

C D Hodson - Westella Homestead

Introduction

This report records the results of a Surveillance 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 Central Region's Technical Advisory Services 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:	C D Hodson
Premises audited:	Westella Homestead
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 5 March 2024 End date: 6 March 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:	21

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

CD Hodson is the governing body and are responsible for the services provided at Westella Homestead. Dalcam Healthcare Management Limited is contracted to provide management services. Westella Homestead provides dementia and rest home level care for up to 26 residents. There were 21 beds occupied on day of audit. The facility is managed by a chief executive officer, supported by a clinical lead. The chief executive officer had been in the role for last two years. The clinical team leader was appointed in December 2023. There have been no other changes to the organisation or within the facility.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS8134:2021 and the providers contracts with Te Whatu Ora – Te Pae Hauora o Ruahine o Tararua MidCentral.

The audit process included review of policies and procedures, review of resident/whaiora and staff records, observations and interviews with residents/whaiora, whānau, management, staff and a general practitioner.

Previous areas identified as requiring improvement related to post fall management and infection prevention policy are now fully attained. An additional area identified as requiring improvement relates to medication management.

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.



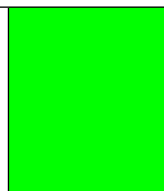
Subsections applicable to this service are fully attained.

There were policies and procedures to support staff in delivering culturally safe care. Staff received training in Te Tiriti o Waitangi.

Resident/whaiora rights were respected and upheld in line with the Health and Disability Commission Code of Health and Disability Services Consumer's Rights. Residents/whaiora received services in a manner that was responsive to and respected their individuality and upheld their right to dignity, privacy, and independence. The provider followed the organisations policy and process for complaint management. The provider had a culture of open disclosure. Care plans accommodated the choices of resident's/whaiora and their whānau.

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 are fully attained.

CD Hodson is the governing body responsible for the services provided. The provider had current business, quality and risk management plans. Quality and risk management systems were in place. Meetings were held that included reporting on various clinical indicators, quality and risk issues and the review of identified trends.

A clinical lead oversaw the clinical and care services and provided support for this audit. A clinical team leader had responsibility for the day-to-day clinical care delivery in the facility.

There were human resource policies that guided practice in relation to recruitment, orientation, and management of staff. The provider had no vacancies at time of audit for health care and support workers.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses are responsible to assess, plan and review residents' needs, outcomes, and goals. Progress notes provided evidence of service delivery. Staff receive a comprehensive handover between shifts.

Medication policies reflect legislative requirements and guidelines. Registered nurses and health care assistants are responsible for the administration of medications. A medication competency schedule is in place.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritional snacks are available for residents 24 hours a day. Residents/whaiora were complimentary of the food services.

All residents' transfers and referrals are coordinated with residents and families/whānau.

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 are fully attained.

There was an approved evacuation plan in place and current building warrant of fitness. The building, plant, and equipment was fit for purpose and complied with relevant legislation to the health and disability service being provided. A reactive and preventative maintenance schedule was implemented. Areas were provided throughout the facility that enabled residents to meet with visitors in private and participate in cultural activities.

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 are fully attained.

The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. Surveillance of infections is appropriate for the size and complexity of the service and is linked to the quality and risk management system. The service captures ethnicity data. There has been one COVID-19 outbreak in 2023. The outbreak was managed safely to meet policy and legislated reporting requirements.

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 are fully attained.
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The restraint coordinator is the clinical manager. The facility had no residents using restraints at the time of the audit. Encouraging a restraint-free environment is included as part of the education and the annual training plan. The service considers the least restrictive practices, implements de-escalation techniques, and only uses an approved restraint as a last resort.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	0	1	0	0
Criteria	0	47	0	0	1	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. 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>Staff receive training in cultural safety at orientation. The mandatory and annual training programme includes definition and explanations regarding cultural safety and its importance including Te Tiriti o Waitangi and tikanga best practice. Staff interviewed outlined how they ensure that cultural safety and tikanga best practice were embedded in care delivery. Current staff had completed training except staff who were completing orientation.</p> <p>The organisation had a current Māori health plan that recognised the principles of Te Tiriti o Waitangi and described how the organisation responded to Māori in relation to self-determination, independence, and autonomy.</p> <p>There were residents who identified as Māori residing in the facility at time of audit.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to</p>	FA	<p>Staff interview and review of documentation evidenced the organisation's commitment to providing culturally safe care for Pacific peoples. Further discussion evidenced that the organisation collaborates with Pacific peoples within the region to ensure services delivered are underpinned by Pacific worldviews, are equitable and appropriate.</p>

