

Kindred Hospital Limited - Kindred Hospital

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Kindred Hospital Limited

Premises audited: Kindred Hospital

Services audited: Hospital services - Psychogeriatric services; Dementia care

Dates of audit: Start date: 18 January 2024 End date: 19 January 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: 17

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

Kindred Hospital provides residents with dementia or psychogeriatric level of care for up to 46 residents. There were 17 residents in the service on the day of audit.

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

There have been no changes in key personnel since the partial provisional audit. An experienced clinical manager oversees the operations of the facility along with the owner/manager and the manager. All managers have worked together to manage a sister facility for a number of years and now work across both facilities. They are supported by experienced caregivers.

A quality and risk programme is documented and implemented. Feedback from family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver safe care.

This certification audit identified shortfalls related to the following: Pacific health; Māori representation on the Board; governance training; staffing; staff training and competencies; activity care planning and meeting the needs of Māori residents; medication management and competencies; menu reviews; separation of the dementia and psychogeriatric units; and emergency water supplies.

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.

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

Kindred Hospital has a focus on providing an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented, with this beginning to be implemented. Staff in the service who identify as Pasifika support culturally safe care delivery to Pacific peoples.

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

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

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is a documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The owner/manager, clinical manager and the manager oversee both Kindred Hospital and the sister site that is also in Auckland. The business plan informs the site-specific operational objectives which are reviewed on a regular basis.

The service has a documented quality and risk management system. Quality and risk performance is reported across meetings with the three managers attending the meetings. Policies are documented by an independent consultant with discussion around each at the time of the review. The consultant also supports ongoing training and service development.

The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There has been a focus on providing staff with training around dementia.

Health and safety systems are in place for hazard reporting and management of staff wellbeing. Family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated promptly. There are individual and group activities taking place.

There is a medicine management system in place. The service uses an electronic system for prescribing and administration of medications. The general practitioner, community mental health team and psychogeriatrician are responsible for all medication reviews. There is a policy requiring staff involved in medication administration to be assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours.

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

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.

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

The building holds a current warrant of fitness. A preventative maintenance programme is being implemented. Clinical equipment has been tested as required. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is an emergency management plan in place, and an approved evacuation scheme. A staff member trained in CPR and first aid is on duty at all times.

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

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

Subsections applicable to this service fully attained.


Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Infection control practices support tikanga guidelines.

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

The service has a documented pandemic and outbreak management plan in place. Covid-19 response procedures are included, and sufficient supply of protective equipment is available. The internal audit system monitors for a safe environment. There has been one outbreak since the last audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services with the latter outsourced. Monitoring of effectiveness of cleaning and laundry services is in place.

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 service aims for a restraint-free environment. This is supported by the owner, policies, and procedures. There were residents using restraints at the time of audit. A comprehensive assessment, approval, 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	4	4	0	0
Criteria	0	163	0	7	7	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 Māori health plan is documented as well as a cultural safety policy. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. The service is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. Māori mana motuhake is recognised and residents are supported to make choices as much as possible; noting that services provided are for residents requiring dementia or psychogeriatric level of care.</p> <p>At the time of the audit, there were no staff identifying as Māori. The owner/manager and clinical manager both stated that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce. The owner/manager and clinical manager interviewed stated they will interview Māori applicants when they do apply for employment opportunities. There are links into the community with Māori providers who are able to provide support for the service if required. The Māori providers have supported the sister site in the past.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	PA Low	On admission all residents state their ethnicity. Residents who identify

<p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>as Pasifika have this recorded on their record which includes the Pacific Island they hail from, and language/s spoken. The clinical manager interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, and identity are respected when in their care. Information gathered during assessments includes identifying a resident's specific cultural needs, spiritual values, and beliefs, as confirmed through the review of records for residents who identified as Pasifika. Assessments also include obtaining background information on a resident's cultural preferences, which includes beliefs, cultural identity, and spirituality. Information from these assessments informs care planning and activities that are tailored to meet identified needs and preferences. The cultural safety policy includes consideration of spiritual needs in care planning. Documentation in resident records was sighted, confirming that this occurs.</p> <p>The Pacific plan could not be located on the day of the audit. While there are a number of staff who identify as Pasifika, there was little knowledge of the content or application to the service. The clinical manager and a number of staff identifies as Pasifika. The managers and staff interviewed stated that they ensure that there is at least one Pasifika staff member on duty in the morning and afternoon at least to support the residents who identify as Pasifika. The service has established links with Pacific organisations through their staff, including churches with leaders who can provide support if required.</p> <p>The Code of Health and Disability Services Consumers' Rights (the Code) is accessible in Tongan and Samoan (with residents currently in the service identifying with these Islands). The owner/manager described how the service increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with staff (four caregivers, two registered nurses (RN), one cook, one cleaner, one activities coordinator) along with the managers interviewed (the owner/manager, manager, and the clinical manager) identified that the service provides person-centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	<p>FA</p>	<p>The enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to</p>

<p>and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>determine residents' wishes and support needs when required.</p> <p>Details relating to the Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The owner/manager and clinical manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori, with information also available in Pacific languages. Five family/whānau (five psychogeriatric) interviewed reported that the service respects residents' rights. Interactions observed between staff and residents during the audit were respectful. Discussions with managers and staff evidenced knowledge and understanding of the Code.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links are documented in policy. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan. Staff received education in relation to the Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme, which includes understanding the role of advocacy services. All staff on site have completed this at orientation.</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. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The Māori health plan reflects how Te Tiriti o Waitangi is incorporated in day-to-day service delivery. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to family/whānau when planning or changing services.</p> <p>There was some evidence that te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori (link 3.3.4). Cultural training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori and health equity; however, not all staff members have attended (link 2.3.4).</p> <p>It was observed that residents are treated with dignity and respect and</p>

