

Tainui Home Trust Board - Tainui Resthome

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Tainui Home Trust Board
Premises audited:	Tainui Resthome
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 14 February 2024 End date: 15 February 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	53

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
Yellow	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
Red	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

Tainui Rest Home provides rest home and hospital level care for up to 60 residents in the Taranaki region. The facility is operated by Tainui Home Trust Board Limited which owns nearby retirement villages. On the day of audit 53 beds were occupied.

The chief executive officer is responsible for management of the facility and is supported by the clinical nurse manager who has been in the role for seven months. An experienced registered nurse provides additional support.

This certification audit process against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 included review of policies and procedures, residents' and staff files, observations, interviews with the chairman, residents, family/whānau, chief executive officer, staff, and a general practitioner.

Residents and family/whānau were complimentary about the care provided.

Strengths of the service, resulting in continuous improvement ratings, related to the appointment of rest home and hospital coordinators.

No areas were identified that require improvement.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Tainui Rest Home provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific people, and other ethnicities. Tainui Rest Home worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana Motuhake and this was confirmed by Māori residents and staff interviewed.

There were no Pasifika residents and one Pasifika staff member at Tainui Rest Home at the time of the audit. Systems and processes were in place to enable Pasifika peoples to be provided with culturally safe services that recognised their worldviews.

Residents and their family/whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and/or their family/whānau. There was evidence that residents and their family/whānau were kept well informed.

Residents and their family/whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced. Interpreter services were provided as needed. Family/whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Tainui Home Trust Board assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes and achieving equity for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and family/whānau provide regular feedback and staff participate in quality activities.

An integrated approach included collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks were identified and mitigated.

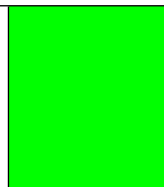
Adverse events were documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information was accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.



Subsections applicable to this service fully attained.

When residents were admitted to Tainui Rest Home a person-centred and family/whānau-centred approach was adopted. Relevant information was provided to the potential resident and their family/whānau.

The service worked in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodate any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their family/whānau and was evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

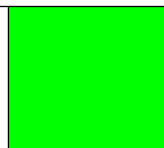
Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents with special cultural needs catered for. Food was safely managed.

Residents were transitioned 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.



Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and an approved fire evacuation plan.

Electrical equipment has been tested as required. Calibration records were current. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff were trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and family/whānau understood emergency and security arrangements.

Residents reported a timely staff response to call bells.

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.
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The clinical nurse manager and a senior health care assistant were the infection control coordinators at Tainui Rest Home. The coordinators, along with the governing body, ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service.

It was adequately resourced. The experienced and trained infection control coordinators led the programme and were engaged in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Tainui Rest Home had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents, and family/whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required.

The environment supported the prevention and transmission of infections. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services 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 governing body, management team and policies and procedures.

There were no residents using restraints at the time of audit.

A comprehensive assessment, approval, and monitoring process, with regular reviews is in place should any restraint be used.

Staff demonstrated a sound knowledge and understanding of providing least restrictive practices, 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	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Tainui Home Trust Board Limited (Tainui) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. A Māori health plan has been developed with input from cultural advisers and is available for residents who identify as Māori. It includes tikanga and a glossary of te reo Māori, and links to the Māori Health Strategy, He Korowai Oranga. Tainui has incorporated and co-designed services in accordance with the Māori model of health known as Te Whare Tapa Whā.</p> <p>The chairman reported that a board member has an affiliation with Māori and provides cultural advice. External relationships include the dean of a local church who identifies as Māori. The clinical nurse manager (CNM) identified as Māori as does an RN who is the organisation's Māori advisor. The chief executive officer (CEO) and operations manager (OM) reported that the local Māori health provider, Tui Ora Health, is available to access alternative Māori health practices if required.</p> <p>Tainui is committed to creating employment opportunities for Māori through actively recruiting and retaining a Māori health workforce across all organisational roles.</p>

