

Wairiver International Limited - Papakura Private Hospital

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Wairiver International Limited

Premises audited: Papakura Private Hospital

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical

Dates of audit: Start date: 31 March 2022 End date: 1 April 2022

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: 42

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 tatou 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

Papakura Private Hospital is owned and operated by Wairiver International Ltd. It is located in Papakura, Auckland. There are two directors with one on site most days. The service is certified to provide rest home, hospital and residential disability - physical level of care for up to 46. On the days of audit there were 42 residents.

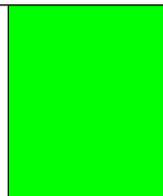
This certification audit was conducted against the relevant Health and Disability services standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and the general practitioner.

The directors are supported by the management team that includes the facility manager (registered nurse) and clinical coordinator. Policies, procedures, and processes are established to meet the Health and Disability Services Standard and contracts. Quality systems are implemented, and a culture of quality improvement has been embedded into the delivery of services and care.

This audit identified two shortfalls around satisfaction surveys and medications.

Ō tatou 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

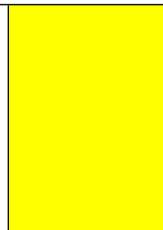
The service provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a Māori health plan and residents and staff state that culturally appropriate care is provided. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens to and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau.

There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



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

The structure of the organisation extends from the directors to the management team. One director is on site and receives day to day handover and quarterly reports. The business/quality plan includes mission, vision, and values statements with goals documented. These are regularly reviewed at defined intervals.

The service has an effective and organisation-wide quality and risk management programme in place with systems that meet the needs of residents and their staff. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions completed and improvements to service noted.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme and regular staff education and training is in place.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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The service's policies and procedures provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

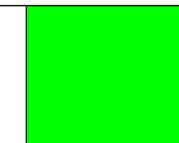
The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau and residents noting their activities of interest. In interviews, residents and family/whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

All residents meals and baking is prepared onsite in the centrally located kitchen. The menu is reviewed by the dietitian. The food services team provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met.

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness (BWOF), which expires in July 2022. Electrical and equipment requiring calibration has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. Resident rooms are personalised, and communal facilities are appropriate.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, family, and residents interviewed understood emergency and security arrangements. Sensor mats are in place connected to an intercom system. Security is maintained.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained

The directors oversee the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices. 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 is undertaken with follow-up action taken as required.

The environment supports the prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe cleaning and effective laundry services.

Here taratahi | Restraint and seclusion

Includes 4 subsections standards 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

The restraint coordinator is the facility manager (registered nurse). There are no restraints used at the service. Maintaining a restraint-free environment is included as part of the staff education and training programme. The service considers least restrictive practices, implements de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. Staff have training in management of challenging behaviour.

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	25	0	1	1	0	0
Criteria	0	157	0	1	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.</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>There is a cultural policy, guidelines for the provision of culturally safe services for Māori residents, a documented Māori perspective of health., guidelines for terminal care and death of a Māori resident and practical application of the policy (tikanga best practice guidelines) documented. The policy and guidelines are based on Te Tiriti o Waitangi with the documents providing a framework for the delivery of care.</p> <p>The service is situated in Papakura which has a population of 27% who identify as Maori. The service has 23% of the resident population at Papakura Hospital (11 residents including two rest home and nine requiring hospital level of care) who identify as Māori, and six staff who identify as Maori at the time of the audit (11% of the staff population in the service). The service supports increasing Māori capacity by continuing to employ Māori staff members. Some Maori staff speak te reo Maori and this is encouraged.</p> <p>Residents and whānau are involved in providing input into the resident’s care plan, their activities, and their dietary needs. Interviews with managers and staff (director, facility manager [registered nurse], clinical coordinator, three healthcare assistants [HCAs], one registered nurse [RN], two enrolled nurses, one chef, one</p>

