

# Melodie Enterprises Ltd - Sheaffs Resthome

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## 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 HealthShare Limited, 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:

<b>Legal entity:</b>	Melodie Enterprises Ltd
<b>Premises audited:</b>	Sheaffs Resthome
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 16 May 2022    End date: 17 May 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	26

# Executive summary of the audit

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## 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
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Sheaffs Rest Home provides rest home level care for up to 28 residents. The service is owned and operated by Melodie Enterprises Limited, a private company owned by a small group, two of whom are registered health professionals. At least one of the owner/operators is on site and on call seven days a week. There have been no significant changes to the size or scope of the service since the last certification audit in September 2020.

This surveillance audit was conducted against a subset of Ngā paerewa Health and Disability Services Standard 2021 and the service providers agreement with the district health board (DHB). The audit process included considering a sample of policies and procedures, residents' and staff files, observations and interviews with residents, family/whanau members, the owner/operators, assistant manager, staff and the general practitioner (GP).

One area requiring improvement was identified in the incident/accident system. This relates to staff interventions following an unwitnessed fall. The two previous non-conformances from the 2020 audit were confirmed as rectified.

## 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 works collaboratively with staff, residents and the local community to support and encourage a Māori world view of health in all aspects of service delivery. At least half of the workforce identify as Māori. All staff receive in-service education on Te Tiriti O Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code). Residents who identified as Māori said they were treated equitably and that their self-sovereignty/mana motuhake was supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori is incorporated in daily practices.

There have never been any residents admitted who identify as Pasifika. There is a Pacific plan and related policies and procedures to guide staff in delivering pacific models of care.

Residents and relatives confirmed that they are treated with dignity and respect at all times. There was no evidence of abuse, neglect, or discrimination.

A complaints register is maintained with complaints resolved promptly and effectively. The complaints process meets the requirements of consumer rights legislation and these standards.

## 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.

Subsections applicable to this service fully attained.

The organisation is governed by a small group of owners and a part time assistant manager who monitor organisational performance and ensure ongoing compliance. The mission, values, scope and business goals of the organisation are documented and monitored for achievement. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. Quality data including adverse events is analysed to identify wanted and unwanted trends. All incidents are being reliably reported and recorded.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced. A sufficient number of qualified staff are employed and rostered to be on site to meet the needs of residents 24 hours a day, seven days a week. Competencies are defined and monitored. Staff performance is reviewed.

## 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.		Subsections applicable to this service fully attained.
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Entry and decline processes are managed effectively and as per requirements. Care is provided by a team of health professionals with appropriate skills. Residents and their whānau participate in the assessment, planning and evaluation of care. The care plans demonstrated appropriate interventions and individualised care. Other service providers provide input into the resident's care when required.

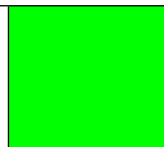
The activity programme offers a range of activities and incorporates the cultural requirements of the residents.

All aspects of medicine management is safely managed and competent staff administer medications.

The food service reflects the nutritional needs and cultural requirements of residents. Residents expressed satisfaction with the meals.

## 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.



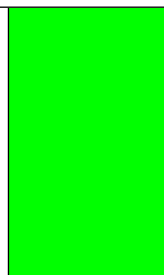
Subsections applicable to this service fully attained.

The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. There is a current building warrant of fitness.

Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. Security is maintained. Hazards are identified.

## 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 infection prevention programme is appropriate to the size and complexity of the service and is co-ordinated by a registered nurse. There is a pandemic plan which is tested periodically.

Surveillance of infections is undertaken and results are monitored and shared with all staff. Action plans are implemented as and when required.

## 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.
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The service supports a no restraint policy. There were no restraints in use during the audit. Staff receive training on restraint minimisation and de-escalation techniques.