		<p>There were staff and residents who identified as Māori on the day of the audit.</p> <p>Residents and family/whānau interviewed reported that staff respected their right to Manu Motuhake. Staff reported they include tikanga in their practice and are learning te reo Māori. Tainui strives to provide safe and appropriate, person-centric services where residents have a sense of mana Motuhake, and optimised health that requires advanced skills and broad knowledge at all levels of the organisation. The clinical nurse manager provided examples of mana Motuhake.</p> <p>The CNM reported, and documentation verified staff have attended cultural safety training. Staff confirmed they have attended Te Tiriti o Waitangi cultural safety training.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Tainui works to ensure Pasifika peoples' worldviews; cultural and spiritual beliefs are embraced. Staff reported at interview that they would be guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan.</p> <p>Cultural needs assessments at admission would be completed by the registered nurse (RN) and the activities coordinator to identify any shortfalls.</p> <p>Tainui has a Pasifika plan including cultural guidelines and standard operating procedures developed with input from the wider Pasifika community. They include Pasifika models of care and guide staff to deliver culturally safe services to Pasifika peoples. A link to The Ministry of Health Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025 is included and is available for reference.</p> <p>There were no residents who identified as Pasifika at the time of the audit. There were staff who identify as Pasifika who bring their own skills and expertise.</p> <p>The CNM has access to resources with the Pasifika community. The chairman and CEO reported that a board member has a close affiliation with the Pasifika community and would bring a Pasifika view to the board to support culturally safe practices and wellbeing for</p>

		Pacific people.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed on posters in English and te reo Māori in several locations around the facility. Brochures on the Code, in both languages, were available at reception. A poster on the Nationwide Health and Disability Advocacy Service (Advocacy Service) was displayed in the reception area, in both languages and in large print. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the code and the availability of the Advocacy Service and were seen supporting residents of Tainui in accordance with their wishes. Interviews with nine family/whānau, who visit regularly, confirmed staff were seen to be respectful and considerate of residents' rights.</p> <p>Tainui had a range of cultural diversities in their staff mix, and staff can assist if interpreter assistance is required. Tainui also had access to interpreter services and cultural advisors/advocates if required. Relationships have been established with the dean of a local church, who identifies as Māori, and who blessed the building during the recent 50 years of Tainui services celebrations. One of the Trust's board members has a strong affinity with Māori. The CNM identifies as Māori, as does an RN who is the organisation's Māori advisor. The local Māori health provider, Tui Ora Health, is available to access alternative Māori health practices if required. Evidence verified Tainui recognized mana Motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their</p>	FA	<p>Tainui supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their family/whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their</p>

<p>experiences.</p>		<p>practice, with te reo Māori and tikanga Māori being promoted.</p> <p>All staff working at Tainui were educated in Te Tiriti o Waitangi and cultural safety. The staff could speak and learn te reo Māori, with the assistance of staff members and residents who identified as Māori, or by the assistance offered to access local training establishments. Documentation in the care plans of residents who identified as Māori acknowledged the residents' cultural identity, iwi, and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advanced care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room. Tainui responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Training included training on support for people with disabilities.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Employment practices at Tainui included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected. Professional boundaries were maintained.</p> <p>A holistic model of health at Tainui was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Eleven residents and nine family/whānau interviewed expressed a high degree of satisfaction with the services provided at Tainui. All residents and family/whānau interviewed made mention of the improvements made at Tainui by the new</p>

		management team, and the willingness of the CNM and staff to assist in any areas when needed.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and their family/whānau at Tainui reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. Resident and family/whānau meetings at Tainui were held regularly in addition to regular contacts with family/whānau by emails, phone calls, and an open-door policy of the CNM, CEO, and OM. Newsletters keep family/whānau informed of what is happening at Tainui. A notification on the notice boards advised when the resident and family/whānau meeting will be held next.</p> <p>The CNM was readily accessible. Evidence was sighted of residents communicating with all staff, including the CNM. Residents, family/whānau and staff reported the CNM responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with family/whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.</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</p>	FA	<p>Residents at Tainui and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting EPOA</p>

<p>and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Staff who identified as Māori, and the Māori advisor assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. The dean of the local church who identifies as Māori was available to support and advise if needed.</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 fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. The complaint policy and associated forms along with a box are at reception. The information is provided to residents and family/whānau on admission. The Code is available in te reo Māori and English.</p> <p>The CNM is responsible for complaints management and follow-up.</p> <p>A review of the complaints register showed actions taken, through to an agreed resolution, are documented and completed within the required timeframes.</p> <p>There have been no complaints received from external sources since the previous audit.</p> <p>Staff reported they knew what to do should they receive a complaint.</p> <p>Minor concerns are logged in the complaints register. Entries were observed to be addressed and signed off by the CNM. Complainants had been informed of findings following investigation.</p> <p>One historical complaint is being investigated by the Health and Disability Commissioner. The CEO is waiting for a response.</p> <p>The CNM reported, and documentation evidenced that a translator who identified as Māori would be available to support people if needed.</p>

