongoing compliance. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. Quality data, including adverse events, is analysed to identify wanted and unwanted trends.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced.

Staff competencies are monitored, but 50% of performance appraisals are overdue.

Health information is managed.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The entry to service process is efficiently managed. Residents are assessed before entry to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. Person-centred care is implemented. Transfers and discharges are managed efficiently.

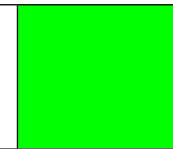
The service provides planned activities that meet the needs and interests of the residents, as individuals and in group settings. Activities plans are completed in consultation with family/whānau, residents, and staff. The planned activities programme promotes residents to maintain their links with the community and supports community initiatives that meet the health needs and aspirations of Māori and whānau. Residents and family/whānau expressed satisfaction with the activities programme.

There is an electronic medicine management system used in prescribing, dispensing, and administration of medications. The nurse practitioner and the general practitioner are responsible for all medication reviews. There are policies and procedures that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents with special needs and menu options specific to te ao Māori catered for. Food is safely managed. Residents verified satisfaction with meals.

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

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



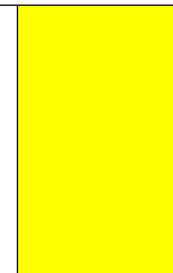
Subsections applicable to this service fully attained.

The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. There was a current building warrant of fitness displayed.

Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. Security is maintained. Hazards are identified.

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.



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

The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and scope of the service. The IP and the AMS programme is linked to the quality improvement programme. A registered nurse leads the programme. Specialist infection prevention advice is accessed when needed. There is a current COVID-19 pandemic plan and outbreak management plan.

Staff understood the principles and practice of infection prevention and control. This was guided by relevant policies and supported through education and training.

Hazardous waste is managed appropriately. There are safe and effective laundry services.

An antibiotic prescribing policy guides care, and occurrences of adverse effects are monitored. Surveillance of health care-associated infections is undertaken with results shared with staff and the governance body. Follow-up action is taken as and when required. Infection outbreaks reported since the previous audit were managed effectively.

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.
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The governance group are committed to eliminating the need for restraint. The frequency of restraint use has decreased. There were four restraint interventions in place on the days of audit. The restraint coordinator is an RN and part of the senior management team.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used.

Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	21	0	6	2	0	0
Criteria	0	166	0	6	4	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>	FA	<p>The organisation has embedded a Māori model of health into their care planning process. The principles of Te Tiriti o Waitangi are actively acknowledged when providing support to Māori residents. Partnership, protection and participation were evident and confirmed in interview with residents who identified as Māori. The organisation's Māori health plan reflected a commitment to Te Tiriti and providing inclusive person-centred and whanau-centred support.</p> <p>The number of Māori residents has almost doubled since the previous audit, which reflects the local demographic. Sixty percent of staff identify as Māori. Those interviewed confirmed that services were provided in a culturally safe manner. Staff reported they have input into how services are developed and delivered. Their advice is sought and considered.</p> <p>Kimihia works in partnership with local iwi and Māori organisations to promote service integration, planning, and support for Māori .</p> <p>Māori residents and their whānau reported that their mana is protected and that they are treated with dignity and respect and that they are not afraid to speak up if they feel their world view has not</p>

		been fully considered.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>On the days of audit, a small percentage of residents identified as Pasifika. Their care records identified their specific cultural needs. The organisation's Pacific health policy refers to the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The policy lists contact details for local Pasifika groups available for guidance and consultation. The policy also states Pacific models of care will be utilised within the plan of care when indicated.</p> <p>A number of staff employed identify as Pasifika, and all other staff have attended training and education in delivering culturally safe care, including care to residents who identify as Pasifika. Pasifika staff said they assist clinical staff with planning processes for Pasifika residents.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff have received training on the Code as part of the orientation process and in ongoing annual education as was verified in staff files and interviews with staff. Staff gave examples of how they incorporated residents' rights in daily practice. Copies of the Code in English and te reo Māori were posted around the facility. The Nationwide Health and Disability Advocacy Service (Advocacy Service) and the Code pamphlets were provided as part of the admission information. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>Māori mana motuhake is recognised in practice. Care for residents who identify as Māori is guided by the cultural assessment for Māori residents and the Māori health plan. Residents and family/whānau are involved in the assessment and care planning process. Relationships with iwi and hapu are recognised as important factors taken into consideration. Residents are supported to practice</p>