		<p>laundry, two maintenance, one administrator) described how care is based on the individual cultural needs identified through the assessment and care planning process. There is an assessment that is over and above the electronic system for recording assessments with this based on the four cornerstones of Māori health, 'Te Whare Tapa Whā model of care. The service stopped using this format when they moved to the electronic resident management system however, some of the residents who have been in the service still have these plans on file and care plans incorporate the physical, spiritual, family, and mental health of the residents. The two care plans reviewed during the audit for Maori residents confirmed that they cultural needs were identified, and plans were individually Maori centred. An interview with three Māori residents interviewed stated that the service is proactive in supporting Māori.</p> <p>The service has contacted Papakura marae to see if they can provide support for the service. While the marae indicated that they were happy to engage at some point, this is not possible with Covid restrictions in place currently.</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>There is a Pacific peoples policy that commits to providing appropriate and equitable care for residents who identify as Pasifika. The organisation is working towards the development of a Pacific health plan. The director and facility manager interviewed stated there are plans to partner with a Pasifika organisation to provide guidance. Cultural safety training has been provided to staff in 2021.</p> <p>There are three residents who identify as Pasifika (Tongan and Samoan) and two Pasifika staff (Tongan and Samoan/Tuvaluan). Documentation on entry includes the residents ethnicity which is recorded in the electronic resident management system. This data is analysed as part of the Ministry of Health reporting requirements. Family members of Pacific residents are encouraged to be present during the admission process and are actively encouraged to engage at the six monthly multi-disciplinary meeting or at times of their choice. The managers described how they would encourage and support any applicant that identified as Pasifika through the employment process.</p>

		<p>Seven residents (two rest home and five hospital level of care including two young people with disability [YPD], two long term support - chronic health care [LTS-CHC]; and six relatives (two rest home, and four hospital level of care including one using respite level of service) were interviewed. The managers, residents, relatives, and staff interviewed confirmed an understanding of person centred and Pacific care and documentation reviewed identified that the service provides individual person-centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions 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>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their families/whānau. The facility manager/registered nurse or clinical coordinator discusses aspects of the Code with residents and their relatives on admission.</p> <p>The Code is displayed at two entrances to the facility in English and te reo Māori. There are also pamphlets in Maori, English, and Pacific languages at both entrances. Discussions relating to the Code are held during the multi-disciplinary meetings six monthly. All residents and relatives interviewed reported that the residents' rights are being upheld by the service. Interactions observed on the days of audit between staff and residents were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the two entrances to the facility. There are links to spiritual supports including ministers/priests who provide spiritual care both to groups and individually (Covid regulations permitting).</p> <p>The HCAs interviewed described how they arrange their time of their shift to ensure they are flexible to meet each resident's needs. Staff are trained on the Code at orientation and annually with the last training provided to staff in 2021. This training includes understanding the role of advocacy services.</p> <p>Māori independence (mana motuhake) is recognised by staff through their cultural training programmes. Māori cultural activities specific to</p>

		meeting the needs of their Māori residents include (but are not limited to) a visit to one resident's marae and supporting a Māori resident to teach the language of te reo Māori to staff.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Healthcare assistants, activities staff and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and/or other forms of support. A lifestyle plan is developed on admission with the resident and family/whānau members which includes daily routines and what is important to the resident. The resident's care plan aligns with the four cornerstones of Māori health 'Te Whare Tapa Whā.</p> <p>Healthcare assistants interviewed understand what Te Tiriti o Waitangi means to their practice with examples provided when interviewed. Residents have control over and choice over activities they participate in. Cultural identity is included in the cultural assessment, lifestyle plan, care plan, and overall goals.</p> <p>The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2021 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated how they respect residents right to have space for intimate relationships. They stated that they are aware of relationships that are formed during the residents stay.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p>