		Staff who identify as Māori, and the local iwi would also be available if needed. There have been no complaints received by Māori to date.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Tainui is governed and led by an engaged and involved board of eight trustees who assume accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and tāngata whaikaha in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for residents through advice from cultural advisors. Tainui is a charitable trust, underpinned by the Christian faith serving the community of Taranaki. The chairman reported the trust celebrated the 50th Jubilee in May 2023. The chairman spoke positively of the current management team.</p> <p>The chairperson reported that the board members have a strong knowledge of providing health equity, knowledge of the Treaty of Waitangi, cultural awareness, and links with people who identify as Māori. The chairman and CEO reported that a board member has a strong affiliation with Māori. An RN is the organisation's Māori advisor. The dean of the local church who identifies as Māori was available to support and advise if needed.</p> <p>The CEO confirmed knowledge of the sector, regulatory and reporting requirements, and maintains currency within the field through an external quality consultant, sector communication, Te Whatu Ora and colleagues. Tainui is a member of New Zealand Aged Care Association.</p> <p>The CEO has worked in the aged care sector since 2021 as CEO of this facility. This person is a chartered accountant with experience in offshore and local businesses.</p> <p>Support is provided by the CNM who has been in the role for seven months. This person is a registered nurse who has been nursing for over 17 years in the fields of public hospital, and primary health care.</p> <p>When the CNM is absent, the quality assurance/hospital coordinator RN (QA/HC) carries out all the required duties. The rest home coordinator/infection control coordinator (RHC/IPC), a senior health care assistant, provides additional support. The OM provides support</p>