### 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	22	0	0	0	0	0
Criteria	0	55	0	0	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The service continues to support increasing Māori capacity in a number of ways. For example, using bilingual facility signage and encouraging staff use of te reo staff with residents. Eight of the 16 staff currently employed identify as Māori. The majority of these are care assistants. Those interviewed confirmed they are supported in a culturally safe way and that their mana and culture is respected. Ethnicity data is gathered when staff are employed, and this data is analysed at a senior management level</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</p>	FA	<p>On the days of audit, there were no residents who identify as Pasifika. The organisations Pacific Health Policy refers to the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The policy lists contact details for Pasifika groups available for guidance and consultation. The policy also states Pacific models of care will be utilised within the plan of care when indicated.</p>



<p>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>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Service Consumer Rights (the Code) is available and displayed in English and Māori throughout the facility. Five residents who identified as Māori said that all staff respect their rights, that they are supported to know and understand their rights and that their mana motuhake was recognised and respected.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Policies and procedures support tikanga Māori and the use of te reo. Staff were observed to be using te reo when engaging with residents and signs/posters and other visual display were provided in English and Māori language. Residents and staff were also observed to be engaged in waiata/ Māori songs. Education records and staff interviews verified that Te Tiriti o Waitangi (Te Tiriti) training is provided, and staff described how they implemented this knowledge when engaging in discussions with or providing cares to residents. The residents who identified as Māori confirmed activities and visiting arrangements enabled participation in te ao Māori. The diversional therapist (DT) and other care staff support and encourage residents to take part in local events and Māori celebrations such as Matariki, visits by kapa haka groups and utilising traditional Māori approaches to death and dying. There were no obvious barriers for tangata whaikaha/people with disabilities. A designated parking space has been installed. The facility has ramps and is fully accessible in all areas. Residents with auditory or visual impairment are known by staff and are provided with equipment and approaches to enable their participation. For example, magnifying glasses, talking books, and</p>

		large print formats. One resident wears a badge which notifies about their visual impairment
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Sheaffs Rest Home employs a number of Māori staff and people from other cultures. Open communication, meetings, staff wellness surveys and one to one meetings with owners and management support and facilitate a culture of mutual respect and collegiality. Residents and their whānau/family are encouraged to provide feedback formally and informally through surveys and dialogue. All staff, residents and family/whanau interviewees described a safe and supportive environment where individually and respect for differences was paramount. Clinical records and interviews demonstrated that the holistic needs of all residents were being taken into account, irrespective of their ethnicity, age, gender, socio economic background or personal history. The marked improvement and differences observed in a resident who identifies as Māori, and whose status was previously considered during an audit, indicated that a strengths based and holistic approach had encouraged and promoted their participation and wellbeing. The incident and complaints documents sampled confirmed that any persons perception of being disrespected, harassed, or bullied was being taken seriously by governance, investigated, and acted upon immediately to address the issue.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make</p>	FA	<p>Sheaffs Rest Home implements best practice tikanga guidelines in all aspects of the care provided to residents. This was evidenced in clinical files sampled and observations during the audit.</p> <p>Clinical files sampled contained signed consents that related to all aspects of residential care including collection and storage of health information, provision of routine nursing and medical care, collection and storage of photographs and participation in the activities programme including going on outings. There was evidence that informed consent is discussed with residents in the presence of their nominated support person and the resident had signed the consent form.</p> <p>Residents who speak te reo have information provided to them in te</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>reo by staff. This practice was observed during the audit. Consent is obtained prior to the provision of cares and this was confirmed during interview with residents and their whanau. Staff interviewed discussed the principles and practice of informed consent and how this applied to all residents inclusive of Māori</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>Evidence from the complaints register, and interviews with the directors, staff and assistant manager, residents, and their whānau/families, confirmed that the complaint management system complies with the Code, meets the intent of this standard and works equitably for Māori.</p> <p>Six complaints had been received since the previous audit. All had been acknowledged in writing, investigated, and resolved to the satisfaction of all parties in a timely manner. There have been no known complaints received and/or investigated by external agencies, no coroner's enquiries, or police investigations since the previous audit in September 2020.</p> <p>Māori residents and whānau said the complaints process had been explained to them in ways they understood that information was available to them in te reo and that they felt very comfortable raising concerns or complaints.</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 high-quality service that is responsive, inclusive, and</p>	<p>FA</p>	<p>Sheaffs Rest Home is governed by the small group of directors/owners, two of whom are registered health practitioners. One is a registered nurse and the other is a medical doctor. Either one of these directors are on site most days of the week and receive regular input from the assistant manager and other registered nurse (RN).</p> <p>The home has a maximum capacity for 28 rest home level care residents. Services are provided under the Age-Related Residential Care (ARC) agreement with the local DHB. The service also holds an agreement for Long Term Support-Chronic Health Conditions (LTS-CHC) and respite/short stay care. On the days of audit 26 beds were occupied but only 25 residents were on site. One resident who was admitted under the respite agreement was in public hospital. One</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>LTS-CHC resident was under the age of 65 years, and all other residents were under the ARC.</p> <p>The directors/governance have completed and are maintaining competencies in Te Tiriti and cultural safety, as this is a requirement for their roles in primary health provision. Interviewees confirmed understanding about the principles and practices of equity. The directors/governance also demonstrate ways they ensure services are delivered safely and appropriately for tangata whaikaha/people with disabilities to facilitate improvement in their health outcomes and achieve equity. Refer to subsection 1.4 for more evidence.</p> <p>There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery. This was demonstrated by interviews with staff, residents and their whanau/family, results of satisfaction surveys, the demographic population of residents and ethnic composition of staff. Refer to subsection 1.1.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service provider has a documented and implemented quality and risk management system which is reviewed and kept current by the owner/operator and the external owner of the quality system. The system includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies. Activities to monitor adherence to the business, quality and risk plan, and the service policies and procedures include regular internal audits, management and staff meetings, provision of staff education and professional development opportunities, analyses of quality data such as incidents, infection and outbreak events, complaints, resident/relative satisfaction surveys and staff wellness surveys. Where these monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. The organisation is establishing equity as an integral component of its quality systems. Ethnicity data is being consistently gathered. Tikanga is followed and respected. (Refer subsection 1.1 and 1.4)</p>