		<p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and a chaplain is available. A spirituality policy is in place.</p> <p>The vision, mission and values of the organisation are posted in English and te reo Māori. Te reo Māori is used during activities. Staff are encouraged to use te reo Māori and there are te reo Māori signs in a selection of locations throughout the facility with plans to increase the number of signs.</p> <p>Online cultural training was last completed in 2021 with plans to roll out additional training in 2022.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The abuse and neglect policy is being implemented. The company policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities is part of the daily care and activities programmes and cultural days are held to celebrate diversity.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. Relatives interviewed confirmed that the care provided to their family member is excellent.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. A staff code of conduct/house rules is discussed during the new employee's induction to the service. Professional boundaries are defined in job descriptions. Interviews with registered nurses and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. New residents are contacted to establish satisfaction with their new home after two weeks of entry. Throughout the pandemic, the service has had to move away from resident meetings with the director, clinical coordinator and registered nurse providing an open-door policy that encouraged residents to express their concerns. Engagement with family has continued with newsletters quarterly, emails and phone calls.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Eighteen accident/incident forms reviewed identified relatives are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes. They also stated that they could express any concerns or ask questions at any time or at the six monthly multi-disciplinary meeting where care plans were reviewed.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as hospice. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The director, clinical coordinator and RN described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if</p>
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		required.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The facility manager, clinical coordinator (CC) and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Residents' files sampled verified that informed consent for the provision of care had been gained appropriately using the organisation's standard consent form. These are signed by the residents, or enduring power of attorney (EPOA) where appropriate. Specific consent forms were in place for vaccines and shared rooms.</p> <p>The service encourages advance directives. The GP makes a clinically based decision on resuscitation authorisation in consultation with residents, EPOAs, family/whanau, these are reviewed annually.</p> <p>Staff were observed to gain consent for day-to-day care, and they reported that they always check first if a consent form is signed before undertaking any of the actions that need consent. Interviews with relatives confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms are signed and uploaded to the resident electronic record management system.</p> <p>There are policies around consent and informed consent. There are also tikanga guidelines however the service does not yet have a competency framework in place around best practice tikanga guidelines. Informed consent processes are discussed with residents and families on admission.</p> <p>Seven resident files sampled have signed admission agreements on record.</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</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The director maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p>

<p>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>There were two complaints logged in the complaint register in 2021 and none in 2022 (year-to-date). Both 2021 complaints documented in the register included evidence of an investigation, follow-up, and correspondence with the complainant. A corrective action, in response to a complaint, was implemented around call bells. Staff are informed of complaints (and any subsequent corrective actions) in staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can select to make a complaint or express a concern. Residents/relatives making a complaint are informed they can involve an independent support person in the process if they choose.</p> <p>The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori and English with staff able to describe the complaints process as per the Code.</p> <p>There was one complaint via the DHB 9 July 2020 that was investigated by the DHB. Corrective actions were established and the complaint closed 31 July 2020.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Papakura Private Hospital is a limited liability company with two directors. One director is a computer engineer with a background in information technology, closed circuit television (CCTV) and completes the test and tagging of electrical equipment. The second director is on site most days of the week and is responsible for payroll, accounts etc. The facility manager is a RN with over 13 years' experience in aged care. They have been in the role for two years. The clinical coordinator has been in the role for two years and had over 20 years' experience in aged care.</p> <p>The service is certified to provide rest home and hospital (geriatric and medical) levels of care for up to 46 residents with certification also for residential disability services – physical. On the days of audit, there were 42 residents including eight residents who were private paying. There were five requiring rest home level of care (including</p>

		<p>two long term support-chronic health care (LTS-CHC); and 37 at hospital level including seven younger persons disabled (YPD), two accident compensation corporation (ACC) including one requiring respite care, and three LTS-CHC. All other residents were funded by the age-related residential care agreement (ARRC).</p> <p>A mission, vision, and values are documented. The business/quality plan for 2021 has objectives, actions, timeframes, and responsibilities documented with a review of the plan completed in 2021 prior to the 2022 plan being documented. There are monthly management meetings with minutes documented. The minutes show discussion of the objectives and progress. There is a risk management plan updated s required and at least annually. The health and safety plan is also documented, and the 2021 plan was reviewed prior to the 2022 plan being documented. The facility manager completes a report that is tabled quarterly and discussed at the management meetings. The facility manager also reviews all aspects of the quality programme annually.</p> <p>Cultural training is accessible and available for the directors and managers. Interviews with the director confirmed the directors are committed to supporting the Ministry of Health’s Whāia Te Ao Mārama Māori health strategies. Work is underway to collaborate with mana whenua in business planning and service development that will improve outcomes and achieve equity for Māori, to ensure tāngata whaikaha have meaningful representation, and to identify and address barriers for Māori for equitable service delivery. The service is working to link with Papakura marae.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus</p>	<p>PA Low</p>	<p>Papakura Private Hospital implements the organisation’s quality and risk management programme that is directed by the organisational framework. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a programme of internal audits and a process for identifying and addressing corrective actions.</p> <p>Internal audits, meetings (including monthly staff meetings, six monthly restraint meetings, six monthly health and safety meetings</p>