		autonomy and independence. The provider facilitates support for residents in accordance with their wishes, including independent advocacy, where applicable.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Residents' values and beliefs, culture, religion, ethnicity, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics are identified through the admission assessment process. These were documented in the residents' care plans sampled. Staff were observed respecting residents' personal areas during the audit. Personal cares were provided behind closed doors. Shared bathrooms had clear signage when in use and shared rooms had curtains for privacy. Residents were supported to maintain as much independence as possible.</p> <p>Principles of Te Tiriti o Waitangi are incorporated in service delivery. Tāngata whaikaha needs are responded to as assessed. Residents are supported to participate in te ao Māori as desired. Cultural artwork was observed in residents' rooms.</p> <p>Te reo Māori and tikanga Māori are actively promoted throughout the organisation and incorporated in all activities. Staff have received Te Tiriti o Waitangi training. Te reo Māori words and phrases were posted around the facility to increase residents' and staff awareness. The days of the week and month were posted on notice boards in English and te reo. Staff were observed greeting residents in te reo. Family/whānau for residents who identify as Māori confirmed satisfaction with the consultation process during assessment and care planning.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are discussed in the orientation process for all staff. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation.</p> <p>Systems in place to protect residents from abuse, revictimisation,</p>

		<p>systemic and institutional racism include the complaints management process and care evaluation meetings with residents and family/whānau and regular monthly meetings with residents. Staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, exploitation.</p> <p>Residents' property is labelled on admission and their finances are protected. Residents, family/whānau and staff confirmed that they have not witnessed any abuse or neglect.</p> <p>Te Whare Tapa Whā model of care is used to ensure wellbeing outcomes for Māori. Residents and family/whānau confirmed that residents are treated fairly.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents, family/whānau and enduring power of attorneys (EPOAs) for residents in the dementia unit are provided with an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. Residents and family/whānau stated they were kept well informed about any changes to care and any incidents in a timely manner. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures.</p> <p>Residents were referred to allied health care providers where required. Information provided to residents and family/whānau was mainly in the English language. Interpreter services are engaged when required. Family/whānau and staff who identify as Māori, support residents who identify as Māori with interpretation where appropriate or a kaumātua can be engaged as required. Written information and verbal discussions were provided to improve communication with residents, their family/whānau or EPOAs.</p> <p>Residents' family/whānau stated that all staff were approachable and responsive to requests in a sensitive manner. A record of phone or email contact with family/whānau or EPOAs was maintained. For non-verbal residents, communication strategies were documented and observed to be effectively implemented by</p>

		staff during the audit.
<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>	FA	<p>Residents, family/whānau and EPOAs for residents in the dementia unit are provided with the information necessary to make informed decisions. Residents felt empowered to actively participate in decision-making. Appropriate best practice tikanga guidelines in relation to consent were followed. Staff interviewed understood the principles and practice of informed consent.</p> <p>Informed consent was obtained as part of the admission documents. Consent for specific procedures had been gained appropriately. EPOAs were activated for all residents receiving dementia level of care, and where applicable for hospital and rest home level of care.</p> <p>Resuscitation treatment plans were in place in addition to advance directives where applicable. Staff were observed to gain consent for daily cares. Residents are supported by family/whānau, and support of advocacy services can be accessed when required. Communication records verified inclusion of support people where applicable.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints policy and associated forms comply with Right 10 of the Code. Information on the complaint process is provided to residents and their whānau/families on admission and those interviewed knew how to raise concerns or complaints. Information regarding the complaints process is displayed and is available in te reo Māori. Residents and family/whānau who identified as Māori said they were comfortable raising complaints or concerns if needed but none had used the complaint process.</p> <p>All interviewees confirmed they have had the complaints procedure explained to them and they know how to make a complaint if required. Staff are aware of their responsibility to record and report any resident or family/whānau complaint they may receive.</p> <p>The complaints register and associated documents reviewed</p>

		<p>showed that six complaints had been received since June 2022. Three of these had been submitted by staff and three from family members. All had been fully investigated, and actions were taken through to an agreed resolution within acceptable timeframes by the FM who is responsible for complaints management and follow-up.</p> <p>There have been no new complaints received by the funder or the Office of the Health and Disability Commissioner (HDC). A complaint notified to the HDC in 2021 is assumed to still be open and under investigation as the service provider has had no further communication since submitting evidence related to the matter.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The Board of Trustees (BOT) is inclusive and sensitive to the cultural needs of Māori. The chairperson works for a local Kaupapa Māori organisation, and one of the 11 board members identifies as Māori. Board members have been provided information about the new requirements of Ngā Paerewa and their additional obligations.</p> <p>The board and the FM demonstrate a commitment to quality and risk management, ensuring there are no barriers for tāngata whaikaha and that service delivery is fair and equitable for Māori.</p> <p>The FM, who is a registered nurse, has been in the role for seven years and has considerable experience in aged care. An existing RN employee was appointed as the clinical nurse leader (CNL) in February 2023. This person, the FM and the quality/education RN are overseeing clinical care and where necessary are working shifts in the facility.</p> <p>Kimihia holds agreements with Te Whatu Ora Waikato for age-related residential care (ARRC) in rest home, dementia, hospital medical and geriatric care, respite and palliative care, Long Term Support-Chronic Health Conditions (LTS-CHC) and with Whaikaha (Ministry for Disabled People) for Young People with Disabilities (YPD).</p> <p>The maximum number of beds has been temporarily reduced from 77 to 71 to safely manage resident care during staff shortages. On the days of audit 62 of the 71 beds were occupied. Twenty-five</p>