		<p>Essential notification reporting occurs. Four Section 31 notifications related to missing residents, a tsunami evacuation and Covid-19 outbreak were submitted to the Ministry of Health and the DHB between January 2021 and March 2022. An RN shortage notification was submitted on 23 April 2022. There have been no other significant events.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Fifty percent of the workforce identify as Māori. The business owners ensure staff work in ways to deliver health care that is responsive to the needs of Māori. Staffing levels are adjusted to meet the changing needs of residents.</p> <p>Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. Either one of the two owner/registered health professionals is on call after hours and visits the home each day. The part time employed RN works Saturday to Tuesday. An assistant manager works Tuesday to Friday. Two care staff are rostered for morning shifts, two in the afternoon shift and one on night duty. The rosters show that duty hours overlap to increase the number of staff on the floor for busy periods. For example the night shift person stays on until 9am to assist morning staff. All staff members have current first aid certificates.</p> <p>Allied staff such as the diversional therapist, activities assistant and kitchen staff are allocated sufficient hours to meet residents' needs and provide smooth service delivery. The care staff carry out laundry and housekeeping duties on all shifts seven days a week.</p> <p>Continuing education for staff is planned on a bi-annual basis to support equitable service delivery. Education includes mandatory training topics such as infection control, management of emergencies, manual handling and safe transfer, resident cares, and residents' rights. There has been a recent focus on cultural safety, infection prevention related to COVID-19 and the Omicron variant including donning and doffing of personal protective equipment (PPE). The</p>