		<p>to the housekeeping, laundry, cleaning and maintenance staff. This person has been in the role for seven months and has senior management experience in various roles including quality and compliance, commissioning new build aged care facilities and managing several large, aged care facilities offshore.</p> <p>The 2022-2024 business plan includes the vision, mission statement, and objectives and values. Goals include a commitment to providing good quality care to all people and to improving the health status of ethnic groups including Māori and Pacific people, and a belief in equity of access for all members of the community as a fundamental right in our society.</p> <p>Clinical governance, overseen by the CNM, and the RHC/IPC and the clinical subcommittee, is guided by the clinical governance policy. The policy includes the aim, clinical management processes, roles and responsibilities. The chairman reported that a board member is a general practitioner who was chosen because of the skills and expertise they bring to the organisation.</p> <p>Evidence was sighted of meeting minutes including clinical indicators, medication errors, complaints, compliments, falls, wounds and skin care and infections. An external clinical advisor is available if required. Documentation sighted evidenced the CNM's weekly clinical indicators report to the CEO.</p> <p>The board of trustees, through the CEO and management team, demonstrate leadership and commitment to quality and risk management through, for example, the business plan, risk register, improving services, reporting, policy, processes, feedback mechanisms, and purchasing equipment. A sample of reports to the board of trustees showed reporting is of a consistent format and includes adequate information to monitor performance. The reports include information on occupancy, finances and purchases, audits, human resources, training and development, clinical indicators and the environment.</p> <p>The governing body, through the management team, is focused on improving outcomes and achieving equity for Māori and people with disabilities. This is occurring through oversight of care planning and reviews, family/whānau meetings, feedback and communication with</p>
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		<p>the resident and their family/whānau, and healthcare assistants' (HCAs) knowledge of the resident and their likes and dislikes, including cultural and spiritual needs. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>The CNM reported that staff identify and work to address barriers to equitable service delivery through cultural needs assessments, individualised care planning which ensures cultural wishes are specified where able, training, staff practicing tikanga, advice from cultural advisors and access to interpreter or other advocacy services.</p> <p>Residents receiving services and family/whānau participate in the planning, implementation, monitoring, and evaluation of service delivery through the review of care plans, surveys and meetings. A sample of resident, family/whānau meeting minutes evidenced positive feedback.</p> <p>Tainui has contracts with Te Whatu Ora – Health New Zealand Taranaki (Te Whatu Ora Taranaki) for aged-related residential care services (ARRC), long-term chronic health conditions (LTCHC), and respite. Four beds are contracted for enhanced intermediate care assessment treatment (EICAT).</p> <p>Tainui has capacity for 60 beds. There are 59 rooms. One room is a double room, however only one person receives care in this room and the room is not shared.</p> <p>Fifty-three beds are certified as dual-purpose beds for rest home or hospital level care. On the first day of the audit 53 residents were receiving rest home level care. Twenty-seven residents were receiving hospital level care including one resident on the ACC contract. Four residents were receiving EICAT care. Twenty-two residents were receiving rest home level care, including one on the ACC contract.</p> <p>The facility provides end-of-life care.</p> <p>No residents were using the LTCHC for under 65s contract at the time of the audit.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls.</p> <p>Residents, family/whānau and HCAs contribute to quality improvement through meetings and surveys. Resident meeting minutes were reviewed.</p> <p>The last resident survey was completed in November 2022. The OM reported that the survey outcome and actions were discussed at the resident's meeting.</p> <p>The next survey is due to be completed by the end of July 2024. The next staff survey is due to be completed by the end of March 2024.</p> <p>The QA/HC is responsible for quality with support from the CNM.</p> <p>A sample of quality and risk-related meeting minutes were reviewed and confirmed there has been regular review and analysis of quality indicators, and that related information is reported and discussed. In addition to a weekly operations meeting and weekly activity-related meetings, there have been regular separate meetings including HCAs, seniors, staff, quality assurance, health and safety, resident and family/whānau, weight coordinators and clinical meetings.</p> <p>Quality improvement initiatives include developing the role of hospital coordinator/quality assurance coordinator and rest home coordinator/infection prevention coordinator and purchasing a new fridge for storing medication that enables staff to read the temperature inside the fridge without opening the door.</p> <p>The organisation uses the policies and templates developed by an external quality contractor. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The 2023 internal audit schedule was sighted. Completed audits include cleaning/ laundry, medication, health and safety and infection prevention. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality</p>
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	<p>outcomes is evaluated. Documented evidence of changes following an audit were sighted.</p> <p>The OM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Documented risks include environment, equipment, hot water, food safety, gas, sharps, chemicals, natural disasters, pandemic, workforce shortages, maintenance, moving and handling, falls, and legal and financial liability. Staff reported at interview that they knew how to report risks.</p> <p>Staff document adverse and near miss events. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident-related incidents were being disclosed with the designated next of kin. Whilst Tainui is following the principles of the National Adverse Events Reporting Policy, it is not yet required to report externally in relation to this.</p> <p>The CNM understood and has complied with essential notification reporting requirements. Examples were discussed. The change of the clinical nurse manager notification was made on 6 July 2023. One section 31 notification relating to a pressure injury was forwarded to HealthCERT on 17 August 2023. The CNM reported that one S31 notification of being short staffed due to staff illness was made on 16 October 2023. An enrolled nurse provided cover. The section 31 notifications were sighted.</p> <p>There have not been any police investigations, coroner's inquests, or issue-based audits.</p> <p>Staff are supported to deliver high-quality health care to residents who identify as Māori through, for example, training, including cultural safety training, cultural assessments, care planning, and communicating with the resident, and family/whānau. Staff reported they are learning te reo Māori and gave examples of tikanga.</p> <p>Tainui benchmarks through the aged care industry against relevant health performance indicators, for example infections, skin care and falls. The QA/HC reported that benchmarking data in all areas except falls compare positively against other industry averages. Graphs were</p>
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		<p>sighted. The QA/HC reported, and documentation evidenced, a falls programme including pro-active elements developed in conjunction with the GP, physio, family/whānau was being implemented.</p> <p>The CNM reported that Tainui is now using the Health Equity Assessment Tool.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. (24/7). A safe rostering tool is used. The facility adjusts staffing levels to meet the changing needs of residents. A review of four weekly rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. The physical environments are considered as the hospital and rest home areas are separated.</p> <p>Residents and family/whānau and staff interviewed confirmed there were sufficient staff.</p> <p>The staff reported that if an RN is called to the retirement village in an emergency, an ambulance is called. The QA/HC reported that there is always an RN in the facility.</p> <p>There are staff who have worked in this care home for between one month and 25 years.</p> <p>At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the hospital. An after-hours on-call system is in place, with the RNs and the CNM sharing on-call 24/7.</p> <p>Staff reported that good access to advice is available when needed.</p> <p>The recreational assistant and trainee diversional therapist work five mornings per week. Laundry, cleaning, kitchen and housekeeping positions cover 7 days per week. Maintenance staff are also employed.</p> <p>The quality improvement project relating to the appointment of two new roles is worthy of a continuous improvement rating.</p>