		<p>residents were receiving rest home level care. Twenty-three residents were receiving hospital care, and there were 12 residents in the secure unit. Two additional rest home residents were admitted for short stays under the respite agreement. There were no residents under the age of sixty-five years.</p> <p>The BOT and management ensure services are delivered safely and appropriately for tāngata whaikaha (people with disabilities) to facilitate improvement in their health outcomes and achieve equity. There was no evidence of infrastructural, financial, physical or other barriers to equitable service delivery. This was demonstrated by interviews with staff, residents and their whānau/family, the demographic population of residents and ethnic composition of staff.</p> <p>The nurse practitioner, CNL, FM and quality/educator oversee clinical governance. Refer to criterion 2.2.1 for corrective actions related to this.</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>	PA Low	<p>The service provider has a documented and implemented quality and risk management system which is reviewed and kept current by the FM and the external owner of the quality system. The system includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies. Activities to monitor adherence to the business, quality and risk plan, and the service policies and procedures include monthly reports to the board, internal audits, staff and resident meetings, provision of staff education and professional development opportunities, and analyses of quality data, such as incidents, infections and complaints.</p> <p>An improvement is required in criterion 2.2.1 with regard to the frequency of meetings, the type of meetings occurring, and details of the quality-related information shared with staff.</p> <p>The 2023 resident/relative satisfaction survey revealed no major concerns, with approximately 91% satisfaction. Improvement plans sighted confirmed that action had been taken to address feedback. The 2023 staff survey was underway during the audit and results</p>

		<p>were not available.</p> <p>There is a large percentage of staff who identify as Māori. Staff said they are encouraged and supported to use te reo with Māori residents which was observed during the audit. The service is focused on achieving high quality care for Māori. This is a strength and a unique feature of the service. The higher- than- average number of Māori residents experience Māori-centric service delivery in activities, food choices and day-to-day interactions with staff. At least 20 Māori and non-Māori residents ate 'boil up lunch' on day one of the audit, many of whom had participated in its preparation. Staff seek the advice of a resident kaumatua, and staff from other countries were observed being coached in te reo from residents.</p> <p>Where senior management or staff identify a need for improvement, corrective actions are implemented until improvement occurs. The organisation has implemented equity as an integral component of its quality systems. Ethnicity data is being consistently gathered. Tikanga is followed and respected.</p> <p>Incidents are managed in ways that adhere to the National Adverse Events Reporting Policy. Essential notification reporting occurs. The service provider has continued notifying RN shortages when these occur. Section 31 notifications have been submitted for unstageable pressure injuries, changes in the board and appointment of the new CNL. Te Whatu Ora were notified of positive COVID-19 infections in November 2023. There have been no other significant events.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	PA Low	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Approximately 60% of the staff identify as Māori which is reflective of the resident population. Interviews with residents and whānau revealed that staff work in ways to deliver health care that is responsive to the needs of Māori.</p> <p>The service is still challenged with maintaining 24/7 RN cover, specifically on some night duties. There are four full-time equivalent (FTE) RNs employed and one part-time, plus the FM,</p>