		<p>was also confirmed during interviews with family/whānau.</p> <p>An intimacy and sexuality policy is documented. Staff interviewed stated they manage any challenging behaviour associated with intimacy or sexuality, with plans in place to encourage consistent interventions. While staff state that they respect each resident's right to have space for intimate relationships, they also acknowledge that there are no current intimate relationships in the service and that this would be difficult to manage given the nature of the service. There are double rooms in the facility. Three of these in the dementia unit were occupied by two residents at the time of the audit. Staff were observed to respect residents' privacy by knocking on bedroom doors before entering.</p> <p>Staff were observed to use person-centred and respectful language with residents. Family/whānau interviewed were positive about the service in relation to their whānau values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Policies acknowledge cultural diversity. The Māori health plan aligns with the vision of Manatū Hauora (Ministry of Health) for pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi to ensure wellbeing outcomes for Māori are prioritised.</p> <p>An abuse and neglect policy is being implemented. There are educational resources available, and managers and staff were able to describe assessment and management should any abuse or neglect be disclosed or observed. Staff are expected to complete training around the code of conduct and abuse and neglect (link 2.3.4).</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy readings, cultural training,</p>

		<p>available resources, and the house rules (staff code of conduct).</p> <p>Family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. They stressed the ‘kindness shown’ by staff and managers. The staff interviewed stated they are supported with a positive working environment that promotes teamwork.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents’ comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The philosophy of Kindred Hospital is documented and promotes a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori.</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>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. The accident/incident forms sighted have a section to indicate if family/whānau have been informed (or not) of an adverse event. In all cases, family/whānau were informed and family/whānau interviewed confirmed that they were always notified of any incident or accident.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. Staff described understanding resident needs through observations of body language, their emotions as well as the tone of voice used etc.</p> <p>Non-subsidised resident’s and enduring power of attorneys (EPOAs) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The family/whānau and EPOA are informed prior to entry of the scope of services and any items that are not covered by the agreement. There is information available to family/whānau related to dementia or psychogeriatric care and how the facility manages behaviour that is distressing. All</p>

		<p>family/whānau interviewed described seeing staff manage challenging behaviour in a way that was respectful and appropriate.</p> <p>The service communicates with other agencies that are involved with the resident, such as Te Whatu Ora - Te Toka Tumai Auckland specialist services and other allied health professionals, including a physiotherapist, district nurse, dietitian, speech language therapist, mental health services for older adults, and pharmacist. The delivery of care includes a multidisciplinary team. The clinical manager described an implemented process around providing residents with support from family/whānau, time for discussion around care, time to consider decisions, and opportunity for further discussion when planning care, if required. There was documented evidence that family/whānau were invited to six-monthly review meetings or had input into care planning and reviewing residents at any time. The owner/manager also described spending time with new residents and their family/whānau to support and acknowledge the grief and emotions they were feeling.</p> <p>Family/whānau interviewed confirm they know what is happening within the facility through emails and phone calls and felt informed regarding events or other information. Family/whānau stated the managers and staff are transparent, easily accessible, and approachable to address any questions. Staff have completed training related to communication with residents' cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, 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</p>	<p>FA</p>	<p>A policy that guides informed consent is in place that includes guidance on advance directives. Informed consent processes were discussed with family/whānau on admission. The resident files reviewed included appropriately signed by the activated enduring power of Attorneys (EPOAs), including general consents for outings, photographs, release of medical information, medication management, and medical cares as part of the admission process. Consent was in place for the residents' sharing rooms. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care.</p> <p>Admission agreements were appropriately signed by the EPOA.</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>Enduring power of attorney documentation is filed in the residents' files and is activated for all residents. All residents had a medical certificate for incapacity on file.</p> <p>Advance directives for health care, including resuscitation status, had been completed by the GP. Interviews with family/whānau identified that the service informs them of any health care changes. Training has been provided to staff around Code of Rights that included informed consent.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy guides the cultural responsiveness to Māori perspective in relation to informed consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A documented process was in place to address concerns and complaints. The complaints procedure is provided to family/whānau on entry to the service. The owner/manager maintains register to maintain a record of all complaints, both verbal and written, by using a complaint register. There have not been any complaints made since opening the facility. Interviews with the family/whānau confirmed the owner/manager, manager, or clinical manager were available to listen to concerns and they expected they would act promptly on issues raised. Family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori was described by the owner/manager which included an offer for face-to-face discussions. Interpreters contact details were available.</p> <p>Family/whānau have a variety of avenues they can choose from to make a complaint or express a concern.</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</p>	<p>PA Low</p>	<p>Kindred Hospital is a standalone facility located in Epsom, Auckland. The facility is owned and managed by single owner who have a separate aged care facility (referred to in this report as the sister facility) that has been operational for over 25 years, which provides rest home and hospital level of care. This sister facility has provided care predominantly for Asian residents with approximately 90% of staff</p>