	<p>The CNM described the recruitment process, which includes referee checks, police vetting, and validation of qualifications and practicing certificates (APCs) where required.</p> <p>The staff competency policy guides the service to ensure competencies are assessed and supports equitable service delivery. A sample of competencies, for example, cultural safety, Te Tiriti o Waitangi, medication, interRAI, hand hygiene, abuse and neglect, infection control, AMS, restraint-free, fire knowledge, wound, and challenging behaviour, confirmed the training.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. Staff reported at interview of achieving level 3 and level 4.</p> <p>Careerforce training.</p> <p>Four of the twelve registered nurses are interRAI trained. Further training has been booked.</p> <p>Training is provided either face-to-face or online and included advocacy, challenging behaviour, The Code, cultural safety, death and tangihanga, falls, fire safety, first aid, health and safety, hand hygiene, infection control, AMS, manual handling, medication, neurological observations, restraint-free, and Te Tiriti o Waitangi.</p> <p>Meetings are held with the resident and their family/whānau to discuss and sign care plans. Residents' meetings are held monthly and are an opportunity for people to discuss and express opinions on aspects of the service. Positive comments regarding the meals were noted in the minutes.</p> <p>The CNM reported that Tainui is building on their own knowledge through cultural training, communication with the resident, family/whānau and learning te reo Māori. For example, signage in te reo Māori was evident around the facility.</p> <p>The QA/HC reported that where health equity expertise is not available, external agencies are contacted. For example, the Te Whatu Ora wound care specialist.</p> <p>Staff reported feeling well supported and safe in the workplace through, for example, the employee assistance programme, flu</p>
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		vaccines, cultural events, celebrations, a voucher at Christmas and BBQs.
<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 resources management policies and processes are based on good employment practices and relevant legislation. A sample of seven staff records reviewed confirmed the organisation's policies are being consistently implemented. Position descriptions are documented and were sighted in the files reviewed.</p> <p>The QA/HC and CNM described the procedure to ensure professional qualifications are validated prior to employment. Evidence of current registration was sighted for the 12 registered nurses, two general practitioners, pharmacist, physiotherapist, dietitian, and nurse practitioner.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. New HCAs described their orientation and are buddied with an experienced staff member for up to six days.</p> <p>Orientation includes the aging process, Code of Health and Disability Services Consumers' Rights (the Code), communication, cultural safety, fire evacuation, falls, hand hygiene, health and safety, infection control, moving and handling, neurological observations, personal cares, restraint-free and weight management.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted.</p> <p>Paper-based staff files are kept locked and confidential. Ethnicity data is recorded and used in line with health information standards.</p> <p>Staff reported incident reports were discussed at staff meetings. They have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing.</p>
Subsection 2.5: Information	FA	Tainui maintained quality records that complied with relevant

<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>legislation, health information standards and professional guidelines. Most information was held electronically, and password protected. Any paper-based records were held securely and only available to authorised users.</p> <p>Residents' files were integrated electronic and hard-copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. Archived documents are stored on site. A systematic retrieval process is in place should any archived records be required for future reference.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Tainui is not responsible for the National Health Index registration of people receiving services.</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 were welcomed into Tainui when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency, as requiring the level of care Tainui provides and had chosen Tainui to provide the services they require.</p> <p>Family/whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements. Tainui collected ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau.</p> <p>Tainui had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting the local Māori health care provider.</p>

		<p>When admitted, residents had a choice over who would oversee their medical requirements. Whilst most chose the main medical provider to Tainui, several residents had requested another provider to manage their medical needs.</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>The multidisciplinary team at Tainui worked in partnership with the resident and their family/whānau to support the resident's well-being. Nine residents' files were reviewed: five hospital files and four rest home files. These files included residents who were receiving care under an Accident Compensation Contract (ACC), residents who had an acute event requiring transfer to an acute facility, residents with a pressure injury, residents displaying behaviours that challenge, residents with a chronic wound, residents who identified as Māori, and residents with several co-morbidities.</p> <p>Nine files reviewed verified that a care plan was developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) or nurse practitioner (NP) input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Policies and processes were in place to ensure tāngata whaikaha and whānau participate in Tainui's service development, deliver services that give choice and control, and remove barriers that prevent access to information. Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated, and understood.</p> <p>Accidents and incidents were managed in accordance with best practice guidelines. A commitment by the new management team to improve the quality of care being provided at Tainui, particularly around reducing incidents and pressure injuries, is evidenced to have been effective (refer criterion 2.3.1). In addition to this, the increased</p>