		<p>quality/education and the clinical nurse leader. The service expects to employ two more RNs in the next three months as internationally qualified nurses (IQNs) complete their New Zealand registration. Two upcoming rosters had no RNs allocated for night duty. In these situations, a bureau nurse is requested, but if one is not available the service ensures the senior healthcare assistant (HCA), who is an IQN is on site and the virtual RN scheme introduced by Te Whatu Ora is utilised for those shifts.</p> <p>Notifications about RN shortages continue to be submitted.</p> <p>Residents and whānau interviewed said that staff were always attentive to their needs and that call bells were answered within a reasonable time. There is always an extra RN on call after hours.</p> <p>The hospital wing with 23 residents, has four care staff and one RN rostered for morning and afternoon shifts, the secure unit with 12 residents has two care staff in the morning and afternoon, and the dual purpose and rest home wings with 25 residents are allocated three care staff each in the morning and afternoon. Five care staff, two in the hospital, one in the secure unit and one each in the dual purpose and rest home wings, plus an RN are rostered for each night duty.</p> <p>Allied staff such as two diversional therapists and an activities assistant are allocated sufficient hours to meet residents' needs and provide smooth service delivery seven days a week. Designated cleaners carry out housekeeping duties seven days a week and there are sufficient kitchen staff providing meal services. Laundry services are carried out daily under contract to an external provider.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. Continual education subjects in infection prevention related to COVID-19 and its variants including donning and doffing of personal protective equipment (PPE), emergency management including fire drills, manual handling and safe transfer, and management of incontinence have taken place this year.</p> <p>All RNs and senior care staff are maintaining current first aid certificates so there is always a first aider on site. Senior care staff who are assessed as competent to administer medicines are</p>
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		<p>rostered on each shift to support the single RN on duty. Resident numbers are being kept below ideal occupancy levels to safely accommodate the changing needs of residents. The quality/educator is maintaining competencies to conduct interRAI assessments, as have two more RNs. Staff records sampled demonstrated completion of the required training and competency assessments.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waikato. Of the 48 care staff employed, 19 have achieved level four on the NZQA framework, 15 are at level three, five at level two and 19 are yet to commence or complete the entry level module. The quality/staff educator is a registered Career force assessor and moderator of the programme.</p> <p>A sample of rosters confirmed that only staff who have completed or are progressing the four unit standards in dementia care are allocated duties in the secure unit. A total of 19 care staff have completed this.</p> <p>The FM, who identifies as Māori, supports people's right to speak their own language, endorses tikanga and support connections to iwi, hapū, and whānau. Staff were observed to be addressing residents in te reo. Reading material related to health equity has been distributed to staff.</p> <p>Staff reported feeling supported in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support</p>	PA Low	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, proof of vaccination status and confirmation of qualifications before an offer of employment is made.</p> <p>Staff records sampled contained current position descriptions attached to each staff file outlining the role and responsibilities. Records were kept confirming all regulated staff and contracted</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>providers had proof of current membership with their regulatory bodies. For example, the Nursing Council of New Zealand, the Medical Council of New Zealand, the Pharmacy Council, the Physiotherapy Board and Podiatry NZ.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation. (HISO). Staff ethnicity data is recorded and used in accordance with HISO. There is a diverse mix of staff employed.</p> <p>All new staff had engaged in a comprehensive orientation programme, tailored for their specific role. This always includes being allocated to a peer/buddy for at least three shifts.</p> <p>Performance appraisals are overdue. A corrective action is required in criterion 2.4.5.</p> <p>The service provider has systems in place to support staff following incidents. An external service is available and utilised when required.</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>The service used an electronic resident information management system. All necessary demographic data was collected, including residents' ethnicity. Staff have individual passwords to access the electronic system, with permission granted as per portfolio held. Accurate data was collected with files being well organised. All entries were legible, dated, and identifiable. Archived records were securely stored.</p> <p>The facility manager is the privacy officer and any requests for access to a past resident's information is managed through them. There is an appropriate storage area for past residents' files and for files which become too bulky to be kept in the office.</p> <p>All residents come with their National Index Number as part of the referral process.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Residents in the dementia unit were admitted with the consent of the EPOAs. Specialist referral to the service was confirmed. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process.</p> <p>Entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Entry to services data is documented, including ethnicity data. Analysis of entry and decline rates include specific entry and decline rates for Māori. The organisation has established links and partnerships with the local Māori organisations and communities. Māori cultural support can be accessed from the family/whānau or a kaumatua as desired.</p> <p>Residents and family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Moderate	<p>The registered nurses (RNs) complete admission assessments, care planning and care plan evaluation. There are three trained interRAI assessors. The residents, family/whānau, or enduring power of attorney (EPOA) for residents in the dementia unit consented to the assessment and care planning process. This was verified by the general consent signed as part of the admission documents. Interviews with residents and family/whānau confirmed this. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. Cultural assessments were completed by staff who have completed appropriate cultural training.</p> <p>Te Whare Tapa Whā model of care was utilised to ensure tikanga and kaupapa Māori perspectives permeate the care planning</p>

