

The Rest Homes Limited - Makoha Rotorua

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 HealthShare 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:	The Rest Homes Limited
Premises audited:	Makoha Rotorua
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services – Sensory
Dates of audit:	Start date: 12 February 2024 End date: 13 February 2024
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:	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

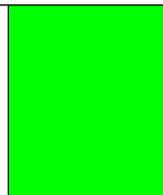
Makoha Home and Hospital is certified to provide a range of services for up to 34 residents. There were 32 residents on the day of the audit. The directors and the management team were committed to health equity. There had been some changes since the last audit, most significantly the purchase of a new quality and risk management system.

This recertification audit was conducted against SNZ 8134:2021 Ngā paerewa Health and disability services standard (Ngā Paerewa) and the organisations agreement with Health New Zealand Te Whatu Ora Lakes. The audit included samples of policies and procedures, resident files, staff files and organisational records. A director and the management team were interviewed, as were staff, residents and family/whānau, and the general practitioner. Observations of the facility and service delivery were made.

The organisation has achieved full compliance to these standards. There were no areas identified as requiring improvement. Continuous improvement ratings have been allocated regarding staff training and the activities programme.

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.



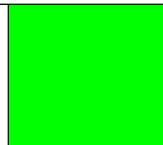
Subsections applicable to this service fully attained.

Services provided are person-centred. The residents confirmed that they were treated with dignity and respect at all times. Cultural and spiritual needs were identified and considered in daily service delivery. Information was communicated in a manner that enabled understanding to residents and family/whānau. Informed consent was obtained at all stages of service delivery.

Staff received orientation pertaining to the Code of Health and Disability Services Consumers' Rights (the Code) and cultural awareness. Professional boundaries were maintained. There was no evidence of abuse, neglect, or discrimination seen or heard during the audit. The complaints process complies with consumer rights legislation and provides an equitable and accessible process.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

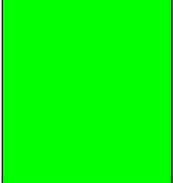
There are two owners/directors. The directors demonstrated a commitment to delivering services that improved outcomes and achieved equity for Māori, Pacific Peoples and tāngata whaiora. Flexible services and the provision of additional resources ensured that any barriers to access were minimised. The business/strategic plan has recently been reviewed. The current mission, vision and values of the organisation have recently been reviewed.

The quality and risk management programme complies with the requirements in this standard and the funders agreement. Quality data was collected, collated and communicated across the organisation. The facility manager was aware of their responsibilities with regard to adverse event reporting.

The appointment, orientation and management of staff was based on current good practice. A systematic approach to identify and deliver ongoing education supported safe service delivery. Staff competencies were assessed and monitored. Staffing levels and skill mix met the needs of residents.

Resident records are well maintained, secure and meet health records standards and professional obligations.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The model of care provided ensured wholistic resident centred care was provided. Information was provided to potential residents and whānau that ensured they were involved in decisions.

Resident assessments informed care plan development. Care plans were implemented with input from the resident, and whānau if desired, and contributed to achieving the resident's goals. Review of the care plans occurred regularly. Other health and disability services were engaged to support the resident as required. The activity programme supported residents to maintain physical, social, and mental health aspirations. Residents participated in community activities.

Medicine management reflected best practice, and staff who administered medication were competent to do so. The discharge and /or transfer of residents was safely managed. The general practitioner stated the provision of care met the resident's needs.

Meal services were provided in line with the nutritional needs of the residents. The menu was approved by a registered dietician and there was a current food control plan.

Te aro ki te tangata me te taiao haumaruru | 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.
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The facility meets the needs of residents. There is a current building warrant of fitness. The building, chattels and equipment are maintained. Electrical equipment is tested as required. Medical equipment is calibrated. There are preventative and reactive maintenance processes in place.

Communal and individual spaces are maintained and reflect individual resident's cultural needs and values. External areas are accessible and safe for residents' use. All areas are accessible for tāngata whaikaha people with a disability.

Emergency procedures are documented and displayed. Staff are trained in emergency procedures and the use of emergency equipment and supplies. There is an approved fire evacuation plan. Emergency evacuation drills are regularly practised. Residents reported a timely staff response to call bells. All staff are identifiable.

There are appropriate security processes in place.

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

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

Subsections applicable to this service fully attained.

The organisation supported the safety of residents and staff via the infection prevention and antimicrobial stewardship programmes. The programmes were appropriate for the size, complexity, and type of service. The infection control nurse was responsible for the implementation of the programmes. The pandemic plan had been tested. Staff were educated in the principles of infection control. A surveillance programme was implemented that captured sufficient data to conduct an analysis.

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.

There were restraint policies that reflected best practice. Restraint was only implemented when other strategies had been unsuccessful. The directors were committed to minimising the use of restraint. Whānau were involved in all aspects of restraint decision making. Evaluation occurs regularly. Restraint was reviewed as part of the quality system.