<p>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>who speak Chinese as their first language.</p> <p>Kindred Hospital provides care for residents who are assessed as requiring dementia or psychogeriatric (PG) care. There are 20 dedicated dementia beds and 26 beds for residents assessed as requiring psychogeriatric care. There are 13 double rooms in the PG unit and three shared rooms in the dementia unit suitable for two residents to share. The three double rooms in the dementia unit had double occupancy.</p> <p>On the day of audit, there were three residents requiring dementia level of care. All residents were under the age-related residential care (ARRC) contract. There were 14 residents requiring psychogeriatric care, all were under the aged residential hospital specialised service (ARHSS) contract.</p> <p>Kindred Hospital is a private company limited by guarantee. The leadership and management team are made up of the owner/manager, who is supported by the manager and the clinical manager, who both provide oversight of this facility and the sister facility. The independent consultant also provides support and management guidance as required.</p> <p>The overall vision and values are in place and are relevant to the levels of care provided. The vision is to provide a quality, homely environment in which the frail elderly and/or confused elderly may live in an atmosphere of respect and friendliness and have their physical and psychological needs met regardless of culture, race, or creed. Staff are made aware of the vision and values during their induction and orientation to the service.</p> <p>A 2023-2024 quality and risk management plan was documented and in place. This is reviewed by the owner/manager, manager and clinical manager monthly, as evidenced during the audit.</p> <p>The owner/manager has been in the business of owning and managing a rest home/hospital for over 25 years and is supported by the manager, who has a Bachelor of Commerce and has been the manager at the sister facility for 15 years. The clinical manager has been with the facility for six years and provides clinical oversight of this facility and the sister site. They have been working in aged care as a nurse and manager for over 30 years. The clinical manager has mental</p>
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		<p>health training and has worked previously in dementia and psychogeriatric units.</p> <p>The owner is the governance body, with this appropriate to the size of the service and as per a limited liability company. There is a leadership commitment to collaborate with Māori and tāngata whaikaha when required, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The owner and management team are supported by an external quality consultant who has provided guidance around how to improve outcomes and achieve equity for Māori, for people with disabilities and others. The owner described how this would be implemented as per the Māori health plan and for all residents requiring dementia or psychogeriatric level of care. The service provides care and support for residents with disabilities and the owner and manager are working to improve outcomes for all residents. The overall goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural needs of the residents that they serve, in order to identify and address barriers to equitable service delivery. Family/whānau are encouraged to escalate any concerns and to be involved in planning and evaluation of the service through the open-door policy, the involvement of the owner particularly when a new resident is admitted, and as part of the satisfaction surveys that are offered annually.</p> <p>The owner/manager and clinical manager described their responsibility in the implementation of Health and Disability Services Standard and explained their commitment to Te Tiriti o Waitangi obligations. Currently the governance body does not have meaningful Māori representation or have expertise in Te Tiriti o Waitangi, health equity or cultural safety as core competencies.</p> <p>The clinical manager has maintained at least eight hours annually of professional development activities.</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>FA</p>	<p>Kindred Hospital is implementing a quality and risk management programme. Cultural safety is embedded within the documented quality programme. The Māori health plan and business plan supports outcomes to achieve equity for Māori and addressing barriers for</p>