	<p>process and support Māori residents and whānau to identify their own health needs and outcomes. The cultural assessment plan for Māori residents includes Māori healing methodologies, such as karakia, rongoā, special instructions for taonga and tangihanga. Specific requirements were documented where applicable. Tāngata whaikaha and family/whānau are involved in the care planning process to ensure their choices and wishes are respected. The service enables accessible services by encouraging whānau support and enabling access to kaumātua or cultural support as required.</p> <p>A range of clinical assessments, including interRAI assessment outcome scores, referral information, and the needs assessment and service coordination assessments (NASC) served as a basis for care planning. However, some initial interRAI assessments were not completed within three weeks of an admission and a shortfall has been identified in relation to this. (Refer to criterion 3.2.1).</p> <p>The long-term care plans sampled did not reflect all identified residents' strengths, goals, and aspirations. A shortfall has been identified in relation to this. (Refer to criterion 3.2.4). Residents' values and beliefs were documented. Where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Behaviour management plans were completed, with identified triggers and strategies to manage the identified behaviours documented, where applicable, and for residents in the dementia unit. Family/whānau goals and aspirations identified were addressed in the care plan where applicable.</p> <p>Service integration with other health providers including activity notes, medical and allied health professionals was evident in the care plans. Changes in residents' health were escalated to the general practitioner (GP) or the nurse practitioner (NP). Referrals sent to relevant specialist services as indicated were evident in the residents' files sampled. In interview, the NP confirmed timely communication from the clinical team for any residents' health issues and that care was implemented promptly. Care staff reports noted changes to the RNs, as confirmed in the records sampled.</p> <p>Medical assessments were completed by the GP or NP within two to five working days of an admission. Routine medical reviews were</p>
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		<p>completed regularly, with the frequency increased as determined by the resident's condition. Medical records were evident in sampled records. Physiotherapy services are available once a week. Referrals to the physiotherapist were completed where required and these were evident in the resident's records sampled for review.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. However, six-monthly routine care plan evaluations were not being consistently completed in a timely manner, and a shortfall has been identified in relation to this. (Refer to criterion 3.2.5).</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is overseen by two registered diversional therapists (DTs) who are supported by an entertainment officer. Activities calendars were posted on notice boards around the facility. Activities on the programme reflected residents' goals, ordinary patterns of life, strength, skills, interests, and included normal community activities.</p> <p>Residents are supported to access community events and activities where possible. Individual, group activities and regular events are offered. There is a wide variety of activities offered, including gender-specific activities. Opportunities for Māori residents and family/whānau to participate in te ao Māori are facilitated. These opportunities include visits to local marae, and attendance to a Māori community group outside the facility. Māori art was displayed in several areas within the facility. Residents are supported to go out to visit family/whānau and friends where applicable. Family/whānau support with this activity.</p> <p>Diversional therapy care plans were completed in all residents' files</p>

		<p>sampled. Residents' activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review, and when there is a significant change in the residents' abilities. Residents and family/whānau are involved in evaluating and improving the programme through satisfaction surveys and residents' meetings.</p> <p>Activities for residents in the dementia unit were structured to meet the residents' needs and the DT stated that these can be changed when required. Residents were observed participating in a variety of activities on the days of the audit. Twenty-four-hour activity plans were completed for residents in the dementia unit. Residents can freely access the secure gardens. This was observed on the days of the audit. Interviewed residents and family/whānau confirmed they find the programme satisfactory.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The implemented medicine management system is appropriate for the scope of the service. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>The GP and NP prescribed medicines. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over-the-counter medicines and supplements were documented on the medicine charts where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders were not used.</p> <p>Medicines are supplied to the facility from a contracted pharmacy. Medicine reconciliation occurs. All medicines sighted were within current use-by dates. The medicines, including controlled drugs and associated documentation, were stored safely. The required stock checks had been completed. Clinical pharmacist input was provided six-monthly and on request. Unwanted medicines are returned to</p>

		<p>the pharmacy in a timely manner. The records of temperatures for the medicine fridges and the medicine rooms sampled were within the recommended range. Residents and their family/whānau are supported to understand their medicine when required. The GP stated that when requested by Māori, appropriate support and advice will be provided.</p> <p>There were no residents self-administering medicines at the time of the audit. Appropriate processes were in place to ensure this would be managed in a safe manner when required.</p> <p>The implemented process for analysis of medication errors is comprehensive and corrective actions are implemented as required. The CNL completes regular medication audits and corrective action plans are implemented when required.</p> <p>Administered pro re nata (PRN) medicines were not consistently evaluated for effectiveness, and a shortfall has been identified in relation to this. (Refer to criterion 3.4.1)</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	PA Low	<p>The food service is in line with recognised nutritional guidelines for older people. The food is prepared onsite. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The assessment identifies residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Special food requirements are accommodated in daily meal plans.</p> <p>Kitchen staff have received the required food safety training. The menu follows summer and winter patterns in a four-weekly cycle. The menu in use was overdue for review by a qualified dietitian. A shortfall has been identified in relation to this. (Refer to criterion 3.5.4). Meals are served in respective dining rooms and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Culturally specific to te ao Māori food options on the menu included hangi, fried bread and boil up. The cook stated that additional options will be provided per residents' request. Family/whānau for residents who identify as Māori</p>