<p>achieve tino rangatiratanga. 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>There were residents/whaiora residing in the facility at time of audit who identified as Pacific.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions 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>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was on display throughout the facility written in English and te reo Māori. Education records confirmed that staff had completed training that covered the Code. Staff discussed the Code and provided examples of how they met the Code when providing day to day care. Observation during the audit confirmed that care was provided in accordance with the Code. Residents, and/or whānau, were provided with written information about the Code within admission information provided. Whānau interviewed confirmed they were provided written and verbal information on the Code and that they knew the process to follow if they had any concerns or queries.</p>
<p>Subsection 1.5: I am protected from abuse 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>There was policy that included definitions, guidelines, and responsibilities for staff to report alleged or suspected abuse. Staff received orientation and mandatory training in abuse and neglect. Interviews confirmed staff awareness of their obligations to report any incidences of suspected abuse. Staff and whānau interviews evidenced that there was no evidence of abuse or neglect.</p> <p>The admission agreement signed prior to occupation provided clear expectations regarding management responsibilities of personal property and finances. The resident (where possible) whānau or EPoA provided consent for the administrator to manage resident's comfort funds. Staff interview and review of documentation evidenced that appropriate systems were in place that ensures the safe management of residents' comfort funds. Residents and/or their whānau provided confirmation that residents' property/ finances were respected and managed appropriately.</p> <p>Staff resident and whānau interviews confirmed that the provider promoted an environment that provided a safe place for all to raise questions or concerns and that discussions were free and open.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There was informed consent policy that was in line with the Code to ensure that when a resident who didn't have capacity/competence to consent to a treatment or procedure, appropriate measures were in place that ensured their legal representatives were provided with the necessary information to make informed decisions on their behalf.</p> <p>Competence to provide informed consent was determined by the general practitioner (GP). All resident/whaiora records sampled had signed consents.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The organisation had policy and process in place to manage complaints that was in line with Right 10 of the Code of Health and Disability Service Consumers Rights (the Code). The complaint process was made freely available throughout the facility. The chief executive officer (CEO) confirmed support for Māori residents could be accessed through established links with Māori to navigate the complaints process when required. Whānau interviewed stated they were made aware of the complaints process and knew how to access a complaint form if required.</p> <p>There had been no complaints officially logged over the 2023-2024 period with the CEO advising the service takes a proactive response to all feedback.</p> <p>It was reported there had been no complaints to any external agencies since the last audit.</p>
<p>Subsection 2.1: Governance</p>	<p>FA</p>	<p>Westella Homestead is owned by CD Hodson. Dalcam Healthcare Management Limited (DHML) is contracted to provide management for</p>

<p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>Westella Homestead. Dalcam Healthcare Management Limited is part of the Dalcam Healthcare group Limited (DHGL). One of the directors of DHGL is the sole owner of Westella Homestead. There is governance structure in place that monitors compliance with legislative, contractual, and regulatory requirements. The providers purpose, values. performance and goals are clearly documented and shared appropriately.</p> <p>The annual strategic, business plan had key outcomes which were resident/whaiora centred, such as resident satisfaction, health and safety, complaints, education and fiscal stability. These were monitored at the monthly meetings with the owners and executive team. The CEO advised that the core competencies that the executive team are required to demonstrate included understanding the organisations obligations under Te Tiriti o Waitangi, health equity, and cultural safety. The executive leadership team are committed to ensuring the quality and risk management systems were robust and appropriate to support service delivery. Review of feedback received from residents and whānau to date evidenced that input from people receiving services was highly valued.</p> <p>The Westella Homestead executive management team had a clinical governance structure in place that was appropriate to the size and complexity of the organisation. The CEO ensured the owners and executive team received the appropriate information pertaining to key aspects of service delivery.</p> <p>The Māori health plan described how the organisation would ensure they continued to focus upon reducing barriers to equitable service delivery with priorities in place to build trusting relationships, engage residents/whaiora whānau in care delivery and continue to develop and strengthen the education programme in relation to cultural safety.</p> <p>The provider is certified to provide care for up to 26 residents/whaiora requiring dementia rest home level care. At time of audit there were 21 residents residing in the facility inclusive of one resident requiring rest home level care and 20 requiring dementia level care.</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>The executive team reviewed and approved the quality and risk management plan annually. The plan outlined the identified internal and external organisational risks. The provider has developed and implemented a quality management framework using a risk-based approach to promote</p>