<p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>Māori. There are quality focussed goals documented and progress is discussed at monthly staff meetings and at the manager meetings.</p> <p>Policies and procedures are developed by an independent consultant, and a review during the audit confirmed they provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. There are procedures to guide staff in the management of clinical and non-clinical practices. A document control system is well implemented, with staff able to access policies at any time. There is documented evidence that updated and new policies are discussed at staff meetings.</p> <p>Quality initiatives are documented, monitored, and discussed with staff. Initiatives and implementation of activities that assist with deescalating of behaviour has been successfully implemented.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data that includes falls; pressure injuries; behaviours that challenge; medication errors; skin tears; bruising; fractures; and restraint. Quality data is discussed at monthly staff meetings, with the meetings facilitated by the independent consultant. Opportunities are discussed to minimise risks that are identified. Corrective action plans are well documented, followed up and signed off. The owner/manager, manager and clinical manager also attend the meetings. A RN meeting is held monthly where clinical data is discussed. Internal audits were completed for 2023 year to date.</p> <p>The communication policies document guidelines for tāngata whaikaha to have meaningful representation through family/whānau meetings; noting these were arranged for December 2023. However, the Christmas party for family was cancelled because of a Covid-19 outbreak. Family/whānau interviewed confirmed opportunities to provide feedback. There are plans to offer a satisfaction survey annually; however, this has not been feasible currently as the service has recently opened. The owner/manager receives feedback from family/whānau on a daily – weekly basis for the first six weeks after the admission of a new resident. Currently the feedback is not documented; however, the feedback provided by family/whānau interviewed confirmed that they do provide feedback, and this has to</p>
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		<p>date been very positive.</p> <p>A health and safety system is in place and the manager is responsible for overseeing the health and safety programme implementation on each site. The manager discusses any health and safety issues at the staff meetings. The clinical manager also provides information around health and safety when it relates to clinical matters. Hazard identification forms are completed, and an up-to-date hazard register is reviewed at monthly meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries since the service has been operational.</p> <p>Incident reports are completed for each resident incident/accident, ethnicity is recorded, immediate action is documented with any follow-up action(s) required, evidenced in nine accident/incident forms reviewed. The incident forms are completed according to policy, with the clinical manager signing off the forms. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Results are discussed in the staff meetings and RN meetings. Incident forms reviewed showed that all family/whānau were notified. Caregivers interviewed could describe the management of incidents.</p> <p>Cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori; however, not all staff have completed this (link 2.3.4). Quality data analysis occurs to ensure a critical analysis of Kindred Hospital practice, to improve health equity.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been no requirement to complete a Section 31 notification since the service was opened.</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>PA Moderate</p>	<p>A policy includes the rationale for staff rostering and skill mix to ensure staffing levels are maintained at a safe level overall; however, the policy does not detail staffing required to individually staff the dementia and the psychogeriatric units. The roster sighted currently provides sufficient and appropriate coverage for the effective delivery</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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>of cultural and clinical safe care and support to all residents in the service. There is a staff member with a current first aid certificate is rostered on every shift.</p> <p>Interviews with family/whānau and staff confirmed that staffing levels are sufficient. Rosters reviewed evidenced that staff were replaced when sick by other staff members picking up extra shifts.</p> <p>The owner/manager, clinical manager and manager work 20 hours per week, Monday to Friday, and the clinical manager is on call after hours and weekends. The manager and owner/manager participate in the on-call roster for any non-clinical emergency issues. In the absence of the clinical manager (who has mental health and dementia experience), there is a senior RN from the sister facility who takes charge of the units. The GP is also available to the facility till 10 pm. There are five caregivers rostered onto the morning shift, with four on a full shift. There are four caregivers in the afternoon and two overnight (all full shifts). An RN is present on each shift. The residents requiring psychogeriatric and dementia care are all located in the dementia unit and staffing is allocated to all residents (link 4.1.2).</p> <p>There were no vacancies at the time of the audit. Family/whānau received emails to communicate any changes in staffing. Cleaners and kitchen staff perform non-clinical duties.</p> <p>There are five RNs, including the clinical manager. The clinical manager is interRAI trained. The RNs have completed an online dementia course through the University of Tasmania. The clinical manager and RNs have access to external education through Te Whatu Ora - Te Toka Tumai Auckland.</p> <p>Staff are currently being enrolled to complete New Zealand Qualification Authority (NZQA) qualifications in Health and Wellbeing through Careerforce. All staff have completed three training sessions around dementia and related topics, including the online dementia training through the University of Tasmania. Challenging behaviour training was included in dementia and delirium training. There are a total of 15 caregivers. None have yet completed the relevant dementia qualifications; however, all have been employed within the last 11 months.</p> <p>Staff have received training that has included clinical topics, such as</p>
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		<p>urinary tract infections, understanding brain injury, and delirium. Staff have also completed training around manual handling; hand hygiene; donning and doffing personal protective equipment (PPE); Huntington's Chorea; with competencies in restraint; hand hygiene; and infection prevention and control currently being completed. However, not all staff who administer medications have current competencies (link 3.4.3). The annual training programme/plan is not documented to include clinical and non-clinical training, and that covers mandatory topics. Training topics when offered evidenced high attendance numbers.</p> <p>The service collects resident ethnicity to inform data regarding Māori health information; this is an agenda topic at the monthly staff meetings. The service is implementing an environment that encourages and support cultural safe care through learning and support. Not all staff have attended training on cultural awareness and Te Tiriti o Waitangi.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with the opportunity to participate and give feedback at regular staff meetings, and performance appraisals. Staff interviewed stated the owner manager and clinical manager have transparent processes when making decisions that affect staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resource management follow policies and procedures which adhere to the principles of good employment practice. Review of five staff records confirmed the organisation's policy is consistently implemented and records maintained. The recruitment processes include police vetting, reference checks, signed contract agreements, and job descriptions. Job descriptions are in place specific to staff roles. Current practising certificates were sighted for all staff and contractors who require these to practice. Personnel involved in driving the van held current driver licences and first aid certificates. Non-clinical staff included a cleaner and kitchen staff.</p> <p>There is a documented and implemented orientation programme in place. Staff training records evidence that training is attended (link</p>

		<p>2.3.4). There was recorded evidence of staff receiving an orientation. Staff interviews confirmed completing this and stated it was appropriate to their role. Annual performance appraisals were completed for all staff requiring these.</p> <p>Records show that staff ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HSO) requirements. Staff meeting minutes reviewed show that staff can be involved in debriefing and discussion following incidents. Support for staff wellbeing is provided as required. Staff are supported with rehabilitation and to return to work as part of staff injury management.</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>Residents' records are managed in an electronic format, along with medicines which are also managed in an electronic system. Residents' information, including progress notes, is entered into the resident's record in an accurate and timely manner. The name and designation of the person making the entry is identifiable. Residents' progress notes are completed every shift, detailing residents' response to service provision.</p> <p>There are policies and procedures in place to ensure the privacy and confidentiality of resident information. The owner/manager is the privacy officer. Staff interviews confirmed an awareness of their obligations to maintain the confidentiality of resident information. Resident care and support information can be accessed in a timely manner and is protected from unauthorised access. Any hard copy information is locked away when not in use. Documentation containing sensitive resident information is not displayed in a way that could be viewed by other residents or members of the public.</p> <p>Each resident's information is maintained in an individual, uniquely identifiable record. Records include information obtained on admission, with input from the residents' family/whānau where applicable.</p> <p>The clinical records are integrated, including information such as medical notes, assessment information and reports from other health professionals. The service is not responsible for registering residents with the National Health Index (NHI).</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>	<p>FA</p>	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The clinical manager (RN) screens the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The clinical manager described reasons for declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes, including required documentation. The management team keeps records of how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals, which captures ethnicity on the electronic clinical management system. The service is able to filter this information to gather specific entry and decline rate data pertaining to Māori.</p> <p>The service receives referrals from the Needs Assessment and Service Coordination (NASC) service, Te Whatu Ora Health -Te Toka Tumai Auckland, and directly from whānau.</p> <p>The service has an information pack relating to the services provided at Kindred Hospital which is available for families/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The facility has a person and whānau-centred approach to services provided. Interviews with family members all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service has linkages with Māori communities and organisations they can access to benefit Māori individuals and whānau. They also</p>