<p>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>and two to three clinically focused meetings per year), and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. Corrective actions are being documented to address service improvements with evidence of progress and sign-off when achieved. This corrective action document is posted in the staffroom and discussed in staff meetings. Meetings provide an avenue for discussions in relation to key performance indicators (including clinical such as infections, bruising, pressure injuries, skin tears, urinary tract infections, restraint etc), quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Meeting minutes and quality data tables are also posted in the staffroom. Meetings are held as required with HCAs, household staff and with night staff.</p> <p>The service plans for annual satisfaction surveys however satisfaction has only been given verbally.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are developed by an external consultant, are regularly reviewed and have been updated to meet the 2021 standards. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. Hazard identification forms, held in the staffroom, and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling sessions for staff. Staff state that they are kept informed on health and safety. Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available on site two days a week with a physiotherapy assistant for four hours, four days a week. The physiotherapy assistant receives guidance and oversight from the physiotherapist.</p>
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<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 staffing policy and staff contingency shortfall plan that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The registered nurses and a selection of HCAs hold current first aid certificates. The roster is adjusted, if necessary, to ensure that there is a first aid trained staff on duty 24/7.</p> <p>Interviews with HCAs stated that overall staffing is adequate to meet the needs of the residents.</p> <p>The facility manager/RN and the clinical coordinator are available Monday to Friday each week and alternate on call when not available on site. They are supported by six RNs, four ENs and 26 HCAs. The facility manager, clinical coordinator and two RNs are interRAI trained.</p> <p>The service is split into three 'wards'. Ward one has one rest home resident and eight hospital level of care; ward two has 15 hospital and one rest home resident; ward three has two rest home residents and 15 hospital level of care. There are two HCA in the morning (one long shift and one short), two in the afternoon (one long shift and one short) on each ward and one HCA floats to support each ward as required. There are two HCAs overnight. There is a registered nurse</p>

		<p>on each shift. There is also an enrolled nurse (short shift in the morning and in the afternoon to support where required).</p> <p>Position descriptions reflect expected positive behaviours, values and the role and responsibilities.</p> <p>There is an annual education and training schedule being implemented. Training is delivered via in-services and online. Staff attended mandatory cultural training in 2021 with evidence of high staff participation. Competencies are completed by staff including medication, hand hygiene, infection control, fire and emergency training, manual handling. A record of completion is maintained in each staff members files. The HCAs are encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification (Careerforce). There are 13 HCAs with a level four New Zealand Qualification Authority (NZQA) certificate in health and wellbeing through Careerforce, three with level three and eight with level two. Two have not yet been enrolled in Careerforce training.</p> <p>There are two RNs, the facility manager and the and CC who have completed interRAI training. Training for clinical staff is provided by the DHB and through in-services and on-line training.</p> <p>The facility manager provides oversight of the registered nurses and HCAs. The service encourages all their staff to attend monthly staff meetings. Feedback on surveys and quality data ensures staff participate in learning opportunities that provide them with the most recent literature on Māori health outcomes and disparities, health equity, and quality, and enable them to use this evidence and learn with their peers.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. Registered nurses complete syringe driver competencies.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment; selection; orientation; and staff training and development. Eight staff files reviewed (two HCA, three registered nurse, clinical coordinator, facility manager, cook) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, podiatry). There is an appraisal policy. All staff who have been employed for over one year have an annual appraisal completed.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database.</p> <p>Wellbeing support is provided to staff including access to EAP programmes. Following any incident/accident, evidence of debriefing and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in secure environments. Electronic information (e.g. policies and procedures, quality reports and data/benchmarking and resident information) is routinely backed up and password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, timely,</p>

<p>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>signed, and dated, and include the name and designation of the service provider, following professional guidelines and sector standards.</p> <p>Residents entering the service have all relevant initial information recorded in their individual record within 24 hours of entry. An initial care plan is also developed at this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>As part of the internal audit programme, the service regularly monitors their records as to the quality of the documentation system and the effectiveness of the information management system.</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>The admission policy for the management of inquiries and entry to Papakura Private Hospital is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the family/whānau of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring hospital, rest home, young people with disabilities (YPD), Accident Corporation Compensation (ACC) level of care were in place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. The clinical coordinator (CC) reported that the rights and identity of the residents will be protected by ensuring residents' information is kept confidential in locked cupboards. Family/whānau were updated where there was a delay to entry to service, this was observed on the days of the audit and in inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The CC reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the</p>