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	29	0	0	0	0	0
Criteria	2	177	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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>The organisation demonstrates a commitment to Te Tiriti o Waitangi and equity. There are a range of policies and procedures which include details regarding cultural competencies. The Māori Health Plan was developed in consultation with iwi. The Diversity Policy is linked to the quality system which enables analysis of equity/ethnicity data. All staff have completed cultural competency training. The facility manager identifies as Māori and is of Te Arawa descent. Approximately 40% of residents identify as Māori and a number of Māori staff. The organisation supports Māori staff in their professional development and is supporting a staff member to complete a nursing qualification. Another staff member is being supported to complete training in mirimiri. There is Māori representation and input throughout the organisation and a local marae has offered opportunities for cultural activities such as poi making and marae visits. National celebrations such as Waitangi Day and Matariki are observed.</p> <p>Mana motuhake is respected. This was confirmed in interviews with residents and whānau. There was also evidence that residents are supported to access rōngoa and miri. Email correspondence from a whānau member was sighted thanking the service for</p>

		accommodating the cultural and spiritual needs of their whānau.
<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>The Pacific Peoples Culture and General Awareness Policy was developed with input from the Pacific community. Policies and procedures reflect Pacific models of health and current national strategies. The policy provided comprehensive guidelines for staff working with Pacific people and Pacific worldviews. There were some residents and staff who identified as Pasifika at the time of the audit. The Pasifika staff have been supported to complete their New Zealand Qualifications Authority (NZQA) certificates in health and wellbeing and have all achieved a level four qualification. Pasifika staff speak with a Pasifika resident in their own language which has improved the wellbeing of the resident. This resident is being supported to travel back home to visit their family. The organisation hosts a Pacific Island day celebration which is well supported by staff, residents and whānau. Cultural and spiritual values and beliefs are well documented in support plans.</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>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed throughout the facility in English and te reo Māori. There were policies and procedures that reflected the requirements of the Code. Staff confirmed they had received training and education on the Code as a part of their orientation, and this was confirmed in education records sighted. Observation during the audit verified that staff provided care in accordance with the Code. Leaflets were on display in the facility that provided information on the Nationwide Health and Disability Advocacy Service.</p> <p>Resident meetings were held that addressed resident rights and provided opportunity for questions and feedback, this was confirmed by residents. Residents advised they were aware of their rights and stated that staff, and the manager were approachable and provided opportunities for discussion about any issues. Residents expressed their ability to practice self-determination and to make independent</p>

		<p>choices. Māori residents stated that they were satisfied their cultural needs were met, including mana motuhake. Staff confirmed they had completed cultural training and provided examples of how this was put into practice.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>During the audit residents were observed to be treated with respect and regard for their dignity and privacy. Clinical records sampled confirmed that the resident's values, culture, and religious beliefs were included in their care plan. Residents confirmed that religious and social preferences, values, and personal beliefs were acknowledged and respected.</p> <p>The Māori Health Plan supports tikanga, te reo Māori and enables the participation of tāngata whaikaha. Staff gave examples of tikanga Māori practices are used in the day-to-day care of residents. All staff had received Te Tiriti o Waitangi training.</p> <p>The directors have a commitment to tāngata whaikaha through the provision of specialised education and staff ensure that all people with a disability are enabled in their participation of te ao Māori.</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>Policies and procedures are implemented to protect people from abuse, discrimination, and neglect. Staff discussed the aspects of abuse, neglect and institutional racism including the actions they would take should there be any signs of such practice. They also described professional boundaries, and how these were maintained. Residents advised that they had not witnessed abuse or neglect and confirmed that professional boundaries were maintained. They also reported that personal belongings were treated with respect. This was confirmed through observations during the audit. There had been no reported incidents of abuse, neglect or discrimination.</p> <p>The Māori Health Plan promoted a strengths based and wholistic model of care for Māori. Clinical files of Māori residents confirmed that care was provided using a holistic model and the resident's strengths were focused on.</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>Communication with residents was verbal, however communication with family/whānau was a mix of verbal and email as appropriate. Residents expressed satisfaction with the communication they received from staff advising it was easy to understand. Clinical files confirmed that family/ whānau were updated regarding any changes in the resident's health status, incidents, or accidents.</p> <p>Records demonstrated that the service communicated with other health care providers as required, for example a physiotherapist, wound nurse, general practitioner (GP) and Te Whatu Ora Lakes. Staff stated that interpreter services could be accessed 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>The informed consent process aligns with the Code. Residents confirmed they were provided suitable information and timeframes to enable informed consent for all aspects of their care. Clinical records included signed consent for photographs, collection and storage of health information, and outings.</p> <p>Some of the residents' files sampled had completed an advance directive. All files had a resuscitation status documented. Residents who were competent had signed the resuscitation document. There was evidence the decision had been made in consultation with family/whanau, and both parties had signed the document.</p> <p>Some of the resident files contained a named enduring power of attorney (EPoA), and some of these had been activated. Some residents had a court appointed guardian to make decisions on their behalf. The registered nurses, clinical unit co-ordinator and the facility manager demonstrated understanding of the legal requirements of an EPoA, court appointed guardian and an advance directive.</p> <p>Staff discussed tikanga guidelines and advised this had been a component of their orientation and in-service education. Māori residents stated they were given sufficient information in a suitable format to make decisions as per tikanga.</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 policy meets the requirements of consumer rights legislation. Information on the complaints process was provided to residents and family/whānau on admission. Information and forms were readily accessible and on display. Residents and family/whānau reported they were aware of the complaints process. Māori staff, including the facility manager, were available to help navigate Māori residents and their whānau through the complaints process if required. Resident and family/whānau meetings also provided opportunities for feedback to management. Records of these meetings confirmed good attendance.</p> <p>Documented complaints are recorded in the electronic quality system. It was reported that there have been no complaints to, or from, external agencies.</p> <p>Resident satisfaction surveys are completed annually with the last survey being completed in November 2023. The data is collated and compared with the previous year's results. There was evidence that improvements were made following the last survey and shared at a resident meeting. Surveys demonstrated continued satisfaction.</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>The organisation is owned by two directors. Both directors are qualified health practitioners and work as specialists/consultants. One is a psychiatrist specialising in neurorehabilitation and the other is an occupational physician. One of the directors made themselves available during the audit and confirmed their commitment to Te Tiriti o Waitangi, equity and support for tāngata whaikaha people with a disability. Both directors are required to complete mandatory continuing professional development in order to maintain their professional practice. Cultural competency is a mandatory requirement. The directors provide clinical governance and monitor organisational performance. One director approves all spending and an accountant signs off on annual accounts. Both directors are in weekly communication with the facility manager. Meetings are minuted with records confirming discussions regarding occupancy, service delivery, resourcing, staffing, quality activities and maintenance. The mission, vision and values of the organisation</p>