<p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>continuous quality improvement.</p> <p>There was an implemented annual schedule of internal audits. Areas of non-compliance included the implementation of a corrective action plan with sign off by the CEO when completed. Identified trends were monitored and raised for discussion within the team/quality meetings.</p> <p>The organisation followed the internal policy and procedure for adverse event reporting and current process in place reduces harm by supporting systems learning. A section 31 notification was confirmed as being sent following an adverse event recently and for the appointment of the clinical team leader late last year.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Westella Homestead staffing policy included the rationale for staff rostering and skill mix. Ongoing recruitment has been successful and at time of audit the Provider was fully staffed in regards healthcare and support workers. Review of rosters and discussion with staff evidenced that all shifts were covered, with staff picking up additional hours when unplanned absences occurred.</p> <p>The morning shift Monday to Saturday comprised of a registered nurse (RN) and three care givers. The afternoon shift comprises of three care givers with the night shift comprising of two care givers. The shifts each week without a RN were led by senior care givers who have completed level four training. The clinical team lead and one other RN provide afterhours clinical support. The CEO and clinical lead (CL) provide additional operational and clinical support after hours. Part time staff cover the laundry and cleaning aspects of service delivery.</p> <p>Staff records sampled and discussion with the CEO evidenced that staff completed competencies for their role. There was an implemented annual training programme relevant to the needs of the residents. The CEO and CL worked in tandem with the administrator to ensure all details relevant to staff training and staff development were recorded. Staff confirmed they were supported to upskill and maintain competency and felt valued as employees. Two RNs had completed InterRAI training.</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. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resource management practices followed policies and processes which adhered to the principles of good employment practice and the Employment Relations Act 2000. Review of staff records confirmed the organisation's policy was consistently followed and records were maintained. Recruitment processes included police vetting, and reference checks, with the CEO taking responsibility for validating prospective staff members qualifications as well as annual checks required.</p> <p>The organisation orientation policy outlines that all new staff are to complete an orientation which includes information specific to the organisation and the facility. Additional learning requirements are set out for each designation. New staff were buddied with an experienced staff member for a designated period which can be extended if required. Staff confirmed they had received an orientation and that it was appropriate to their role with a review of staff records confirming this was completed.</p> <p>Records sampled and discussion with the CEO confirmed information held about staff was accurate, relevant, and kept in a secure location with confidentiality maintained. There was an implemented system that ensured all staff had an opportunity to discuss and review their performance at defined intervals. Records evidenced that performance reviews were current with staff interviews providing further evidence that reviews were occurring at defined intervals.</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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Resident files are documented in a blend of hard copy and electronic file mediums. Five files were reviewed; four were dementia rest home residents/whaiora and one was rest home undergoing reassessment to dementia rest home level care. This resident was selected as the tracer.</p> <p>The registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Contractual requirements related to meeting timeframes were consistently met. Documentation reflected that resident/whaiora and family/ whānau were involved in the long-term care planning process.</p> <p>Files reviewed identified that all residents had a care plan in place. Plans were holistic and individualised to meet the residents'/whaiora assessed needs and preferences. Acute changes in health status were documented in</p>