		<p>service provider has determined the cultural make-up of their workforce and estimated the percentage of Māori health care and support workers. The owners also confirm people's right to speak their own language, endorse tikanga and support connections to iwi, hapū, and whānau. This was observed during the audit and confirmed by staff and resident interviews and staff files.</p> <p>All staff who administer medicine are regularly competency assessed to ensure compliance with known best practice and safe procedures in medicine management.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Staff management policies and processes are based on good employment practice and meet relevant legislation. A sample of staff records confirmed the organisation's policies are being consistently implemented. Staff qualifications including current membership with professional bodies and annual practicing certificates were confirmed prior to employment and copies were held on file. Validation of other health practitioners practicing certificates, such as the dispensing pharmacist, and general practitioner was also being checked and monitored for currency. All new staff engage in a comprehensive orientation programme, tailored for their specific role. This always includes being allocated to a peer/buddy for at least three shifts and a 90-day post-employment appraisal. Formal performance appraisals occur at least annually. The staff records sampled contained evidence that their performance had been reviewed in the past 12 months. Staff ethnicity data is recorded and used in accordance with Health Information Standards Organisation. There is a diverse mix of staff employed.</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</p>	FA	<p>Records were sighted that documented entry and decline to the service and ethnicity data was included in the data captured since April 2022. The service has existing relationships with Māori health providers, whanau ora providers and social service providers. The relationships are used to support and strengthen the provision and promotion of healthcare to the Māori residents and their whanau at Sheaffs Rest Home</p>

<p>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>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>Day to day care, support and guidance is provided by trained caregivers which is supervised and monitored by a registered nurse. There is a general practitioner (GP) and registered nurse on the governance body who also provide oversight of the care delivery. A health professional is on call at all times should the caregiver/s on duty require support/assistance.</p> <p>Nursing admission assessments are completed by the registered nurse who also develops the care plans and performs the care plan evaluation at six monthly intervals, or more frequently if required. Assessments included consideration of residents' lived experiences, cultural needs, values, beliefs, and physical health needs. Māori health and wellbeing assessments reflect tikanga and were completed by the registered nurse who has appropriate cultural training. Assessments are completed in in collaboration with Māori staff. Cultural information for residents who identify as Māori includes the person's hapū and iwi and information relating to whanau and whakapapa.</p> <p>Resident goals and aspirations are documented in the care plans and includes interventions to support and assist the resident to achieve these goals. Clinical files and staff, resident and whanau interviews confirmed that residents identified their own pae ora outcomes.</p> <p>Clinical files sampled confirmed that interRAI assessments had been completed in a timely manner. Care plans were documented and included interventions to manage the clinical assessment protocols (CAPS) that were identified during the interRAI assessment. Residents and family/whānau interviewed confirmed their involvement</p>

		<p>in the assessment and care-planning process.</p> <p>The file integrated the resident's holistic care and included resident assessments, care plans (short-term and long-term), day-to-day progress notes, the activity care plan and progress notes, GP consultation notes, monthly observations, 'summary of care' letters from the base hospital and other provider notes, for example recommendations of care from the wound care nurse. The files confirmed that residents are seen three monthly for regular GP reviews, and more often if required, and this was verified during interview with the GP. The clinical progress notes sampled documented the residents' achievement toward meeting their goals and aspirations. Entries were made for each shift.</p> <p>Care staff were aware of early warning signs and gave examples of these during interview. Early warning signs are reported to the on-call health professional who arranges appropriate assessment as per the signs and symptoms the resident is exhibiting. Arrangements may be made for the GP to assess the resident at the next scheduled GP visit, or arrangements may be made to transfer the resident to the base hospital for acute assessment. This process was verified during interview with staff and the GP. In addition the GP stated that contact is made in a timely manner, that medical orders were followed, and care was implemented promptly.</p> <p>Care-plan changes are initiated where the residents progress is different from expected. This occurs in collaboration with the resident and family/whanau and was confirmed during resident, staff, and family/whanau interviews.</p> <p>During the audit care was observed to be provided in a manner that respected the resident's individualism and promoted acceptance and inclusion. Residents with visual or hearing impairment wear badges to ensure the person/s communicating with them engage strategies to support effective communication. Large print books and magnifying glasses are available for resident's use. The disability carpark has been repainted and located near to the main entrance of the building to facilitate ease of access to the facility. Suitable equipment, dressing</p>
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		and continence supplies for the service type were observed during the audit.
<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>The activities programme reflects the strengths, skills, resources, interests, cultural and spiritual needs, and beliefs of the residents. During the audit residents were observed participating in the activities programme. A variety of activities were used to engage all residents. Te reo was spoken at times and Māori residents were seen to respond verbally in te reo. Traditional Māori songs were sung, with some residents playing musical instruments to accompany the singing. Māori residents go on outings to participate in marae activities as appropriate, for example tangi. Doughboys are made by residents as part of the activities programme.</p> <p>The diversional therapist (DT) identifies as Māori, as do many of the care staff. The service encourages all Māori staff to engage in and participate in community initiatives that support the health needs and aspirations of Māori. The Māori staff attend local hui and marae events and provide feedback to the registered nurse and/or the governance body on discussions or outcomes that may have relevance to the health and well-being of the rest home residents, or that may improve the knowledge and the understanding of te ao Māori.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There is a current medication policy which staff interviewed were able to discuss and locate. An electronic medication management system is used. A local pharmacy supplies medication using a pre-packaged system. Medication is stored in locked cupboards in the secure staff office which is temperature controlled and monitored. Medication packs are checked on arrival by the registered nurse. Medications no longer required are returned to the pharmacy. All medications in the medication storage cupboard and trolley were within current use by dates. No stocked medications were onsite during the audit. Any medications that require refrigeration are kept in a specific storage container in the nearby kitchen fridge that is temperature monitored. Controlled medications were stored securely in accordance with requirements and checked by two staff for accuracy when administering. Weekly stock takes and six-monthly quantity stock</p>