		<p>have recently been reviewed and were on display. The business plan 2023-2025 included a SWOT (strengths, weakness, opportunities and threats) analysis and future objectives and strategies. The business plan clearly describes the current challenges to the aged care and disability sector and demonstrated an understanding of all compliance requirements. It also refers to the New Zealand/Aotearoa Health strategy, equity and mana motuhake.</p> <p>Day to day operations are the responsibility of the facility manager who has delegated responsibility for ensuring services were being delivered in a safe and culturally competent manner. The facility manager is a registered nurse of Te Arawa decent and is supported by a clinical nurse manager and a clinical unit coordinator. The organisational chart defines accountabilities and reporting lines. The directors also own another facility and the Makoha facility manager has been spending their time between both sites since October 2021. The director stated that they are seeking another facility manager for the other site.</p> <p>The organisation is certified to provide 34 beds. This includes 18 dual purpose beds which can be used for hospital or rest home care residents. There were 32 residents at the time of the audit. This included 10 rest home residents and eight hospital residents all of whom are funded through Te Whatu Ora – Lakes under the aged related residential care (ARRC) agreement. There were seven young physically disabled (YPD) residents, one of whom was being funded by the Accident Compensation Corporation (ACC). There were five residents who were funded by the Accident Compensation Corporation (ACC) and two who were under a long term chronic health agreement.</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</p>	<p>FA</p>	<p>A new electronic quality and risk management system was purchased in November 2023. The system complies with legislation, standards and the ARRC agreement. The quality system is implemented and works in a continuous improvement model. Policies and procedures are approved by the directors. The facility manager and clinical unit coordinator have dedicated responsibility for implementing and monitoring the quality system. Quality activities for</p>