		<p>short-term care plans and updated in the long-term care plan. Care plans reflected 24-hour needs.</p> <p>The registered nurse and the clinical manager initiate a review with the general practitioner (GP) and this was documented. Residents/whaiora have been referred to specialist services when required and allied health service input into care was integrated as part of the care plan. The GP interviewed stated that the staff communicate effectively and that they are informed of concerns or changes in a timely manner. Resident/whaiora and family/whānau interviewed were grateful for the assistance of the staff and onsite interviews undertaken reflected positively about the service.</p> <p>Short term care plans and wound monitoring charts were completed for all three wounds, one pressure injury stage two, one lesion identified the day prior to the audit and referred for medical review and one post-surgical wound. Pressure injury prevention and pressure injury management strategies were documented in the long-term care plan (LTCP) in files reviewed. Neurological observations were recorded by RNs following all un-witnessed falls.</p> <p>Progress notes reviewed were reflective of the resident’s journey and included evidence of follow up on advice and instructions and family/whānau communication alongside achievement towards long term goals. . Six-month evaluations were completed. Long Term Care Plans were updated following evaluations and progression towards goals was documented.</p> <p>Both RNs were interRAI competent and all resident interRAI assessments (21) were up to date. Staff were suitably qualified and experienced in developing plans with resident/whaiora (where possible) and family/whānau to ensure cultural needs were identified and addressed.</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</p>	<p>PA Moderate</p>	<p>There are up to date policies and procedures for safe medicine management. The service uses an electronic medication management with a robotic roll dispensing system. Medical services are supported by three GPs. One GP who provides medical support to 19 residents/whaiora. A further two GPs support one resident/whaiora each.</p> <p>The current clinical lead for the organisation is a clinical nurse specialist specialising in older persons mental health. In this role the clinical lead</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>provides oversight and support to the clinical team including medication. Staff interviewed confirmed a safe process was in place to receive and sign in new medications and to store unwanted medication prior to return to the pharmacy. Staff were observed administering medication safely. All medication is stored safely, and temperatures of the medication room and fridge are monitored and documented. The system and process to record sensitivities and allergies was reviewed and documented appropriately. Staff interviewed confirmed over the counter or traditional Māori medication required prescription. There were no residents/whaiora using over the counter medications at the time of the audit.</p> <p>There was no self-administration of medication at this facility.</p> <p>There were no standing orders for the service.</p> <p>Storage of medication was reviewed and met requirements. However, the documentation following reconciliation of controlled medications was not documented to meet best practice. Ten medication electronic medication files were reviewed. Not all documentation related to 'as required' (PRN) medication was documented to meet requirements (refer 3.4.1).</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Nutritional assessments are completed upon admission and information provided supplied to kitchen staff. Information is updated when a resident's dietary needs change and this was evidenced onsite through kitchen documentation. Diets are modified as needed and the cooks interviewed confirmed awareness of the dietary needs of residents. Whiteboard lists recorded special diets, preferences, and allergies alongside hard copy dietary profiles. All meals and snacks are prepared on site. There are two dining rooms close to the kitchen. Residents/whaiora can choose to eat their meal in either the dining room or in their room. The temperature of food served is taken and recorded.</p> <p>A meal service was observed. Meals were attractively plated. Residents reported satisfaction with the food. Assistance was provided when necessary.</p> <p>The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian. The food control plan is in place and expiry date is May 2024.</p>

		Residents provide menu feedback at resident meetings and through the annual resident/whaiora/whānau survey. Options to address residents' cultural needs are identified through the assessment process and options requested as required. Staff and residents/whaiora interviewed described the kinds of snacks and meals requested by residents/whaiora and how these are provided over a 24-hour period. Snacks and drinks are available at any time of the day and night and staff confirmed they could access these.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Resident transfers/discharges are managed through an established process underpinned by the organisations transfer and discharge policy. Consultation with the resident family/whānau is undertaken and evidenced in the clinical file. Staff interviewed were informed around transfer and discharge processes, in particular resident/whaiora transfers to hospital.</p> <p>Referral documentation is completed appropriately. Staff discussed the clarity and frequency of communication between primary health and secondary care, and this was reviewed in clinical files. Relationships have been established with general practice to facilitate the smooth management of medical input when the need for discharge is identified. Discharges are facilitated to specialist services as required through an established process. Information reviewed included communication to the referrer including information related to the resident's diagnosis, current needs, medication and identified risks.</p> <p>Residents/whaiora, families/whānau and EPOAs are provided with information related to health and disability services and contacts provided as required. This was confirmed in interviews undertaken. Information provided includes Māori and Pacific services.</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</p>	FA	<p>A building warrant of fitness was current to January 2025. Buildings plant and equipment complied with legislation relevant to the health and disability service provided.</p> <p>Staff provided evidence that the calibration of equipment and electrical testing and tagging was completed, temperatures were recorded in resident areas with an action plan to address anomalies. The preventative and</p>