		<p>takes, take place.</p> <p>Medication files sampled had been reviewed within the past three months by the GP. Resident allergies and sensitivities were documented and reflected the notation in the clinical file. Short course medications identified a documented start and stop date, and as required medications (PRN) included an indication for use and a maximum daily dose. Any over the counter medication and supplements were prescribed in the medicine chart. Residents do not self-administer medication in this service. A standing order had recently been issued relating to the administration and use of oxygen during the Covid 19 outbreak. The order was current and complied with relevant guidelines.</p> <p>There is an implemented medication competency programme in place. Care givers who administer medication are competent, as verified by education files sampled and during interview with staff. A medication round was observed, and the staff member was observed using current best practice guidelines. Care staff demonstrated good knowledge of their role and responsibilities related to each stage of medicine management. There have been no recent medication incidents.</p> <p>Residents, including Māori residents and their whānau, are provided information to support them to understand their medications. This was observed during the medication round when a resident asked about the medication being given. Discussions regarding medication takes place with the GP during consultation and further information is given as and when required by the registered nurse. For residents who prefer to speak te reo, te reo speaking staff will provide the information.</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</p>	<p>FA</p>	<p>A nutritional assessment is completed on admission to identify the residents' personal food preferences, allergies, intolerances, cultural preferences, and any other dietary needs. This information is available in the kitchen for the kitchen staff. There is a summer and winter menu with a four-weekly rotation. The menu is suitable for the</p>

<p>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>residents and has been approved by a dietician.</p> <p>Traditional Māori foods are prepared for residents, for example mutton birds and kaimoana. This kai is shared with the residents as per their individual choice and with whanau as appropriate. 'Boil up's' are also incorporated into the menu.</p> <p>A kitchenette in the open dining/living area is available for residents who are able, to prepare a cup of tea, coffee, or milo independently. All resident's interviewed and their family/whanau reported satisfaction with the meal 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 policy that guides the transfer and/or discharge of residents from Sheaffs Rest Home. When a resident is assessed as requiring acute care an ambulance is called, and the resident is transferred to the accident and emergency department at the base hospital. Staff interviewed discussed this process and provided examples of when they had implemented the process. Residents and their family/whanau interviewed confirmed that they were notified of acute transfers in a timely manner.</p> <p>Planned and co-ordinated discharges from the service occur in collaboration with residents, family and whanau and the new service provider. These discharges are co-ordinated by the registered nurse and involve multidisciplinary team input, from the GP the care staff, and the receiving service.</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</p>	FA	<p>The building had a current warrant of fitness with an expiry date of 07 June 2022. Inspection of the internal and external environments revealed no concerns. The building is not owned by the operators and was in good repair. Plant and equipment is being well maintained. The previous nonconformities have been resolved. Regular safety checks of hoists have been occurring by an external company, as shown in records and tags on all lifting equipment. The degraded floor surfaces in the bathroom have been replaced. Improvements have been made to external areas and the internal environment is inclusive of residents cultures. For example, toilet signs are in te reo</p>