<p>achieving Māori health equity. 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>monitoring service delivery such as occupancy, internal audits, consumer satisfaction and adverse event reporting are implemented. The management of finances is overseen by a chartered accountant and the required insurances are in place. The facility manager ensures that health care and support workers were delivering high-quality health care for Māori.</p> <p>Day to day compliance was monitored through the use of internal audits which were routinely completed each month. Internal audits cover the scope of the organisation and are collated by the clinical unit coordinator using the electronic system. The adverse event process aligns with the national Adverse Event Reporting Policy. Monthly and annual collation of quality data and analysis of adverse events is presented at management meetings. There was evidence that improvements were implemented where required. The Health and Safety committee includes representatives from across the organisation and meet every three months. The facility manager was aware of external reporting requirements and completes section 31 notices to the Ministry of Health as required. There are monthly staff meetings which include discussions regarding adverse events, infection prevention, resident feedback, hazards, equipment, clinical indicators and improvements. Meeting records include decisions and action points. Staff confirmed that meetings were productive and provided them with sufficient opportunities to share their ideas and discuss improvements.</p> <p>Ethnicity and equity data is gathered and used for a critical analysis demonstrating the organisations commitment to the local community and Māori residents/whānau.</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</p>	<p>FA</p>	<p>Staffing included 15 registered nurses, 10 domestic staff, one activities person plus a lifestyle support partner, 28 health care assistants, a physiotherapist and a maintenance person. Weekly rosters were developed and published a fortnight ahead of time. Rosters sampled confirmed there were up to six health care assistants on site in the morning, plus two registered nurses, seven days per week. Five health care assistants and one registered nurse on the afternoon shift and three health care assistants and a</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>	<p>registered nurse on night duty. There was also a number of short shifts to cover busy times in the morning and at mealtimes. The facility manager, clinical unit coordinator and clinical nurse manager are rostered business hours five day per week. The clinical nurse manager and the clinical unit coordinator have designated responsibility for management when the facility manager is at the other Makoha site. There are two registered nurses rostered to share on call duties if required. Every shift has staff members with current medication competencies. Rosters sampled confirmed that staff are replaced in the event of a temporary, unplanned absence. Staff require approval from management to swap shifts. The maintenance person is on site four days per week. There are two cooks which cover seven days per week and three kitchen assistants, two cleaning staff and two laundry staff.</p> <p>Mandatory competencies were defined and monitored. Competencies included infection prevention, handwashing, emergency and evacuation procedures, health and safety, manual handling, restraint minimisation, cultural competence, management of incontinence and medication administration. Registered nurses are supported to attend relevant conferences annually. Staff education regarding health equity and disparities of health had been completed following the purchase of the quality system. Day-to-day practice ensured the collection of high-quality Māori health information as it related to Māori residents. There are 18 health care assistants who have achieved the level four New Zealand Qualifications Authority (NZQA) certificate in health and wellbeing, three on level three and one on level one. The quality system includes an annual training plan. This covers the scope of the organisation and clinical topics required in the ARRC agreement. Registered nurses have access to the Ko Awatea online training platform. There are 11 registered nurses with interRAI competencies. The recently purchased quality system provides a range of education videos which has been well utilised by staff and management. These include topics such as cultural safety, Te Tiriti o Waitangi, health and safety, falls management and infection prevention. Records of staff attendance at training is maintained and confirmed that monthly training was attended.</p> <p>A number of staff incentives are implemented to support staff wellbeing. Staff satisfaction surveys are conducted, staff are</p>
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		<p>renumerated to attend meetings if they are not on duty, the clinical unit coordinator takes into account staff preferences when developing the roster, some accommodation is provided, attending conferences is supported and paid for and support is provided following adverse events. Staff reported they were well supported and that the organisation provided a positive work environment.</p> <p>Makoha previously achieved a continuous improvement rating regarding staff education. This has continued (refer criterion 2.3.4).</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are a number of policies and procedures regarding human resources. These have all been developed in accordance with good employment practice and legislation. Person specifications, responsibilities and accountabilities for each role are documented in position descriptions. Current position descriptions were sighted in staff files sampled. The code of conduct and what constitutes misconduct is included in the employment agreement. Professional qualifications are validated including the registered nurses and health care assistants.</p> <p>All staff are required to complete orientation on commencement. The orientation programme includes the essential components of service delivery. A buddy system is used to support new staff and staff reported they were well orientated to their role. Completed orientation records and checklists were sighted. All staff are subject to an annual performance appraisal. The registered nurses conduct performance appraisals for the health care assistants. The manager completes the process for registered nurses and the facility manager is appraised by the directors.</p> <p>Staff data, including ethnicity is maintained securely and used in accordance with Health Information Standards Organisation (HISO). Staff records are maintained in both electronic and hard copy. Hard copies are kept in the facility managers office.</p> <p>As previously stated (refer standard 2.3) staff are supported and have the opportunity to be involved in any debrief required following an adverse event. This was confirmed in staff and management</p>

		interviews.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The management of health records meet health records standards and professional guidelines. All entries into records are dated and signed by the designated writer. The registered nurses review all progress notes, including health monitoring charts. Resident records are maintained in both electronic and hard copy. The privacy of information is maintained and kept in the nursing office, or stored on computers that are password protected. All records are accessible to those who have the authority to do so. Records are integrated with entries from visiting health specialists including the general practitioner. Archived records are well maintained in storage area with smoke alarms and sprinklers.</p> <p>The organisation is not responsible for National Health Index registration</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Information about the service was available in verbal and printed format upon presentation to the facility. A website describes the services offered at Makoha Home and Hospital and how to contact the service directly. The Needs Assessment Service Coordination agency (NASC) and Te Whatu Ora Lakes also has information about the services provided.</p> <p>A policy documented the entry process. The clinical unit co-ordinator and clinical nurse manager worked in collaboration to co-ordinate the entry process with the resident and whānau. Residents admitted to the service required a NASC assessment and referral prior to admission. Confirmation of implementation of this process was confirmed in the clinical records sampled.</p> <p>A policy detailed the management for declining a potential resident, however the clinical unit coordinator stated that a person was not declined entry unless the care requirements were outside the scope of the service, or no bed was available. If no bed was available, a resident enquiry form was kept. This held relevant information, including the potential resident's ethnicity. Potential residents and</p>

		<p>their whānau are told at the time of enquiry that no beds are available and are advised that the service will contact them when one becomes available. Enquiry forms were sighted and confirmed that the person enquiring about the service was contacted when a bed became available. Residents expressed satisfaction with the admission process and confirmed they were treated with dignity and respect.</p> <p>The service has connections with local Māori health providers and community groups that support the service to improve Māori health status.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Residents had individualised support provided that met their physical, cultural, spiritual, and social dimensions of their wellbeing. The documented assessments demonstrated that the resident's holistic wellbeing was considered and included, for example skin integrity, pain, falls risk, sleep patterns and behaviour. All interRAI assessments and resultant long-term care plans were current at the time of the audit.</p> <p>Clinical records verified that a registered nurse had completed the assessments and developed an individualised care plan for all residents. Records confirmed that interRAI reviews had been completed at least six monthly. Care plans documented interventions to maintain and improve the residents' health and wellbeing as reflected in the interRAI report. Progress notes, observations during the audit and interview with the resident's confirmed that assessments and care plans had been developed in collaboration with the resident. Short term care plans were developed for acute conditions for example an infection, wound care plans were developed for areas of impaired skin integrity. These were updated as appropriate and signed off when the condition had resolved.</p> <p>Clinical records were integrated including, for example, correspondence from community health providers, interRAI reports, consent forms and a copy of the enduring power of attorney (EPoA). A physiotherapist was available on site for a minimum of four hours per week. New residents were assessed by the physiotherapist, and</p>