		<p>reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were eleven (11) residents who identified as Māori and six (6) staff members.</p> <p>The service is actively working to ensure routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service is actively working towards partnering with local Māori communities, Māori Health practitioners, traditional Māori healers, and organisations to benefit and support Māori individuals and whānau.</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>All files sampled identified that initial assessments and initial care plans were resident centred, and these were completed within the required time frames. The service uses assessment tools that included consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the FM, CC, registered nurses (RNs), enrolled nurses (ENs), and care staff. InterRAI assessments were completed within 21 days and based on this assessment and the staff's observation of the resident.</p> <p>Seven resident clinical files were reviewed including four requiring hospital level of care (one resident on a YPD contract, one LTS-CHC and one ACC) and three rest home. All residents had an initial assessment and care plan completed within 24 hours of entry to the service and an interRAI assessment and care plan completed within the first three weeks of admission. The following specialised risk assessments were also completed: behaviour, falls risk, nutritional requirements, continence, skin, and pressure injury assessments. Cultural assessments were completed by the RNs and ENs who have completed appropriate cultural training. These were completed within the required time frames as per the contract. The care plans are reviewed six monthly or updated as changes occur. The ongoing six-</p>

		<p>monthly evaluation process ensures that assessments and care plans reflected the resident's status. Resident, family/whānau/EPOA, and GP involvement in the assessment and care planning process is encouraged. There were detailed interventions in place to address all outcome triggers from the interRAI assessments. These were reviewed every six months or when there is significant change.</p> <p>The GP visits the service twice a week and is available on call 24/7. Residents' medical admission and reviews were completed within the required time frames. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. The service works in conjunction with other members of the allied health team including (but not limited to); physiotherapist, podiatrist, occupational therapist attending to ACC residents</p> <p>The CC reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff restated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes GP, RNs, ENs, CC, FM, care staff, physiotherapist (PT), and members of the allied health team, residents, and family/whānau. In an interview conducted the GP confirmed that medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the CC or FM and this was evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all</p>
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		<p>changes.</p> <p>There were 22 wounds including skin tears and one chronic wound. All wound care plan documents the wound assessments, and evaluations are documented with supporting pictorial evidence. The DHB wound nurse specialist and GP have input into chronic wound management. All RNs and ENs had undertaken wound care training as part of the organisation's education plan. A range of equipment and resources were available, suited to the levels of care provided and the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>There are a range of strategies to meet resident needs with these documented and implemented. The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts, turn charts, neurological observations forms, blood glucose and restraint monitoring charts. Neurological observations were not being completed consistently post falls as per policy requirements.</p> <p>The service is actively working towards partnering with local Māori communities, Māori Health practitioners, traditional Māori healers, and organisations to benefit and support Māori individuals and whānau.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>Planned activities are appropriate to the residents' needs and abilities. Activities are currently being facilitated by the administrator, physiotherapist assistant, and health care assistant under the supervision of the FM and CC as the position for an activities coordinator is being advertised. The previous activities coordinator resigned in February 2022. Activities are offered from Monday to Friday with weekends reserved for movies, family, and church visits. The FM reported that the service has already recruited a diversional therapist (DT) who is due to start on 25 April 2022. The administrator is responsible for coordinating community activities. The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated. A resident profile is completed for each resident within two weeks of admission in</p>