		<p>plan to collaborate with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau within a closer community where the service is located. There were no residents or staff identifying as Māori.</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>Five resident files were reviewed, including three psychogeriatric (PG), and two dementia level residents. The RNs are responsible for conducting all assessments and for the development of care plans. There was evidence of family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes and family/whānau contact records. The service supports the family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service completes a range of risk assessments, including a cultural assessment tool, contained in the electronic resident management system in order to formulate an initial support plan, completed within 24 hours of admission. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments formulate the long-term care plan.</p> <p>The care plans are documented on an electronic system which has a care plan template to cover all resident needs. The long-term care plans reviewed had been completed within 21 days of admission for long-term residents, and first interRAI assessments had been completed within the required timescales. Care plan and interRAI evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals for those residents who had been in the service for more than six months. The care plans reviewed were resident focused and individualised, and identified all support needs and interventions to manage medical needs/risks; however, there are no individualised, 24-hour activities plans for the residents at either level of care.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP visits routinely for three-monthly reviews, as required, and provides out of hours cover. Efforts</p>

	<p>were made to contact the GP; however, they were unavailable for interview at the time of audit. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service contracts a physiotherapist who attends 4-6 hours weekly, and a podiatrist visits as required. Specialist services including mental health, dietitian, speech language therapist, wound care, and continence specialist nurse are available as required through Te Whatu Ora Health -Te Toka Tumai Auckland.</p> <p>There is a comprehensive handover between shifts that maintains a continuity of service delivery. This was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written electronically every shift and as necessary by caregivers and are reviewed daily by the RNs and clinical manager. The RNs further add to the progress notes if there are any incidents or changes in health status.</p> <p>Family/whānau members interviewed reported their needs and expectations for their whanau were being met. When a resident's condition alters, the staff alert the RNs or clinical manager who then initiates a review with the GP. Family stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented on the electronic resident record.</p> <p>There were six residents with current wounds, including skin tears, abrasions, and bruises. All wounds reviewed had comprehensive wound assessments including photographs to show healing progress. An electronic wound register and wound management plans are available for use as required. The wound nurse specialist is available as required for involvement with pressure injuries and chronic wound management, should the need arise. Care staff interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Caregivers and the RNs complete monitoring charts, including bowel</p>
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		<p>chart; vital signs; weight; food and fluid chart; blood sugar levels; and behaviour on the electronic record as required. Neurological observations are completed for unwitnessed falls, or where there is a head injury as per policy. Opportunities to minimise future risks are identified by the clinical manager in consultation with the staff.</p> <p>Written evaluations reviewed identified if the resident goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations are undertaken by the nurses as required and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</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>	<p>PA Moderate</p>	<p>The service employs one activity coordinator (qualified diversional therapist) who attends the facility four days per week. The activity coordinator described how residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. The activities described included bowling, hand to eye coordination practice, and indoor fishing; however, there is no documented activity calendar for either dementia or PG level residents. The activity coordinator described how residents who do not participate regularly in the group activities are visited for one-on-one sessions; however, no activity attendance records are being kept. All interactions observed on the day of the audit evidenced engagement between residents and the activities coordinator, and caregivers.</p> <p>There are no individualised, 24-hour activities plans for the residents at either level of care.</p> <p>The activity coordinator described how residents enjoy visits to local beaches, parks, gardens, and sites of interest. Community visitors currently consist of an art therapist who visits once weekly. There are no other entertainers, church services, or links with local Māori organisations. The service plans to incorporate activities, Māori language resources, and link with community groups that facilitate opportunities for Māori to participate in te reo Māori.</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>There are policies available for safe medicine management that meet legislative requirements. There are policies requiring all clinical staff who administer medications to be assessed for competency on an annual basis; however, only one of the RNs, and three caregivers have a current competency.</p> <p>The RNs and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotic sachets for regular medication and ‘as required’ medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>An RN was observed on the medication round, and was sighted to crush medications, and administer them covertly, without these measures being documented or instructed on the medication chart by the GP.</p> <p>Medications were appropriately stored in the medication trolley and medication room; however, a controlled medication stock had not been checked weekly. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each drug chart has photo identification and allergy status identified. There were no self-medicating residents, and no vaccines are kept on site. Standing orders were in use, with doses, frequency, and indications for use clearly documented and reviewed by the GP.</p> <p>There was documented evidence in the clinical files that family/whānau are updated around medication changes, including the reason for changing medications and side effects. The clinical manager described working in partnership with Māori resident’s whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and</p>
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		treatment is prioritised to achieve better health outcomes.
<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>All food and baking is prepared and cooked on site, with meals being served directly into the dining room from the kitchen. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan was verified 16 August 2023, and expires September 2024. There is a seasonal three-week rotating menu; however, this has not been reviewed by a dietitian. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by the RNs.</p> <p>The kitchen is able to meet the needs of residents who require special diets. The cook (interviewed) works closely with the clinical staff, with resident’s dietary profiles and any allergies available to all staff serving food. Lip plates and modified utensils are available as required. Supplements are provided to residents with identified weight loss issues.</p> <p>Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Family/whānau meetings, and one to one interaction with care staff in the dining room allows the opportunity for feedback on the meals and food services generally. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa and the service can provide culturally appropriate dishes specific to Māori residents when required.</p> <p>Family/whānau members interviewed indicated satisfaction with the food.</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</p>	FA	Planned discharges or transfers were coordinated in collaboration with family/whānau to ensure continuity of care. There were documented policies and procedures to ensure, transition, discharge or transfer of residents is undertaken in a timely and safe manner. The