<p>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>reactive maintenance schedule was maintained.</p> <p>Areas were available throughout the facility that enabled residents and their visitors to meet and partake in cultural activities if they wished.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is an infection prevention (IP) programme in place suitable for the nature, size, and complexity of the service. The programme is linked to organisational strategic plans and is reviewed annually.</p> <p>There are a range of up-to-date policies and procedures in place that reflect current best practice informed by the organisation's IP team. Policies include hand hygiene, aseptic technique, transmission-based precautions, prevention of sharps injuries, prevention and management of communicable infectious diseases, management of current and emerging multidrug-resistant organisms (MDRO), outbreak management, single use items and hospital acquired infections. Staff discussed best practice related to single use items and could access the policy and guidelines if required.</p> <p>There is an experienced, knowledgeable IP nurse with a job description. The IP nurse leads the program at facility level supported by the IP committee and has undertaken IP education. The committee meets monthly as part of staff/quality meetings and informs and facilitates the IP plan. Education forms part of the orientation programme and is included within the mandatory IP education. Staff outlined they have received the education and found it to be appropriate and easy to understand. Antimicrobial Stewardship (AMS) training has been completed by the IP nurse. Education can be accessed in te reo Māori as required online. Internal audits are completed, and should the outcome vary from that required, action plans are developed and signed off when completed. Resources are managed to meet the requirements of the resident group. Outbreak resources are on site in the main corridor in a locked cupboard. Staff were observed upholding appropriate IPC practice.</p> <p>There are outbreak plans in place including a specific COVID-19 plan. A recent COVID-19 outbreak (August 2023) evidenced the plan was followed with input from the GP and primary health services. Interviews with the IP lead and clinical manager alongside IP documentation review confirmed</p>

		<p>resources were managed and processes completed to meet the requirements of the plan, public health, and Te Whatu Ora. Outbreak reporting and debriefing was completed.</p> <p>Review of documentation and discussion with the CEO evidenced that the infection prevention plan and policy was site specific and was reviewed annually. The previous corrective action (3.1) in the 2008 standards is now fully attained.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infections surveillance programme is appropriate for the size and complexity of the service. Infection surveillance is linked to the quality and risk management system. Monthly infection data is collected for all infections based on signs, symptoms, and definitions of infection. Infections are entered into an infection register. The resolution of infections or the effectiveness of the use of antibiotics was documented in STCPs. Surveillance of all infections is collated into a monthly infection summary. This data is monitored and analysed for trends monthly and annually. This data is reported back to the organisation's leadership group. Infection control surveillance is discussed at the integrated quality improvement/staff meetings and infection control meetings. The service captures ethnicity data for Māori.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The organisation is committed to providing services to residents without the use of restraint. The restraint coordinator is the clinical lead. The use of restraint is communicated to the directors through a monthly report from the leadership group. Incidents involving the use of restraint are escalated to the directors through the established process as required.</p> <p>Restraint practices are relevant to individual resident requirements and the least restrictive options are used first. Restraints are only used where it is clinically indicated, justified and other strategies, including falls prevention interventions and de-escalation, have been demonstrated to be ineffective. At the time of the audit there no residents/whaiora using restraints.</p> <p>Restraint documentation processes are described in the restraint minimisation elimination and safe practice policy and include assessments, consent, monitoring, and evaluation processes to minimise associated risks.</p>

		Staff reported in interview that should a restraint event occur a quality review of restraint would be completed, reviewed monthly and would be benchmarked against other organisation facilities. The use of restraint is reported in the quality and staff meetings.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>i) The controlled drug book was reviewed and evidenced that reconciliation of controlled drugs had occurred weekly. However, the documentation of this activity was not completed in red pen with two double lines to meet best practice guidelines.</p> <p>ii) Pro re nata medication was prescribed in 9/10 medication files reviewed. Effectiveness of medication administered was not recorded in 7/10 files as required.</p>	<p>i) The controlled drug book had no documentation that the reconciliation of the controlled drugs had occurred weekly.</p> <p>ii) The effectiveness of pro re nata medication was inconsistently documented.</p>	<p>Ensure controlled medication reconciliation is documented to meet the best practice guidelines. Ensure the effectiveness of pro re nata medication is documented as required.</p> <p>30 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.