		<p>consultation with the family.</p> <p>Resident's activity needs are evaluated as part of the formal six-monthly interRAI assessments and care plan review and when there is a significant change in the residents' ability. The activity programme is formulated in consultation with the CC, FM, EPOAs, residents, and care staff. The activities are varied and appropriate for people living with dementia, rest home, hospital level of care, ACC, respite, and those under 65 years of age. Van trips are conducted once a week except under Covid-19 national restrictions.</p> <p>Younger residents join in doing activities with other residents or will engage in one-on-one activities in their own rooms, including watching TV, reading, board games and quizzes.</p> <p>Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days. The physiotherapist visits once a week for five hours to engage in exercise sessions with the residents. The weekly planner sighted included, bingo, music, bowling, baking, balloon tossing, walks, board games, Tai-Chi, movies, social van rides, exercises, and arts and crafts. Activities on the programme reflected residents' goals, and ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. Individual, group activities, and regular events are offered.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Residents are encouraged to engage with their own communities, community leaders, Marae, Pacifica celebrations as available. Family members and residents reported overall satisfaction with the level and variety of activities provided.</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>PA Moderate</p>	<p>The medication management policy identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. The service uses an electronic management system for medication prescribing, dispensing, administration, review, and</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>reconciliation.</p> <p>Indications for use are noted for pro re nata (PRN) medications, over-the-counter medications, and supplements, allergies are indicated, and photos were current. Eye drops in use were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checks medicines against the prescription, and these were updated in the electronic medication management system. The GP completes three monthly reviews. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines and expired medicines are returned to the pharmacy promptly. There is only one medication room, monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The EN was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were no residents self-administering medications and there is a self-medication policy in place when required. There were no standing orders in use and no vaccines on site. The medication policy clearly outlines that residents', including Māori residents and their whānau, are supported to understand their medications.</p> <p>Fourteen medication charts sampled included eight hospital and six rest home. These evidenced inconsistent evaluation of the effectiveness of PRN medicines administered. This included PRN medication prescribed for pain, sleeping, behavioural issues, and</p>
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		<p>elimination.</p> <p>Residents who identify as Maori are supported and given advice regarding their choice of treatment.</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 kitchen service complies with current food safety legislation and guidelines. The food service is managed by a head chef who has been at the service for 17 years along with other five cooks assisted by kitchen assistants respectively. There is an approved food control plan for the service which expires in June 2022. Meal services are prepared on-site and served in the main dining area next to the kitchen, in adjacent one big and a small lounge for the residents requiring assistance with meals. Food is transported using food trolleys in insulated food covers. The menu was reviewed by the registered dietitian on 29 January 2021. The chef reported that residents are offered varied menu options, and these would be culturally specific to te ao Māori where required. Menus meet nutritious needs and there are varied menu options that caters for residents who identify as Maori or Pacifica.</p> <p>All kitchen staff have current food handling certificates, and these were sighted in the staff files reviewed.</p> <p>Diets are modified as required and the cook confirmed awareness of the dietary needs of the residents. The residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Internal audits</p>

		<p>are completed for food services.</p> <p>The residents and family/whānau interviewed indicated satisfaction with the food service.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a documented process for the management of transfers and discharges. A standard transfer form notification from the DHB is utilised when residents are required to be transferred to a public hospital or another service. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that where required, a referral to other allied health providers to ensure the safety of the resident was completed. Upon discharge, current and old notes are collated and stored in a locked cupboard in a secure area. If a resident's information is required by subsequent GP or service, a written request is required for the file to be transferred. The CC reported residents are supported to access or seek a referral to other health and/or disability service providers and social support or Kaupapa Māori agencies were indicated or requested. Reviewed files of residents who had been referred to Diabetes Nurse Specialist, occupational therapist, and physiotherapist services.</p> <p>Families are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</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</p>	FA	<p>The building has a current building warrant of fitness that expires on 28 July 2022. There are two maintenance staff who work 16 hours per week, (one three days a week and the other two days a week). Essential contractors are available 24 hours a day. Reactive and preventative maintenance systems are in place, with maintenance requests being placed in a maintenance book that gets signed off after completion of the required repair. All electrical equipment has been tested and tagged on 20 February 2022 and clinical equipment has had functional checks/calibration undertaken annually (last checked on 16 December 2021). Hot water temperatures have been tested and recorded in every resident room, laundry, and kitchen monthly. All hot water temperatures were within safe recommended</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>ranges of below 45 degrees Celsius in residents' rooms and 60 degrees Celsius in the laundry and kitchen areas.</p> <p>The communal areas at the service include the main big lounge, a small lounge, and a dining area next to the kitchen. The communal areas are easily and safely accessible for residents. The facility has sufficient space for residents to mobilise using mobility aids and residents were observed moving around freely. There are quiet, low stimulus areas that provide privacy when required. The corridors are wide with handrails. The external areas are well maintained and there is safe access to the outdoor areas. There is outdoor seating and shade.</p> <p>Healthcare assistants interviewed stated they had adequate equipment for the safe delivery of care including sling hoists, standing hoists, weighing scales, pressure prevention mattresses, electric beds with high-pressure rating mattresses, and lazy boy chairs on wheels.</p> <p>There are 42 single rooms (including three with ensuites) and one of the double rooms has an ensuite. There are two double rooms, and both were occupied by two residents on the days of audit. Privacy was maintained with screens in between. Consents for sharing were obtained. Residents' rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids for residents. Residents are encouraged to personalise their bedrooms as observed during the audit. All bedrooms have a hand basin and free-flowing soap and paper towels in the toilet areas. All bedrooms and communal areas have ample natural light and ventilation. All rooms have wall heaters protected by heater guards and electric fans are used. Staff relatives and residents interviewed, stated heating and ventilation within the facility are effective.</p> <p>There are sufficient communal toilets and showers to cater to all residents. Communal toilet facilities have a system that indicates if it is engaged or vacant. Residents interviewed confirmed their privacy is assured when staff is undertaking personal care. Visitor and staff toilets are available and all, including communal facilities, contained flowing soap and paper towels. Fixtures, fittings, and flooring are</p>
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		<p>appropriate and toilet/shower facilities are constructed for ease of cleaning, with all toilets, showers, and utility areas having non-slip vinyl flooring.</p> <p>The service is actively working towards having cultural consultants regarding any planned building to ensure it reflects the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A trial evacuation drill was performed last on 11 February 2022 and 20 staff attended these including RNs, ENs, maintenance, household staff, and care staff attended. The drills are conducted every six months, and these are added to the training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the car park is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. Adequate supplies in the event of a civil defence emergency including food, water, candles, torches, continent products, and a gas BBQ meet, The National Emergency Management Agency recommendations for the region. There is no generator on site, but one can be hired if required. Emergency lighting is available and is regularly tested. Staff including RNs and some HCAs and other staff have current first aid certificates. Staff confirmed their awareness of the emergency procedures.</p> <p>The service has a call bell system in place that is used by the residents, whanau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance personnel. Residents and whānau confirmed that staff responds to calls promptly.</p>