<p>my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>families/whānau were involved for all discharges and transfers to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	<p>PA Moderate</p>	<p>The building holds a current building of warrant of fitness which expires 19 October 2024. A comprehensive planned maintenance programme in place. Reactive and preventative maintenance occurs and is undertaken by the manager. The annual maintenance plan includes resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. The manager provides an on-call service out of hours and essential contractors are available 24-hours. There is a maintenance request book for repair and maintenance requests which is checked daily and signed off when repairs have been completed.</p> <p>Doorways from external areas, and between the dementia and psychogeriatric units are accessed via coded keypad, and corridors are wide and promote safe mobility with the use of mobility aids. All corridors have safety rails that promote safe mobility. Residents were observed moving freely around the areas with mobility aids where required. The external areas are secure, and gardens have seating and shade. All rooms have sinks, and residents share communal facilities. There are separate bathroom facilities for staff and visitor use. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes if required.</p> <p>The service has defined, separate and secure areas to house dementia and psychogeriatric level residents; however, all psychogeriatric residents are currently housed in the dementia unit with dementia level residents.</p>

		<p>All rooms in the psychogeriatric unit are able to have double occupancy; however, the psychogeriatric unit is currently closed off as all residents are housed in the dementia unit. The unit has its own lounge diner, secure gardens, and outdoor decked area.</p> <p>The dementia unit has three double rooms suitable for two residents sharing, and these were all doubly occupied on the days of audit. Appropriate privacy curtains, and call bell points were observed to be in place. The dementia unit has its own secure outdoor garden, and decked areas.</p> <p>Both the PG and dementia areas have outdoor decking, raised beds, safe pathways and tactile items of interest for the residents. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Care staff interviewed reported that they have adequate space to provide care to residents. Family/whānau are encouraged to personalise bedrooms for the residents, as viewed on the day of audit.</p> <p>All bedrooms and communal areas have ample natural light, ventilation, and thermostatically controlled heating.</p> <p>The service has no current plans to undertake new building construction; however, the manager confirmed their commitment to liaise with local kaumātua to enable them to ensure that consideration of how designs and environments reflect the aspirations and identity of Māori is achieved should any construction occur in the future.</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>PA Low</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service and was current. Trial evacuation drills are conducted every six-months. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the main car park area is the designated assembly points. All required fire equipment is checked</p>

		<p>within the required timeframes by an external contractor. A civil defence plan was in place. There were supplies in the event of a civil defence emergency, including food, candles, torches, continence products, and a gas BBQ to meet the requirements for residents and rostered staff. However, the service does not have sufficient amounts of stored water. There is no generator on site; however, one can be hired if required. Emergency lighting is available and is regularly tested. Staff had current first aid certificates.</p> <p>The service has a working call bell system in place that is used to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance officer. Call bell audits were completed as per the audit schedule. Family/whānau confirmed that staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked with an intercom and camera system for entry. Family/whānau interviewed know the process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers and wear masks within the facility all the time.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the services' quality and risk management plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Public Health, Te Whatu Ora- Te Toka Tumai Auckland, and community laboratories. Infection prevention and control, and AMS resources are accessible.</p> <p>The infection control committee is included in the staff and RN meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach involving the support team, the GP, and the Public Health team. There is a documented</p>

		<p>communication pathway for reporting infection control and AMS issues to the owner/manager.</p> <p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection prevention and control and AMS programme is reviewed annually by the external contractor that developed the policies, in collaboration with the clinical manager, who is the infection control coordinator.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the external consultant and the infection control coordinator annually. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Te Whatu Ora Te Toka Tumai Auckland.</p> <p>The infection control coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinator has completed an online training in infection control and has access to a network of professional aged care peer support within Auckland when required. The infection control programme was reviewed in 2023.</p> <p>The infection control coordinator described the pandemic plan and confirmed the implementation of the plan proved to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. Staff interviewed understand their responsibilities in an event of an outbreak and how to report infections, symptoms, and reporting when needlestick injuries occur. The infection control internal audit monitors the effectiveness of education and infection control practices.</p> <p>The infection control coordinator has input in the procurement of good</p>

		<p>quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The infection control coordinator and caregivers work in partnership with Māori family/whānau for the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>Meeting minutes (sighted) evidence a clear process of involvement required from the infection control coordinator when any refurbishments are required.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff; however, not all staff have completed the required education and competencies (link 2.3.3 and 2.3.4). Infection prevention and control is part of staff orientation. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through emails and face to face discussions.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p>	<p>FA</p>	<p>The service has antimicrobial use policy and procedure. A report on the usage of antibiotics or antimicrobials (if any) is collated. The infection control coordinator includes the type of antibiotic, duration of treatment and effectiveness in the data collated, as evidenced in the</p>