		<p>physiotherapist services being offered have enabled two previously immobile residents to now be mobile.</p> <p>The above information was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or family/whānau. Residents and family/whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Interviews with seven family/whānau of other residents expressed a high degree of satisfaction with the care provided at Tainui. The residents and their family/whānau were actively involved in planning the residents' care and any ongoing discussions. Whānau of residents who identified as Māori were complimentary of the cultural support provided, and the responsiveness of staff to residents' needs.</p> <p>An interview with the GP's relieving locum expressed the GP's satisfaction with the care provided by Tainui.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities coordinator (AC) and trainee diversional therapist provided a diverse activities programme at Tainui that supported residents in maintaining and developing their interests, tailored to their ages and stages of life. The activities areas of the facility included displays of the numerous activities that residents were involved in. The activities programme offered a choice of activities in two areas of the facility and residents could choose what they would like to attend. In addition to this, the small lounges scattered around the facility included small groups of residents playing cards, games, doing crosswords or just conversing with their friends. Coffee and tea-making facilities were accessible for residents and family/whānau members.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities</p>

		<p>reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Waitangi Day, Māori Language Week and Matariki were celebrated.</p> <p>On the first day of audit Valentines Day was being celebrated. Staff were dressed up, there were hearts on the tables, heart cupcakes and chocolates to enable residents to feel part of the day's theme.</p> <p>The activities coordinators arranged frequent van visits to local community events, and places of interest. Entertainers, volunteers and kapa haka groups visited Tainui on a weekly basis.</p> <p>Satisfaction surveys evidenced residents and their family/whānau were satisfied with the activities provided at Tainui.</p> <p>Residents and their family/whānau participated in evaluating and improving the programme. Those interviewed confirmed they found the programme met their needs.</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>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP/NP review was recorded on the medicine chart. Standing orders were not used at Tainui.</p>

		<p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Tainui was in line with recognised nutritional guidelines for older people. A qualified dietitian reviewed the menu on 24 May 2022. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on Tainui on 6 December 2023. Four areas requiring corrective action were identified. These have been addressed and signed off, and the plan was verified for 18 months. The plan is due for re-audit on 6 June 2025.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. The midday meal included a choice of two hot dishes and/or a salad. Teatime included a hot dish and soup. Cheese and crackers, plus yoghurt, fresh fruit or ice cream are available at any time during the day. All residents had opportunities to request meals of their choice and the kitchen would address this. Tainui has accessed the services of a new dietitian who visits monthly and reviews any residents who are losing weight or have lost interest in food. An interview with the CNM identified the dietitian is valuable in providing advice to staff and the kitchen around strategies to improve food options rather than offer supplements that often the residents do not like. The effectiveness of this initiative has not been in place long enough to evaluate at this time.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided, however would like input into the next menu review in May 2024. A corrective action plan identified the dietitian will develop the new menu with input from the residents.</p>

		<p>Māori and whānau have menu options culturally specific to te ao Māori. Evidence of residents' satisfaction with meals was verified by residents on the day of audit, when residents responded favourably regarding the meals provided on those days.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from Tainui was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and family/whānau. The family/whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Family /whānau were advised of their options to access other health and disability services, social support, or Kaupapa Māori services if the need is identified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness was publicly displayed. It expires on 20 February 2024.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they meet legislative requirements. The maintenance personnel described the maintenance schedule. Staff confirmed they know the processes they should follow if any repair or maintenance is required.</p> <p>Equipment tagging and testing was current as confirmed in records, interviews with the OM, and observation. Calibration of biomedical records were sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids, and wheelchairs.</p> <p>The CNM reported that appropriate equipment such as wheelchairs,</p>