		<p>Appropriate security arrangements are in place. Doors are locked at a predetermined time and there is a closed-circuit television and video (CCTV) system monitoring the communal areas, in front of the facility, including the car park, for added security. Whānau and residents know the process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers, wear masks within the facility and complete a COVID-19 screening questionnaire, rapid antigen testing (RAT), and temperature monitoring. Contact information is collected for tracing should this be required. All visits currently are strictly by appointment due to the COVID-19 pandemic.</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 FM is the infection prevention coordinator (IPC). The IPC reported that they have full support from the CC and owner/director regarding infection prevention matters. This includes time, resources, and training. Both the FM and the CC have completed education on infection prevention and antimicrobial use. Monthly management meetings include discussions regarding any residents of concerns, including any infections. These meetings are attended by the owner/directors who remain fully informed. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>The IPC has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training as verified in training records sighted. Additional support and information are accessed from the infection control team at the local DHB, the community laboratory, and the GP, as required. The IPC has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The Māori health plan ensures staff is practicing in a culturally safe manner. There have been no outbreaks since the previous audit.</p>

		<p>The infection prevention (IP) and Antimicrobial Stewardship (AMS) were developed in alignment with the strategic document and approved by governance and linked to a quality improvement programme.</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>The service has a documented infection prevention and control programme that is reviewed annually. Review of the programme is completed by the facility manager (FM) who is appointed as the infection prevention coordinator. A position description for the IPC was in place.</p> <p>The service has guidelines in place to manage and prevent exposure to infections. Infection prevention and control training is provided to staff, residents, and visitors. There were adequate supplies of personal protective equipment (PPE) and hand sanitisers in stock. Hand washing audits were completed as per schedule. Policies and procedures are documented and reviewed regularly. Staff is advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for COVID-19. Most residents and all staff were vaccinated for COVID-19 and influenza. Completed records were sighted in all files sampled.</p> <p>There was a pandemic outbreak plan in place. Information and resources to support staff in managing COVID-19 were regularly updated. Visitor screening and residents' temperature monitoring records depending on alert levels by the MOH were documented. COVID -19 rapid antigen tests (RATs) are being conducted for staff and visitors when indicated before coming on site.</p> <p>The infection control policy sighted was updated to include COVID-19 and disinfection/decontamination of reusable medical devices. Documented policies and procedures for managing both manual and automated decontamination of reusable medical devices were reviewed. The FM reported that there are documented appropriate decontamination procedures in place for medical equipment and devices used in the delivery of care. Internal audits are completed three times a year and all corrective actions are documented and</p>