<p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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>monthly infection control data reviewed for 2023. Antimicrobial use is included in the monthly report provided to the owner/manager. The monitoring process includes evaluation and monitoring of medication prescriptions, and antibiotic use through the electronic medication system. The infection prevention and control coordinator communicates with the GP if she has any concerns. As per the infection criteria, there is no antibiotics prescribed for prophylactic use. The infection control coordinator verifies the prescription with laboratory results, and resident clinical symptoms. The infection control coordinator described a review process for antibiotic use required for more than 10 days.</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. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends and patterns. Infection control surveillance is discussed at RN and staff meetings. The service is incorporating ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates. Meeting minutes and graphs are displayed for staff. Action plans where required for any infection rates of concern, are documented, and completed. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a HAI.</p> <p>The service receives information from Te Whatu Ora- Te Toka Tumai Auckland for any community concerns. There has been one outbreak documented (Covid-19 in December 2023) since the opening of the service. A summary of the outbreak was documented, with learnings discussed and recommendations implemented. Debrief meetings and outbreak reviews occurred.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There is documented policy and processes for the secure storage and management of recycling, waste, infectious and hazardous substances. Appropriate signage is displayed. Staff received training by external supplier of chemicals and cleaning products. Waste is collected at scheduled intervals by contractors and the local council. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Material safety datasheets are available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. Posters provide a summary about the use of chemicals on site. Posters and sharps boxes are in the medication room. Personal protective equipment is readily available.</p> <p>There are policies and procedures to provide guidelines regarding safe and efficient laundry services; noting that all laundry services are outsourced. There is a designated cleaner for seven days a week. The cleaners’ chemicals were always attended and are stored safely when not in use. All chemicals were labelled. There was appropriate personal protective clothing readily available. The linen cupboards were well stocked.</p> <p>The infection control coordinator is overseeing the implementation of the cleaning and is involved in overseeing infection control practices in relation to the building. The infection prevention and control during construction, renovations and maintenance policy guide the input required from infection control. Staff have yet to complete chemical safety training (link 2.3.4). The cleaner interviewed demonstrated a good knowledge of infection control and the importance of cleaning high touch areas. The cleaner could describe cleaning practices required during an outbreak.</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</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards. The clinical manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the service’s</p>

<p>practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>commitment to restraint elimination. The reporting process to the owner includes restraint data that is gathered and analysed monthly. On the day of the audit, three residents (psychogeriatric level) were using a bed rail as a restraint. A review of the files for the three residents requiring restraint included assessment, consent, monitoring, and evaluation. Approval is obtained from the GP and family/whānau, as residents are unable to consent.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint elimination. Review of restraint use is completed and discussed at staff meetings. Staff interviewed stated they had received training in restraint elimination, challenging behaviour, and de-escalation (link 2.3.3 and 2.3.4).</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes and when the restraint will end. The files reviewed of residents using restraint evidenced assessment, monitoring, evaluation, and GP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the family/whānau, GP, and staff taking into consideration wairuatanga. Alternatives to restraint include low beds, and sensor mats. Documentation includes the restraint method approved, when it should be applied, frequency of monitoring and when it should end. It also details the date; time of application and removal; risk/safety checks; food/fluid intake; pressure area care; toileting; and social interaction during the process.</p> <p>Review of documentation and interviews with staff confirmed that restraint monitoring is conducted in line with policy.</p> <p>A restraint register is maintained and reviewed by the restraint coordinator who shares the information with staff at the regular meetings.</p>

		<p>All restraints are reviewed and evaluated as per policy and requirements of the standard. Use of restraints is evaluated six-monthly or more often according to identified risk. The evaluation includes a review of the process and documentation (including the resident's care plan and risk assessments), future options to eliminate use and the impact and outcomes achieved. Evaluations are discussed at the staff meetings and management meetings. A procedure is in place for emergency 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>A review of documentation and interview with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraints. The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations. Restraint is also discussed at the three-monthly GP reviews. Staff monitor restraint related adverse events while restraint is in use.</p> <p>Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with staff (including RNs and caregivers), confirmed that the use of restraint is only used as a last resort.</p>

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 1.2.3</p> <p>My service provider shall design a Pacific plan in partnership with Pacific communities underpinned by Pacific voices and Pacific models of care.</p>	PA Low	The Pacific health plan could not be located during the audit. There are a number of staff identifying as Pasifika and ensure all needs of the Pasifika residents are identified and met; however, there was little evidence of knowledge of how this is applied to the service.	<p>i). The Pacific health plan could not be located.</p> <p>ii). Ensure all management and staff are knowledgeable around the application of the Pacific health plan to the service.</p>	<p>i). Ensure the Pacific health plan is easily accessible to all staff.</p> <p>ii). Ensure staff and management can evidence and describe how the plan is applied across the service.</p> <p>90 days</p>
<p>Criterion 2.1.9</p> <p>Governance bodies shall have meaningful Māori representation on relevant organisational boards, and these representatives shall have substantive input into</p>	PA Low	The managers can describe a commitment to having meaningful Māori representation at a governance level; however, this has not yet been realised.	The governance body does not have meaningful Māori representation or Māori input into service development at this point.	Ensure that the governance body has meaningful Māori representation and Māori input into service development.

organisational operational policies.				180 days
<p>Criterion 2.1.10</p> <p>Governance bodies shall have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies.</p>	PA Low	The owner/manager described having training 'years ago' around Te Tiriti o Waitangi, health equity and cultural safety; however, this has not been recently and core competencies were not documented as being completed.	The owner/manager does not have recent training or current expertise in Te Tiriti o Waitangi, health equity or cultural safety as core competencies.	<p>Ensure the owner/manager evidences expertise in Te Tiriti o Waitangi, health equity or cultural safety.</p> <p>180 days</p>
<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	Currently the service is staffing the dementia and psychogeriatric unit as one unit, which does not meet ARHSS contract D15 (b and c). A staffing rationale and rosters have not yet been documented for operationalising two separate units (link 4.1.2). There are three residents requiring dementia level of care and all others require psychogeriatric level of care. Currently there are sufficient staff to provide support for both groups of residents.	<p>i). A staffing rationale and rosters have not yet been documented for operationalising two separate units.</p> <p>ii). Clinically safe services are not offered when residents requiring support at a dementia level are mixed with residents requiring psychogeriatric care.</p>	<p>i). Ensure there are rosters developed and implemented to provide safe staffing for the dementia and psychogeriatric units separately.</p> <p>ii). Ensure clinically safe care is provided to residents requiring dementia level of care and those requiring psychogeriatric level of care.</p> <p>30 days</p>
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	PA Moderate	Competencies for all staff are documented and defined. These include competencies for infection prevention and control; medication (link 3.4.3); hand hygiene; restraint; sub-cutaneous fluids; and health and safety. Not all staff have completed all competencies as per policy.	Staff have not completed all required competencies.	<p>Ensure that staff complete required competencies.</p> <p>90 days</p>