	<p>which are considered to be communal equipment, are available when needed. For example, outings to appointments. The facility is accessible to meet the mobility and equipment needs of people receiving services. A ceiling hoist has been installed in two bedrooms.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups. A chapel is located within the building and two chaplains are employed to provide pastoral care to the residents. There is signage in te reo Māori throughout the facility.</p> <p>Communal areas are available for residents to engage in activities. The facility has two levels. All residents' care areas are on the ground (main) floor. The upper level is used by staff only.</p> <p>Two dining areas and four lounge areas are spacious and enable easy access for residents and staff. Residents can access areas such as the library for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>The numbers of toilet and shared accessible bathroom facilities for visitors and staff are adequate. Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to promote residents' independence.</p> <p>Five ensuite are shared by residents from either side of the ensuite. The locking device for privacy was sighted. All residents' rooms have a hand basin. There are additional toilets and showers near the residents' rooms. All other rooms have an ensuite.</p> <p>All bedrooms provide single occupancy, except for one double room that is currently used as single accommodation.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the spacious bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. Health care assistants reported that they respect the residents' spiritual and cultural requirements. Residents and family/whānau reported the adequacy of bedrooms.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Heating</p>
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		<p>is provided by radiators and ceiling heating and cooling systems in the lounges. The temperature of each bedroom and communal area can be individually adjusted. Each area was warm and well-ventilated throughout the audit.</p> <p>The OM and CNM reported, and documentation confirmed that residents, family/whānau and a cultural advisor who identified as Māori would be consulted and involved in the design of any new buildings.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The current fire evacuation plan was approved by the New Zealand Fire Service on 13 June 2022.</p> <p>A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 31 August 2023. The record was sighted.</p> <p>Sprinklers, manual fire alarms, extinguishers, floor plans, exit signs, and fire action notices were sighted.</p> <p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and describe the procedures to be followed. Wall-mounted documentation provides guidance for staff on responding to civil emergency and disaster events. Emergency evacuation plans are displayed and known to staff. The emergency plan meets the needs of people with disabilities in an emergency.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff are trained in emergency procedures. Health care assistants confirmed their awareness of the emergency procedures and attend regular fire drills.</p> <p>The QA/HC reported, and documentation confirmed that all RNs have either a current first aid certificate or were booked to attend a first aid course. The QA/HC confirmed that there is always an RN with a current first aid certificate on shift.</p> <p>Call bells alert staff to residents requiring assistance. Residents and family/whānau reported staff respond promptly to call bells. Bedrooms, toilets, bathrooms, and lounges are all equipped with a</p>

		<p>call bell.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including dry food, medical supplies, PPE, and a gas BBQ were sighted. Supplies were last checked on 25 January 2024. A 1,000-litre water tank was sighted onsite that contained sufficient water supply for use in an emergency. An additional 240 litres of water were sighted. This meets the National Emergency Management Agency recommendations for the region. The OM reported that arrangements are in place to hire a generator if required.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and a security company checks the premises at night.</p> <p>Residents are informed of the emergency and security arrangements at entry. Residents and family/whānau were familiar with emergency and security arrangements. A call bell at the main door enables visitors to alert staff after hours.</p> <p>Closed-circuit cameras have been installed throughout specific internal areas. Residents and family/whānau members are fully informed and their use does not compromise personal privacy.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. The current business plan includes a goal to ensure there is continuous improvement through reduction of infections where this is possible. Tainui has IP and AMS outlined in its policy documents. This is now being supported at the governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora Waikato. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the board at board meetings.</p>

		<p>The board has been collecting data on infections and antibiotic use and is now adding ethnicity to its data. Over time the data will add meaningful information to allow Tainui to analyse the data at a deeper level to support IP and AMS programmes.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly evaluated. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. 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 coordinator (ICC) role at Tainui is shared between the CNM and a senior health care assistant. The coordinators are responsible for overseeing and implementing the IP and AMS with reporting lines to the CEO and the board. The IP and AMS programmes were linked to the quality improvement programme that was reviewed and reported annually. The ICCs had appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflecting the requirements of the standard were provided by an external advisory company. Cultural advice at Tainui was accessed through the staff who identified as Māori and the Māori advisor. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used. Staff who identified as Māori and speak te reo Māori can provide ICN infection advice in te reo Māori if needed for Māori accessing services. Educational resources available in te reo Māori were accessible and understandable for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been evaluated. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted,</p>

		and staff verified their availability at the interview. Staff had been trained in its use. Residents and their family/whānau were educated about infection prevention in a manner that met their needs.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	Tainui has a documented antimicrobial stewardship (AMS) programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise of an external advisory company and has been approved by the governing body. Policies and procedures were in place which complied with evidence-informed practice. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics and the identification of ongoing areas for improvement.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Tainui undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Tainui used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management/governing body and shared with staff. Surveillance data includes ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their family/whānau, and these were documented.</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</p>	FA	A clean and hygienic environment supported the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms at Tainui. Suitable personal protective equipment was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and