	<p>ongoing treatment was provided to residents who required it.</p> <p>Progress notes documented the resident's daily activities and any observed changes in health status or behaviour. Staff stated that changes in a resident's behaviour were considered an early warning sign of a residents change in health status. Monthly vital signs and the weight of residents were documented. Where progress was different to that expected, or the resident had displayed signs or symptoms of illness, vital signs were documented, and further assessments were performed as appropriate. A registered nurse developed a short term care plan, and the general practitioner (GP) was notified in a timely manner. This was confirmed in interview with the GP.</p> <p>Medical oversight of the residents was provided by a GP. The GP confirmed that residents were seen and assessed at least every three months. If the resident's condition changed between times a registered nurse notified the GP and a medical review was provided. The GP stated that the residents received effective and responsive care that was provided in a manner which maintained their dignity and cultural needs.</p> <p>Shift handovers were provided to staff which included the care the resident required, and any changes or updates in care requirements.</p> <p>Makoha Home and Hospital has established connections with Māori community service providers and tāngata whaikaha to support service development. Residents were supported to identify their own pae ora outcomes, with whānau involvement if required. Care plans for Māori residents reflected cultural values and Te Whare Tapa Wha model of care. Policies, procedures, and interviews with staff confirmed that the service understood Māori oranga and customs. Visiting hours were flexible to allow whānau to visit and support the resident. Staff were available to provide information to residents and their whānau as required. Māori residents interviewed stated that care was provided in a manner that respected their mana, and that access to support persons was encouraged.</p> <p>An adequate supply of medical equipment and consumables was observed, including dressing and continence supplies. Wound care plans sampled confirmed that they were assessed in a timely manner</p>
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		and reviewed at appropriate intervals.
<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>All clinical records sampled held a completed lifestyle assessment that included the residents lived experience, cultural, and spiritual beliefs and values. The assessment included the participation of the resident, whānau and a registered nurse. The registered nurse had provided input that reflected the residents assessed needs as per the six monthly interRAI assessment. The activities care plan developed by the diversional therapist (DT) was holistic and included activities that addressed all aspects of the assessment.</p> <p>Residents who are able, leave the facility independently to take part in community activities at their will. Makoha Home and Hospital has a van to transport residents to community activities and appointments as required. Planned excursions as part of the activity programme also occur for example a trip to the lake or Redwood Forest for a picnic. Whānau and friends take residents to family functions and other community activities of interest. Members of church groups visit some of the residents and facilitate their attendance at church. A canine friends group visits the service from time to time and residents are given the opportunity to interact with the dogs. A library service visits the facility weekly and provides specific magazines of interest to residents, in addition to hard copy and audio books.</p> <p>Residents also participate in making biscuits or similar food that is then cooked and shared with residents. The service has links to Māori community groups and organisations which support and enable residents to participate in te ao Māori, examples include kapa haka groups, and Pacific Island community groups.</p> <p>A continuous improvement rating has been allocated regarding the improved activities programme and increased participation (refer criterion 3.3.1).</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	FA	<p>The medication management system reflected current recommended best practice. An electronic programme was used for the prescribing and recording of the administration of medication. Medications were</p>