<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>	<p>PA Moderate</p>	<p>Training completed is documented, with an attendance sheet kept of each session. Not all core and mandatory training has been completed. A training plan is not documented to ensure that caregivers complete NZQA dementia training and none are currently enrolled (note that staff have not been employed yet for 18 months) to align with ARHSS D17.11 (c and d). Cultural training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori and health equity; however not all staff members have attended. Code of Conduct and abuse and neglect sessions were not evidenced as occurring.</p>	<p>i). A training plan is not documented.</p> <p>ii). Not all core and mandatory training has been completed.</p> <p>iii). A plan to ensure that caregivers complete NZQA training within the required 18 months after employment, including the required dementia and PG standards, is not documented.</p>	<p>i). Ensure a training plan is documented and includes competencies and core/mandatory training.</p> <p>ii). Ensure that all staff completed relevant core and mandatory training.</p> <p>iii). Ensure caregivers complete NZQA training within the required 18 months after employment and the required dementia and PG standards.</p> <p>90 days</p>
<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>	<p>PA Moderate</p>	<p>Activities were observed to be occurring throughout the audit; however, there is no documented programme which meets the needs of the resident cohort. There is no documented evidence of residents' participation in activities, and there were no individualised 24-hour care plans documented.</p>	<p>(i). There are no documented activity programmes for the dementia or psychogeriatric residents.</p> <p>(ii). There are no documented records of resident participation in activities.</p> <p>(iii). Residents do not have an individualised 24-hour activity plan.</p>	<p>(i). Ensure there are separate documented activity calendars for the dementia, and psychogeriatric residents.</p> <p>(ii). Document resident participation in all activities.</p> <p>(iii). Ensure all residents have an individualised 24-hour activity plan.</p> <p>90 days</p>
<p>Criterion 3.3.3</p> <p>Service providers shall encourage their workforce to support community initiatives</p>	<p>PA Low</p>	<p>The service plans to link with Māori community organisations and initiatives. However, the service is not currently supporting any community initiatives that meet the health needs and aspirations of</p>	<p>There is no documented evidence the service is currently supporting community initiatives that meet the health needs and</p>	<p>Ensure that community initiatives that meet the health needs and aspirations of Māori and</p>

that meet the health needs and aspirations of Māori and whānau.		Māori and whānau.	aspirations of Māori and whānau.	whānau are supported. 90 days
Criterion 3.3.4 Service providers shall facilitate opportunities for Māori to participate in te ao Māori.	PA Low	The assessments and care plans promote interventions specific to the resident who identifies as Māori. There is little evidence to confirm that te reo Māori and tikanga Māori are actively promoted throughout Kindred Hospital and little evidence that it is incorporated through all their activities. However, there is evidence that activities that reflect te reo Māori and Tikanga Māori are supported when family/whānau visit their family/whānau member. The service plans to provide resources and activities that facilitate opportunities for Māori to participate in te ao Māori; however, these are not currently in place.	There was no documented evidence of the service actively facilitating opportunities for Māori to participate in te ao Māori through the activity programme.	Ensure resources and activities that facilitate opportunities for Māori to participate in te ao Māori are provided. 90 days
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	PA Moderate	There are policies detailing the safe use, storage, and administration of medications; however, not all checks were being performed, and methods of administration did not follow documented instructions.	(i). Crushed medications, and covert administration are used without documented instructions detailing their use by the prescriber. (ii). A controlled medication stock has not been checked weekly as per policy.	(i). and (ii). Ensure all required checks are being performed, and methods of administration follow documented instructions. 30 days
Criterion 3.4.3 Service providers ensure competent health care and support workers manage	PA Moderate	There are policies detailing the requirement for all staff who administer medication have been assessed as competent to do so; however, not all staff who administer	Not all caregivers, and only one of the RNs who administers medications have a current medication	Ensure all staff who administer medications have been assessed as competent to do so.

medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.		medication have a current competency.	competency.	30 days
<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 service is using an established menu developed for another facility with different levels of care to those provided at Kindred. However, this has not been reviewed by a dietitian or other appropriately qualified professional to take in to account the specific nutritional needs of dementia and psychogeriatric level residents.	The menu for Kindred residents has not been reviewed and approved by appropriately qualified personnel.	<p>Ensure the menu for Kindred residents is reviewed and approved by appropriately qualified personnel such as a dietitian.</p> <p>90 days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Moderate	The service has defined separate and secure areas to house dementia and psychogeriatric level residents; however, all psychogeriatric residents are currently housed in the dementia unit with dementia level residents, which does not meet the ARHSS contract D15.3 (b and c), and there was no evidence of approval from the funder to approve this.	Psychogeriatric residents are currently housed in the dementia unit with dementia level residents.	<p>Ensure psychogeriatric and dementia level residents are housed in their respective separate, and secure units.</p> <p>30 days</p>
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	There were supplies in the event of a civil defence emergency, including food, candles, torches, continence products, and a gas BBQ to meet the requirements for residents and rostered staff. However, the service does not have sufficient amounts of stored water.	The service does not have sufficient amounts of stored water to provide for three litres per person per day, in case of an emergency.	<p>Ensure there are sufficient amounts of stored water to provide for three litres per person per day, for a maximum occupancy of 46 residents, in case of an emergency.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.