		<p>expressed satisfaction with the food options provided.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with a current approved food control plan. Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Residents expressed satisfaction with the variety of the meals. Snacks and drinks were provided on a 24-hour basis for residents.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau or EPOA. Residents' family/whānau reported being kept well informed during the transfer of their relative. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed and in the resident's progress notes.</p> <p>Residents are supported to access Kaupapa Māori agencies where indicated or requested. Referrals to seek specialist input for non-urgent services are completed where required as evidenced in the records sampled.</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,</p>	FA	<p>A current building warrant of fitness with expiry 31 March 2024 was on display. Systems for ensuring that the physical environment, chattels and equipment are fit for purpose and safe, are effective. This includes testing and tagging of electrical equipment, and calibration of bio medical equipment, which was current as confirmed in documentation reviewed, interviews and observation of the environment. External areas accessible for rest home, confused wandering and hospital residents are appropriate for theat groups and were being maintained for safety.</p> <p>There is a sufficient number of readily accessible toilets and</p>

<p>independence, interaction, and function.</p>		<p>bathrooms located throughout the facility, including designated visitor and staff toilets. Hot water temperature testing occurs at regular intervals. Records of these showed temperatures being delivered within a safe range.</p> <p>Three separate dining and lounge areas are within easy walking distance for rest home, hospital and dementia residents. Internal areas including bedrooms are spacious and promote safe mobility with handrails installed and no change in floor surface levels. Each bedroom has externally opening windows for ventilation. Heat pumps in common areas and wall heaters in bedrooms maintain warmth in winter.</p> <p>The building is inclusive of people's culture and supports people's cultural practices; for example, there is a chapel onsite and Māori art works throughout the facility.</p> <p>There has been no construction nor are there any plans for building development. The FM and the board are well aware of the need to consult and invite input from local tāngata whenua and hapu to ensure new building designs reflect the aspirations 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>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Onsite inspection and interviews revealed that the emergency and security systems are intact and known by all levels of staff. Fire safety and evacuation training are included at orientation and six-monthly fire evacuation drills occur. The most recent fire evacuation occurred on 04 July 2023, and another is scheduled for January 2024. The fire evacuation scheme was approved in 2009 and is still applicable.</p> <p>Emergency supplies and equipment, including food and water, on stored on site, in sufficient quantities to meet the needs for 77 residents and staff for at least seven days, which meet The National Emergency Management Agency recommendations for the region. There are two large water storage tanks and a generator on site.</p> <p>The call bell system was observed to be functional, and staff were</p>

		<p>seen to respond in a timely manner when a call bell was activated. Residents and whānau reported staff respond promptly to call bells.</p> <p>A sufficient number of staff are maintaining current first aid certificates, including all RNs, so there is always a first aid certified person on site.</p> <p>Security is maintained. There are CCTV cameras in use, and staff wear uniforms and name badges. There have been no security incidents since the previous audit. Staff routinely lock entry doors at dusk. Residents and whānau were familiarised with emergency and security arrangements, as and when required</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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly (Refer criterion 5.2.2). Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the governing body.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and</p>	PA Low	<p>The CNL is the nominated infection control coordinator (ICC) who coordinates the implementation of the infection prevention (IP) programme. The ICC role, responsibilities and reporting requirements are defined in the IPC's job description. The ICC has completed external education on infection prevention on 31 May 2023. They have access to shared clinical records and diagnostic results of residents.</p> <p>The IP programme was overdue for annual review, and a shortfall has been raised in relation to this. (Refer to criterion 5.2.2). The IP</p>

<p>scope of our services.</p>		<p>policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflect the requirements of this standard and include appropriate referencing.</p> <p>The COVID-19 pandemic plan and the outbreak management plan in place are reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic and outbreak management response plan.</p> <p>The CNL has input into other related clinical policies that impact on health care-associated infection (HAI) risk. Staff have received education in IP at orientation and in ongoing annual education sessions. Education with residents was on an individual basis when an infection was identified, discussion in residents' meetings and through infection control posters posted around the facility.</p> <p>The CNL is involved in the procurement of the required equipment, devices, and consumables through approved suppliers. The CNL will be involved in the consultation process when significant changes are proposed to the existing facility, though this has not been required so far as stated by the CNL.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. Policies and procedures to guide staff practice were available. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Infection prevention practices were observed during the audit. Handwashing and sanitiser dispensers were readily available around the facility.</p> <p>A Māori cultural advisor was involved in the development of IP policies to ensure culturally safe practices in IP are protected and to acknowledge the spirit of Te Tiriti. Educational resources in te reo Māori were available. Residents who identify as Māori expressed satisfaction with the information provided.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	PA Low	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governance body. The AMS policy in place aims to promote appropriate antimicrobial use and minimise harm. There was no evidence of evaluation of the AMS programme, and a shortfall has been raised in relation to this. (Refer to criterion 5.3.3).</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>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection prevention programme. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection data is collected, monitored, and reviewed monthly. The data is collated, analysed and action plans are implemented. Ethnicity was included in surveillance data.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff are informed of infection rates and regular audit outcomes at staff meetings. New infections are discussed at shift handovers for early interventions to be implemented. Results of surveillance and recommendations to improve performance where necessary are documented and reported back to the governance body in a timely manner.</p> <p>Residents and family/whānau were advised of infections identified in a culturally safe manner. This was verified in interviews with residents and family/whānau. Infection outbreaks reported since the previous audit were managed effectively with appropriate notification completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local</p>