<p>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>dispensed by the pharmacy using a pre-packaged system. The pharmacy delivered and disposed of unwanted medications as required. A medication competent staff member checked the medications prior to them being placed in the medication trolleys. Oral medication administration was performed by level four health care assistants who had completed the medication competency programme. Registered nurses who have completed a competency programme administer parenteral and enteral medications. A medication round was observed, and staff demonstrated competency administering medication. Eye drops, ointments and creams had a documented opening date. During the audit no medications were observed to be out of date. All medication prescriptions were completed as per regulations, including the documentation of allergies and sensitivities. The GP had reviewed the medication chart every three months or more frequently as required. Standing orders were not used in this service.</p> <p>Over the counter medications (OTC) were discussed with the resident and family/whānau by the GP. Any OTC medications had been prescribed and were administered by staff. This was confirmed in medication files sampled.</p> <p>The medications, including a medication trolley was kept in a locked storeroom, along with other medications. Controlled medications were stored appropriately and documentation of these reflected legislative requirements. The medication storeroom and medication fridge were temperature monitored. Stocked medications were sighted and included medications that may be prescribed by a GP outside of normal business hours when timely access to the pharmacy may not be available, for example antibiotics.</p> <p>The medication policy documented the medication self-administration process. There was one resident self-administering medication during the audit. The clinical record confirmed that this had occurred as per policy. The resident was interviewed and discussed medication safety, and the reason for their medication.</p> <p>Residents were supported to understand their medications, and this was confirmed by residents.</p> <p>The GP and incident register confirmed that medication incidents</p>
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		<p>were uncommon. The clinical unit coordinator discussed the process that would occur should an incident arise. The GP stated that the medication system and processes were safe and appropriate to the service. Rōngoa was provided the residents who identified as Māori.</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>	<p>FA</p>	<p>All food was prepared onsite. There was a current food control plan valid to November 2025. There was summer and winter menu. The meals were repeated on a four-weekly cycle. The menu had been reviewed by a registered dietician in the month prior to the audit. The dietician had suggested some modifications, and these were being made and implemented at the time of the audit. The kitchen and food storage areas were observed to be clean. All pre-prepared food was covered, dated and refrigerated. The menu catered for persons with specific dietary requirements and/or preferences for example diabetes, vegetarian, dairy free and modified food textures. Food was purchased from a provider that identifies potential allergens and possible alternatives.</p> <p>On admission a dietary profile of the resident's needs is completed in consultation with the resident and family/whānau. This was updated six monthly or more frequently if required. A copy of the profile was kept in the kitchen. The cook, kitchen hand and health care assistants were familiar with the individual requirements and preferences of each resident.</p> <p>The dining area was spacious with space for all residents who choose to eat their meals and snacks to do so comfortably and with dignity. Residents who required assistance with meals were observed to have it provided in a respectful and dignified manner. The activities programme facilitates residents who are able and wish to take part in cooking activities to do so.</p> <p>The menu celebrated cultural days that reflected the identity of residents and staff, for example Waitangi day, Matariki, Philippine day, Indian day and birthdays. Persons who identify with these days suggested menu options. Whānau bring food of significance into the resident at times. Residents also leave the facility to go out with whānau and friends for meals.</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>	<p>FA</p>	<p>The transfer and discharge policy provided details regarding the transfer and discharge of residents in a safe and timely manner. The clinical unit coordinator described the process.</p> <p>Discharge is planned when a residents health status and care requirements were observed to be changing and no longer within the scope of the service. An InterRAI assessment is completed, and the residents ongoing care requirements are discussed with the GP and whānau. The interRAI assessment is provided to the NASC who update the residents level of care requirements as required.</p> <p>Acute transfers to the public hospital occur when there is a sudden change in a resident's health status and the registered nurse and/or the GP determine the resident requires specialised care. A transfer letter from interRAI is printed, along with the resident's medication record, and other relevant clinical records. This information accompanies the resident in the ambulance to Te Whatu Ora Lakes. A verbal handover of care is given by the registered nurse to the ambulance officer.</p> <p>Residents and whānau are provided information about other health and disability services and kaupapa Māori agencies as required or requested</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The facility provides a safe and appropriate environment. There is a current building warrant of fitness which expires in May 2024. There is a dedicated maintenance person who is responsible for ensuring day to day requests for maintenance are addressed. Requests are logged and then signed off when completed. There is also an annual work schedule for preventative maintenance. Observations throughout the audit confirmed a safe and appropriate environment.</p> <p>Electrical testing and tagging was completed as required. The calibration and maintenance of medical equipment is completed by a contracting company and includes hoists, nebulisers, oxygen regulators, pulse oximeters, scales and blood pressure machines. Internal temperatures are maintained to ensure a consistent</p>

		<p>temperature throughout the seasons. Hot water temperatures are monitored. The risk/hazard register includes all identified hazards. Hazards are discussed at staff and management meetings. Internal audits of the facility are completed monthly. The maintenance person is on the health and safety committee.</p> <p>All bedrooms are sufficient in size to accommodate personal belongings, mobility equipment and have an external window. Personal areas reflect the cultural values of the resident. All residents have access to an accessible toilet/bathrooms, with the majority of rooms having a shared ensuite. There are sufficient accessible toilets for staff and visitors. There is Māori art and signage in te reo Māori throughout the facility. There are two lounges, with one also being used as the dining room. Outdoor areas are accessible, maintained and provide shade with two outdoor decks. One deck is designated for resident who smoke with screening to ensure the other residents are not exposed to tobacco smoke. There are residents who tend to the gardens and grow flowers, vegetables and herbs.</p> <p>It was reported that there were no plans to rebuild or new design of the rest home, however the organisation has sufficient processes and the facility manager reported they would ensure any new plans would include consultation and co-design.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>There is a wide range of policies and procedures for the management of emergencies. Emergency procedures are included in staff orientation and on entry for all residents and family/whānau.</p> <p>The approved emergency evacuation plan was dated 2015 following a change to the building. There have been no structural changes to the facility since then. Evacuation plans and emergency flip charts are displayed throughout the facility. Emergency evacuation drills are conducted every six months as required. Fire extinguishers are placed throughout the facility and checked routinely.</p> <p>All resident rooms and bathrooms have call bells. Call bell audits are routinely conducted each month. Residents, family/whānau interviewed reported that call bells were answered in a timely manner. There is a staff member with a current first aid certificate on</p>

		<p>each shift.</p> <p>The facility and grounds are secure. There are CCTV cameras in public areas and a security firm conducts routine visits during the night. Staff ensure that all windows and doors are secure at the end of each day, with the main entrance being secured around 7pm. All windows in resident rooms have stays so that they cannot be opened wide enough to enter. All staff are easily identifiable with uniforms and name badges.</p> <p>There are sufficient supplies in the event of a civil defence emergency or the main supplies failing. Civil defence supplies were sighted and easily accessible. Torches, extra blankets, food essentials and a sufficient supply of stored water were also sighted. The facility has emergency lighting and gas is supplied to the kitchen. The organisation is on a priority list for a generator in the event of a power outage.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>A director of the service discussed the infection prevention (IP) and antimicrobial stewardship (AMS) programme and advised that the director/s have a strong focus on the oversight and implementation of the programme/s. The director/s are always available to provide advice to the service if required. The directors have professional connections that provide strategic direction and inform them of current research and trends. IP reports are presented to the directors three monthly, and more frequently if required. A policy directs the management of significant events which includes escalation to the appropriate person/s.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe.</p>	FA	<p>The IP programme implemented was suitable for the size and scope of the service provided. The programme was coordinated by the infection control co-ordinator (ICC), who was a registered nurse. The coordinator also had the assistance of a second registered nurse to support the implementation and monitoring of the programme. The coordinator held a role description. The ICC had completed relevant</p>