		<p>were verified at the audit. The FM interviewed reported that cultural advice is accessed where appropriate.</p> <p>The service has documented policies and procedures in place that reflected current best practices. Policies and procedures are accessible and available for staff in the nurse's station, and these were current. Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitizers, good hand washing technique, and use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. In-service education is conducted by either the FM, CC, or other external consultants. The infection training includes handwashing procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The FM completed various infection prevention and control training online such as hand hygiene, pandemic planning, outbreak training, donning, and doffing.</p> <p>The service is actively working towards including infection prevention information in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate</p>	<p>FA</p>	<p>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The FM is responsible for implementing the infection control programme and indicated there are adequate people, physical, and information resources to implement the programme. Infection control reports are completed monthly, and these are discussed at management and staff meetings. Staff confirmed that infections rates information is shared promptly. The IPCC has access to all relevant residents' data to undertake surveillance, internal audits, and investigations, respectively. Specialist support can be accessed through the district health board,</p>

to the needs, size, and scope of our services.		the medical laboratory, and the attending GP.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. The data is collated and analysed monthly to identify any significant trends or common possible causative factors. Results of the surveillance data are shared with staff during shift handovers, at monthly staff meetings, and management meetings. Evidence of completed infection control audits was sighted.</p> <p>Staff interviewed confirmed that they are informed of infection rates as they occur. The GP was informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p> <p>The service is actively working to ensure surveillance of healthcare-associated infections including ethnicity data.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>The service policy describes safe and appropriate storage and disposal of waste, infectious or hazardous substances, including storage and use of chemicals. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. No hazardous substances were detected on site. The owner/director, CC, chef, FM, and care staff interviewed demonstrated awareness of safety and appropriate disposal of waste. Used continence and sanitary products are disposed of appropriately in disposal containers stored in a safe place outside.</p> <p>There were sharps boxes in the medication room. Personal protective equipment (PPE) including gloves, aprons, and goggles are available for staff throughout the facility. Staff was observed to be using personal protective equipment, including changing gloves after every procedure.</p> <p>All laundry is washed on-site or by family members if requested in the well-equipped laundry which has a clear separation of clean and dirty</p>

		<p>areas. The resident and family/ whānau interviewed expressed satisfaction with the laundry management and the clothes are returned promptly. There are designated three laundry staff and two cleaning personnel. All received appropriate training in chemical safety training annually and infection control, including COVID-19. Another infection control training is completed online by staff through the Ko Awatea training programme. Chemicals were decanted into appropriately labelled containers. Chemicals are stored in labelled containers in three locked rooms across the service. There is one cleaning room where all cleaning trollies are kept locked. Safety data sheets were available in the laundry, kitchen, sluice rooms, and chemical storage areas.</p> <p>The effectiveness of cleaning and laundry processes is monitored through the internal audit programme and corrective actions are acted upon. Cleaning of frequently touched areas and accessed areas was increased due to COVID-19. The residents and family members interviewed reported that the environment was clean and was satisfied with laundry services. The care staff demonstrated a sound knowledge of the laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>As per the restraint policy, restraints must take into consideration cultural preferences, and effect on the residents' mana. Restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The organisation is committed to maintaining a restraint free environment. There were no residents being restrained in the service. The restraint coordinator is the facility manager (registered nurse). There is a restraint coordinator job description, and the facility manager is knowledgeable regarding this role. Restraint minimisation training and management of challenging behaviour is included as part of the mandatory training plan and orientation programme.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.1</p> <p>Service providers shall ensure the quality and risk management system has executive commitment and demonstrates participation by the workforce and people using the service.</p>	PA Low	The quality programme expects a satisfaction for residents and family to be completed annually. The service receives verbal feedback however a formal written satisfaction survey is not completed.	The service does not offer residents or family the opportunity to participate in an annual satisfaction survey.	<p>Offer residents or family the opportunity to participate in an annual satisfaction survey.</p> <p>180 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	<p>There is a medication management policy in place. Administration records are maintained, and drug incident forms are completed in the event of any drug errors.</p> <p>PRN medicines administered to residents, such as pain relief, laxatives, sleeping tablets, and those for behavioural issues, were not being documented for effectiveness in the electronic medication system nor residents' progress notes. This was evidenced in all</p>	Outcomes of PRN medicines administered in 14 medications charts reviewed were not consistently documented.	<p>Ensure administered PRN medicines are evaluated for effectiveness as per policy requirements.</p> <p>60 days</p>

		14 medication charts sampled. The CC, FM, and other nursing staff interviewed reported that this was an area that needed to be improved on and that measures to address this would be implemented.		
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Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, a 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 of this audit.

No data to display

End of the report.