<p>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>staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and gel were available throughout the facility.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. A preventative maintenance programme for the management of pests was in place, and effective.</p> <p>All laundry was laundered offsite except for residents' personal clothing. Policies and processes were in place that identified the required laundering processes for residents' personal clothing, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Staff involved had completed relevant training and were observed to perform duties safely.</p> <p>Residents and their family/whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</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>FA</p>	<p>Maintaining a restraint-free environment is a documented aim of the service. The CNM and CEO confirmed commitment to this.</p> <p>A quality goal includes that restraint elimination will be reviewed to ensure progress is being made to achieve a restraint-free</p>

<p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>environment for residents.</p> <p>Policies and procedures meet the requirements of the standard.</p> <p>At the time of audit, no residents were using a restraint.</p> <p>The CNM is the restraint coordinator providing support and oversight for any restraint management. Their position description was sighted.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability.</p> <p>There were processes in place to report aggregated restraint data including data analysis supporting the implementation of an agreed strategy should any restraint ever be used.</p> <p>The CNM is involved in the purchase of equipment should it be needed.</p> <p>Orientation and ongoing education included de-escalation techniques, restraint-free and management of challenging behaviours. Documentation and staff confirmed they have received training.</p> <p>Policies and procedures meet the requirements of the standards.</p> <p>Given there has been no restraint used since before the surveillance audit in November 2022 subsections 6.2 and 6.3 have not been audited.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.3.1</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>	CI	<p>It was noted in December 2023 that registered nurses on duty were unable to adequately manage additional tasks outside their core responsibilities of resident care. These additional tasks were often preventative and proactive activities that could greatly improve care outcomes including reviewing and updating care plans, early medical interventions, and appropriate correspondence with medical professionals and family/whānau and overall health management of the residents.</p> <p>A review was undertaken in January 2024 of data from October 2023 which included staff and resident feedback. Adverse events were reviewed, and root cause analysis completed to determine that many of the issues could have been prevented with proactive communication and timely care plans reviews.</p> <p>The acuity of the aging population has increased which leads to more complex needs and management,</p>	<p>It was noted in December 2023 that registered nurses on duty were unable to adequately manage additional tasks outside their core responsibilities of resident care. These concerns have led to the development of two new positions, the hospital coordinator and rest home coordinator. A review was undertaken in January 2024 of data which included staff and resident feedback. Whilst the new roles have a cost implication for Tainui, the feedback received from family/whānau, staff, residents and management indicate that it is having a positive impact. The visible improvement in the key measurements provide confidence that the implemented solutions return a significant benefit in the overall delivery of health care outcomes for the Tainui residents. The monthly review remains ongoing, using analysis of adverse events, feedback, random samples of resident care plans/progress notes, ensuring early intervention is</p>

	<p>constraining the RN's time availability. These concerns have led to the development of two new positions, the hospital coordinator and rest home coordinator.</p> <p>The coordinator's role is to support the RNs and HCAs to ensure all aspects of the resident's health management are being met at the highest standard. The roles are held by experienced health professionals who are able to lead the team and provide effective guidance with respect to tasks such as early intervention, especially around the deteriorating resident, and ensuring corrective actions have been implemented.</p> <p>Since the roles were implemented in January a number of key indicators have been recorded to show the effectiveness of the new roles in improving the above issues. The key metrics used are adverse event incidents and infection control rates. Verbal feedback has also proven to be a valuable informal way of ensuring the new roles have been effective.</p> <p>Records showed there were 50 adverse events in the month of November 2023, in December 48 events, and in January 2024 there were 39 events. At the time of writing, there are 13 adverse events recorded for the month of February and this is forecast to reach 27 by the end of the month. That is almost a 50% reduction in adverse event since the roles were established.</p> <p>Infection rates for the month of October and November were eight, December was seven and January six. That is almost a 25% reduction in infection rates. Evidence was sighted of the graph showing the decrease in the counts between 1 November 2023 and 16 February 2024.</p> <p>Tainui believes the new roles are firmly linked to the reductions mentioned above due to the coordinators' proven ability to react promptly, and being able to provide continuity of care of the resident by ensuring</p>	<p>noted.</p>
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		<p>communication is effective among the entire team and being the central contact person for all involved.</p> <p>Whilst the new roles have a cost implication for Tainui, the feedback received from family/whānau, staff, residents and management indicated that it is having a positive impact. The visible improvement in the key measurements provided confidence that the implemented solutions return a significant benefit in the overall delivery of healthcare outcomes for the Tainui residents. The monthly review remains ongoing, using analysis of adverse events, feedback, random samples of resident care plans/progress notes ensuring early intervention is noted.</p>	
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End of the report.