<p>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>training for the role. The ICC held the responsibility for decision making including overseeing, implementing, monitoring, and reporting of the IP programme, with the support of the second registered nurse. Both nurses had access to the clinical records and diagnostic results of residents. The coordinators line of reporting was to the clinical nurse manager, who was a member of the management team. Procurement, building modifications, and other relevant policies and procedures were implemented following consultation with the ICC, clinical unit coordinator, clinical nurse manager and the facility manager.</p> <p>The IP programme, policies and procedures met requirements of this standard and reflected best practice. The programme had been reviewed annually, and monthly reports were provided to the management team. Infection control was discussed at monthly staff and management meetings. This was confirmed by staff and evident in meeting minutes. Policies and procedures were available for all staff to access. Staff confirmed knowledge of these policies and discussed how they accessed them.</p> <p>A current pandemic/infectious diseases response plan was documented and had been tested. Sufficient supplies of infection prevention resources and personal protective equipment (PPE) was available. Hand basins and hand sanitisers were readily available throughout the service. Signage pertaining to hand hygiene was sighted during the audit.</p> <p>Annual organisational infection prevention education was provided to all staff, verified by education records and staff interviews. In addition, opportunistic education was provided at staff meetings.</p> <p>Single use devices were not reused. This was verified during staff interviews and by observation during the audit. Reusable shared equipment, for example blood pressure monitors, thermometers, and dressing scissors were decontaminated appropriately as per policy and manufacturers recommendations. Appropriate materials for this process were observed during the audit, and staff discussed the procedure. Single patient items were washed and resterilised in the resident's room in sterilising solution, reflecting the manufacturers recommendations. These were disposed of every 24 hours.</p>
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		<p>The IP programme had a section relating to Māori cultural values. The section reflected the spirit of Te Tiriti O Waitangi and provided guidance to staff to ensure culturally safe practice. Staff interviewed confirmed they were aware of the policy, and provided examples of how culturally safe practices were implemented. The registered nurses described how information is provided to Māori in a culturally appropriate manner and includes whānau as appropriate. Written information sourced from the Ministry of Health website is provided as available.</p> <p>Residents confirmed that infection control issues and precautions had been discussed with them by staff and the GP</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>	<p>FA</p>	<p>There was an implemented antimicrobial policy that was appropriate to the size scope and complexity of the service. The policy had been approved by the directors and was a component of the IP programme. The policy reflected current research, evidence and guidelines.</p> <p>Monthly reports were sighted that reported the number and type of infections, with an analysis that included the antibiotic course prescribed, and the causative organism identified by laboratory report where appropriate. The GP stated antimicrobials are prescribed only when there is evidence of an infection that can be treated with an antimicrobial. Minor viral illnesses are not prescribed for.</p> <p>There were two residents who were prescribed as required (PRN) antibiotics. The GP stated this was in response to the resident's susceptibility to life threatening infection, and the decision to prescribe the antibiotic in this manner was made in collaboration with Te Whatu Ora. The file of one of the residents was reviewed and confirmed that the resident had been transferred seven times in one year to Te Whatu Ora for treatment of an infection. The PRN prescription directed an RN to commence the antibiotic at the first sign of infection and to simultaneously notify the GP. Registered nurses discussed the process used. Documentation confirmed that the antibiotic was commenced as prescribed. The clinical record confirmed that in the year following the implementation of the PRN</p>

		antibiotic the resident's number of admissions to Te Whatu ora had reduced significantly.
<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>The surveillance programme was appropriate to the size and type of service. A surveillance report was generated monthly and included the resident's ethnicity, type of infection, laboratory results, and treatment initiated. Reports were analysed to detect trends and possible cause/s for the infection. No trends had been detected in recent reports. Abbreviations were not used in the surveillance reports. The report was presented monthly to the clinical nurse manager, the clinical unit coordinator and facility manager. Three monthly reporting is made to the directors or sooner if a trend is detected.</p> <p>Culturally appropriate policies and processes were implemented that ensured clear communication was provided to residents who developed an infection. Staff confirmed information was provided to the resident in a timely manner and this was confirmed during resident interviews.</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 antimicrobial-resistant organisms.</p>	FA	<p>There are designated domestic staff responsible for cleaning and laundry. The internal audit programme includes a routine review of all cleaning and laundry processes. Resident meeting minutes confirmed that residents are satisfied with cleaning and laundry processes.</p> <p>Hazardous waste and substances are appropriately stored and disposed of. Chemicals are securely stored when not in use. Cleaning products are dispensed from a closed-circuit system. Cleaning products on the cleaning trolley are correctly labelled. Cleaning and laundry staff have had the required chemical safety training. Domestic rubbish is disposed of as per local council requirements. There are sharps boxes available. The management of waste and hazardous substances is documented in the hazard register. All staff have access to personal protective equipment (PPE) and have been trained to use it. There is large supply of PPE</p>