<p>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>authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical storage room, the laundry, and cleaners' rooms. Cleaning products were in labelled bottles. Cleaners ensure that the cleaning trolleys are safely stored when not in use. There was sufficient PPE available which included masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The cleaners and laundry staff have attended training appropriate to their roles. An external contractor offsite completes residents' laundry. Only cleaning material is laundered onsite. The facility manager has oversight of the facility testing and monitoring programme for the built environment.</p> <p>The effectiveness of cleaning and laundry processes is monitored by the internal audit programme. Residents confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The service continues to aim for a restraint-free environment. This is supported by the governing body and policies and procedures. The CNL provides monthly reports on restraint use, type and frequency to the care unit manager each month, who then reports this to the general manager and the board of trustees. This was sighted in a sample of board reports.</p> <p>There were five residents using restraints at the time of audit. Four residents had bed rails in place when in bed. One of these required a pant brief support applied when seated to keep them safe from falling, and so did one of the residents using a bed rail.</p> <p>A sample of records confirmed that alternatives have been explored and that the restraint intervention was a last resort.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is one of the clinical nurse leaders who reports to the care unit manager. The role is defined in a job description which describes the coordinator's responsibilities for</p>

		<p>monitoring and reducing restraint usage, supporting staff in the safe application of interventions, and maintaining oversight of all restraint activities. The coordinator interviewed demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities.</p> <p>Staff receive information and education on alternatives and the least restrictive methods, safe restraint practice, culturally appropriate interventions, and de-escalation techniques. Those interviewed demonstrated understanding about restraint procedures, risks when using restraint and monitoring requirements.</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>	FA	<p>When restraint is used, this is as a last resort when all alternatives have been explored. Assessments for the use of restraint, monitoring and evaluation were as documented and included all requirements of the standard. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary.</p> <p>Monitoring of restraint is overseen by the restraint coordinator and takes into consideration the person's cultural, physical, psychological, and psychosocial needs and addresses wairuatanga.</p> <p>A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record, including all requirements of the standard.</p> <p>No emergency restraint is used.</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 data and</p>	FA	<p>The restraint committee 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 governance body. Any changes to policies, guidelines, education and processes are implemented if indicated.</p> <p>The use of restraint fluctuates depending on the safety needs of hospital level care residents. The service is focused on preventing</p>

implementing improvement activities.		and minimising restraint use.
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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 2.2.1</p> <p>Service providers shall ensure the quality and risk management system has executive commitment and demonstrates participation by the workforce and people using the service.</p>	PA Low	<p>The sample of staff meeting minutes did not document exactly what data was shared monthly. Instead, the minutes recorded that a verbal report was provided on incidents/accidents, complaints and infections. If staff were not at the meeting, there was no other method for them to be informed about positive or negative trends. Furthermore, the quality team is still in abeyance and health and safety meetings were not reliably occurring. Handwritten minutes from health and safety meetings lacked dates and detail. Although clinical governance is occurring informally with the nurse practitioner (refer criterion 2.1.11) this is not formalised within senior clinical leaders' meetings to ensure accountability for continuously improving the quality of services and safeguarding high quality of</p>	<p>There was a lack of documented evidence to show what quality data was shared at staff meetings. There is no quality team meeting. Health and safety team meetings are infrequent and meeting minutes were not auditable.</p>	<p>Re-establish the quality team and use this to demonstrate the clinical governance framework.</p> <p>Ensure health and safety meetings occur at the frequency determined by the policy and retain meeting minutes.</p> <p>Ensure that details related to the sharing of quality data at staff meetings is documented in</p>