<p>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>and English.</p> <p>There has been no new buildings. The service provider does not own the buildings. Interviews with the service operator/directors confirmed they understood the requirements to consult and co-design any proposed new environments to ensure they reflect the aspirations 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>Emergency, natural disaster and civil defence plans and policies direct the service in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. Six monthly fire evacuation drills had been occurring. The most recent drills occurred in May and November 2021. An updated fire evacuation plan was approved by the New Zealand Fire Service in 2010.</p> <p>Appropriate security arrangements are in place. On the days of audit, all entry points to the home were locked as all visitors required a rapid antigen test (RAT) before entry. All visitors are required to sign in and provide proof of identify if they are unknown to staff.</p> <p>Residents and staff said they were familiar with emergency and security arrangements.</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 infection prevention programme (IPP) is co-ordinated by a registered nurse. There is a pandemic outbreak management plan in place that is reviewed at regular intervals by the infection control team and the governance body. The Covid 19 plan was implemented recently during an outbreak within the facility. The plan effectively managed the outbreak amongst the residents. Sufficient infection prevention resources including personal protective equipment (PPE) was onsite during the audit.</p> <p>Māori staff have contributed to the implementation of the infection prevention programme by providing advice and recommendations to the infection control team and the governance body that ensures culturally safe practices are in place. Bathrooms, showers and toilets are identified in English and te reo. Information sessions and korero</p>

		<p>for residents and their whanau were held early in the Covid 19 pandemic. These sessions aimed to inform the residents and their whanau about infection prevention principles and provide information relating to the Covid 19 vaccination.</p> <p>During the facility outbreak of Covid 19 in Sheaffs Rest Home handwashing demonstrations were held for residents in te reo.</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 infection surveillance programme is implemented by the registered nurse who has a position description. The surveillance programme reflects the service type, size, and complexity of the service. Suitable surveillance tools are used to collect and record monthly data. The data is collated, monitored, and reviewed by the RN. Any trends and possible influencing factors are identified, and consequent action plans are implemented as required. Standardised surveillance definitions are used, and ethnicity data is being collected and used to inform the programme. Infection reports are presented at staff monthly meetings and this was confirmed during staff interviews and meeting minutes sighted.</p> <p>Residents who acquire an infection are advised by the registered nurse and information is shared pertaining to the type of infection, likely duration of infection, the impact it may have on the resident and the possible treatment options. The GP is notified of the infection and prescribes appropriate treatment if required and with the consent of the resident. The resident's family/whanau are also advised, this was verified during resident and family/whanau interviews. For Māori residents' staff who speak te reo korero with the resident in te reo to enhance the residents understanding of the infection.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive</p>	FA	<p>Sheaffs is committed to a restraint free environment and this was reflected in the policy and during interviews with the governance body. The governance body has Māori representation. A member of the Sheaffs governance body had recently completed education relating to restraints and during interview confirmed the service was committed to maintaining a restraint free environment. The service has a restraint committee which has Māori representation. The registered nurse oversees the use of restraint. The policy defines the</p>

<p>practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>restraints that may be used within the service. There were no restraints in use during the audit.</p> <p>Policies and procedures for the management of restraint, if required, reflect current requirements. Staff have completed training on de-escalation practices and techniques and safe restraint use. Staff meeting minutes sighted confirmed that restraint use, including the type and frequency of restraint is reported to staff. The restraint committee meets at least annually and reviews all restraint use to ensure any use of restraint is as per policy and ensures the health and safety of residents and the staff.</p>
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## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.