		<p>available.</p> <p>The laundry has the required equipment and a detergent dispensing system. There are clearly designated areas for clean and dirty laundry. All laundry is delivered to the laundry in laundry bags and returned to residents using individual baskets and a trolley.</p> <p>Policies and procedures regarding waste, hazardous substances, the use of PPE and cleaning/laundry reflect best practice. In addition to normal cleaning processes there are also procedures for room cleaning following an infection and a room cleaning on discharge checklist. The laundry standard code of practice 2012 is available in the quality management system. The infection prevention coordinator is consulted regarding facility testing and the monitoring programme of the building.</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>	<p>FA</p>	<p>The directors had approved restraint policy and procedures that reflected best practice and met the requirements of this standard. Clinical records of residents who used a restraint confirmed that a holistic assessment of the resident had been undertaken and options other than restraint had been considered and trialled, such as de-escalation.</p> <p>Restraint use was reported to the directors. The report documented monthly data including the number and type of restraints used. A restraint committee met two monthly. Whānau were included in all discussions regarding the use of restraints, including prior to implementation and during evaluation. Feedback from whānau is raised and discussed at the restraint committee meetings. The clinical nurse manager and clinical unit coordinator are on the restraint committee and oversee the use of restraint to ensure restraint use is minimised and carried out as per the policy.</p> <p>Staff have completed restraint training that included restraint minimisation, alternatives, challenging behaviours and de-escalation.</p>
<p>Subsection 6.2: Safe restraint</p>	<p>FA</p>	<p>A restraint register was in use that documented the type of restraints</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>in use. On the days of the audit there were seven residents using restraint, and there were sixteen restraints in use. The restraints in use included lap belts, chest straps, bedrails and a head support.</p> <p>Clinical records confirmed that residents using a restraint had trialled other interventions prior to the use of a restraint, for example sensor mats, proximity of call bells, investigation of medication and positioning aids. There was documentation confirming that a range of assessments had been completed including for example a cultural and behavioural assessment. The implementation of restraint was a last resort and occurred following whānau, and multidisciplinary assessment that included but was not limited to a registered nurse, GP, physiotherapist and directors. A restraint care plan was developed that included all required documentation of restraint use as per the requirements of this standard.</p> <p>Documented monitoring forms confirmed that residents had monitoring completed as per the care plan. Staff interviewed were aware of the monitoring required for each restraint in use.</p> <p>Evaluation of the restraint use had been completed and documented six monthly or earlier if required. The evaluation had been undertaken in consultation with the multidisciplinary team and whānau. Changes to the type of restraint and/or frequency of monitoring was made as required.</p> <p>Emergency restraint had not been used in this service. There had been no incidents reported relating to the use of restraint.</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 implementing improvement activities.</p>	<p>FA</p>	<p>Restraint is a standard agenda item of the management meetings. The number and type of restraints are discussed. Any new restraints are discussed including the date of initialisation, the indications, alternatives trialled, monitoring requirements and evaluation date. Six monthly evaluations of the safety and effectiveness of the restraint is also discussed including resident and/or whānau feedback.</p> <p>The restraint co-ordinator reviewed the clinical files of residents using a restraint to ensure compliance with the policy. Documentation of this review was sighted. A summary of the review is also presented</p>

		at the management meeting, which is then provided to the directors.
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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.

No data to display

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	CI	<p>The directors provide specialist support and education regarding behaviour management and neurorehabilitation for tāngata whaikaha people with a disability. This includes symposiums with staff from both facilities and is delivered in conjunction with Acquired Brain Injury (ABI) rehabilitation services. Management and staff explained that this education has better equipped them for managing the behaviours of residents with complex rehabilitation needs. Staff also reported they are more aware regarding the reasons behind behaviours. This has contributed to better relationships between residents and staff with staff feeling safe and competent. Power point presentations were sighted which examined evidenced based best practice and was research based. The organisation collects data regarding behaviours of concern and can demonstrate better outcomes for both staff and residents. The number of adverse events regarding behaviours have not significantly reduced, however the way in which they</p>	<p>Tāngata whaikaha people with disabilities have benefited by the increase in skills, competency, knowledge and understanding of staff derived from the provision of specific education targeted at neurorehabilitation and behaviour management.</p>

		are managed and understood have contributed to a more positive environment.	
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>During the first COVID lockdown the activities coordinator and the lifestyle support partner began strategising on ways to increase the enjoyment and attendance of the activities programme. A new programme was developed which included more cultural activities, team competitions and community events. The organisation won an award on Pink Ribbon day from the Cancer Society for their contribution to the community. A specific survey was developed in 2024 to review satisfaction with the new programme. Questions included demographic information including ethnicity and rated satisfaction on participation, enjoyment, cultural activities, quality of life, community involvement and the role of the role of the activities team. Surveys were completed by 47% of residents. Results were categorised and collated with 40% of responding residents living at Makoha for more than four years, 47% between the age of 57 to 72, 41% of Māori ethnicity and 34% overall satisfaction. Participation records from 2021 until the present day were compared and demonstrated 50% increase. 94% of participants stated that the activities programme had improved their quality of life and 93% stated that activities were culturally appropriate.</p>	<p>There is evidence that the residents quality of life has improved due to the activities programme.</p>

End of the report.