		care.		meeting minutes. 180 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>	PA Moderate	<p>The service is still challenged by shortage of RNs. Recruitment has been ongoing, and two RNs are in the process of completing visa requirements and NZ Nursing Council registration to enable their employment as RNs.</p>	<p>An RN is not on site 24 hours a day seven days a week.</p>	<p>Ensure RN cover on site 24 hours a day seven days a week.</p> <p>90 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	<p>Six of eight staff files reviewed revealed performance appraisals had not occurred at the time specified by policy (annual and three-monthly post-employment).</p> <p>The manager is aware and has scheduled times to complete the overdue appraisals.</p>	<p>Performance appraisals were overdue in six of eight files reviewed.</p>	<p>Ensure staff performance appraisals are completed at least annually or three months after employment.</p> <p>180 days</p>
<p>Criterion 3.2.1</p> <p>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>	PA Low	<p>The RNs complete the interRAI assessments and long-term care plans in consultation with residents and their family/whānau, with the resident's consent or that of the EPOA for residents in the dementia unit. Some initial interRAI assessments were not completed within three weeks of an admission. Residents' care was guided by the nursing assessments completed on admission and initial care plans. Staff regularly document in the residents' progress notes in each shift. The clinical nurse leader (CNL) and the nursing team were aware of the untimely</p>	<p>Initial interRAI assessments were not completed in a timely manner in four out of eight residents' files sampled for review.</p>	<p>Ensure all assessments are completed in a timely manner to meet the contractual and criterion requirements.</p> <p>180 days</p>

		completion of initial interRAI assessments. The CNL stated that there are now three interRAI trained RNs and they are adequately staffed to complete the assessments in a timely manner. Interviewed residents, family/whānau and observations verified that residents were receiving appropriate care to meet their needs.		
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Moderate	<p>Residents, family/whānau and EPOAs confirmed being involved in the assessment and care planning processes. Family/whānau support needs, goals and aspirations identified were addressed in the care plans. Residents and family/whānau or EPOAs confirmed that the services provided met the residents' assessed needs, goals, and aspirations. Residents' needs and risk assessments are ongoing, and any changes were documented. However, some needs identified through the assessment process did not have documented goals of care and interventions to guide care. The CNL stated that there are new staff who are all learning to use the electronic information management system, hence some areas were missed.</p>	<p>In five of eight files sampled for review, some residents' identified needs were not adequately planned for in the care plan.</p>	<p>Ensure that all residents' identified needs are adequately planned for to guide care.</p> <p>90 days</p>
Criterion 3.2.5	PA	The organisational policy and the aged related residential care contract require	More than 50 % of routine six-monthly care plan	Ensure that all routine six-monthly care plan

<p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	Moderate	<p>routine six-monthly care plan evaluation to be completed for residents. Not all routine six-monthly care plan evaluations were completed in a timely manner. Thirty-eight care plan evaluations were overdue. Short-term care plans were completed for any resident where acute care needs were identified. Short-term care plans were reviewed weekly or earlier if clinically indicated. The care plan evaluations completed included the residents' degree of progress towards their agreed goals and aspirations, as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p>	<p>evaluations were overdue.</p>	<p>evaluations are completed in a timely manner to meet the criterion requirements.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	<p>The medication management policy identified all aspects of medicine management in line with current legislation, standards, and guidelines. The service uses an electronic medication management system. RNs were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. The administered PRN medicines were not consistently</p>	<p>Ten out of sixteen sampled medication charts did not have consistent evaluation of the administered PRN medicines documented.</p>	<p>Provide evidence that administered PRN medicines are consistently evaluated for effectiveness.</p> <p>90 days</p>

		evaluated for effectiveness. These medicines included pain relief, laxatives, and behaviour management medicines. A recent internal medication management audit had identified the same problem; however, a corrective actions plan is yet to be fully implemented.		
<p>Criterion 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.</p>	PA Low	The menu in use was last reviewed by a qualified dietitian in August 2020. Residents' weights were regularly monitored monthly and more frequently for residents who had identified weight issues. Nutritional supplements were prescribed for residents who had weight loss issues.	The menu in use was overdue for review by a qualified dietitian.	<p>Ensure that a qualified dietitian reviews the menu to meet the policy and legislative requirements.</p> <p>180 days</p>
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	PA Low	The IP programme is clearly defined and documented. It has been developed by those with IP expertise. The IP programme was approved by the governance body and is linked to the quality improvement programme. The IP programme was last reviewed in August 2021.	The IP programme has not been reviewed annually as per organisational IP programme requirements and this criterion requirements.	<p>Ensure the IP programme is reviewed annually to meet the requirements of this standard.</p> <p>180 days</p>
<p>Criterion 5.3.3</p> <p>Service providers, shall evaluate the effectiveness of their AMS</p>	PA Low	Antimicrobials were administered as prescribed by the medical personnel. Where infection did not resolve with the prescribed antibiotic, the GP or NP were advised, and	There was no evaluation of the effectiveness of the AMS programme completed.	Ensure that the AMS programme is evaluated for effectiveness to meet

<p>programme by:</p> <p>(a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;</p> <p>(b) Identifying areas for improvement and evaluating the progress of AMS activities.</p>		<p>review of the medication was completed. The CNL reported that any side effects will be monitored and will be reported. There was no evidence of the evaluation of the AMS programme.</p>		<p>the requirements of the standard.</p> <p>180 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.