

Kamo Home and Village Charitable Trust - Mountain View

Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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: Kamo Home & Village Charitable Trust

Premises audited: Mountain View

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 17 May 2022 End date: 18 May 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: 17

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō 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

Mountain View provides rest home services for up to 20 residents. One bed was added since the surveillance audit January 2020 but has not been used and the GM reported that the bed has been removed.

This certification audit included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, and a general practitioner.

Strengths of the service included respect for the residents and their family/whānau, the family atmosphere, the environment, and quality improvements, resulting in three continuous improvement ratings relating to restructure of staff education, an activity initiative and benchmarking. There are no areas requiring improvement.

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.
---	--	--

Residents and families are provided with information about the Health and Disability Commissioner’s Code of Health and Disability Services Consumer Rights’ (the Code) and these are respected. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Services provided support for personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, residents, and families is promoted and was confirmed to be effective. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies.

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

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 governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori representation in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori. Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

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

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

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

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.
---	--	--

The service's policies and procedures provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm the level of care required. The clinical charge nurse 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 enduring power of attorney (EPOA)/ whānau /family and residents noting their activities of interest. Residents and EPOA/ whānau /family expressed satisfaction with the activities programme.

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

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week if needed.

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.
---	--	--

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. 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 governing body ensures the safety of resident and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced.

The infection control coordinator is involved in procurement processes, and any facility changes, and processes related to decontamination of any reusable devices. Staff demonstrated good principles and practice around infection control. Staff, residents, and 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 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.

There were no residents using restraints at the time of audit. The general manager reported that there had been no restraints or enablers in the last five years.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	3	155	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Mountain View has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Manu motuhake is respected.</p> <p>Staff reported they felt culturally safe and attended cultural training. An example was given of staff greeting a resident who identifies as Māori in te reo Māori, and of the residents responding in te reo. Staff are learning te reo. One resident and four staff identify as Māori.</p> <p>A Māori health plan has been developed with input from cultural resources and is used for residents who identify as Māori.</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>Mountain View has developed a Pacific Policy that support culturally safe practices should Pacific peoples use the service. There were no staff or residents who identified as Pacific peoples at the time of audit. The provider has plans to design a Pacific plan in partnership with Pacific communities. The provider has a policy to employ staff that reflect the culture of the residents.</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>	<p>FA</p>	<p>All staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes. EPOA/ whānau /family and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights.</p> <p>The Code is available in Māori and English languages. The admission pack outlines the services provided. Resident agreements, signed by an enduring power of attorney (EPOA), were sighted in records sampled. Service agreements meet the district health board requirements.</p> <p>There was one resident who identified as Māori and four staff members. The clinical charge nurse (CCN) reported that the service recognises Māori mana motuhake (self-determination) of residents, EPOA/ whānau /family, or their representatives in its updated cultural safety policy. The assessment process includes the resident's wishes and support needs.</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</p>	<p>FA</p>	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whanau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>The CCN reported that residents are supported to maintain their</p>

<p>their experiences.</p>		<p>independence by staff through daily activities. A physiotherapist (PT) visits the facility as required. The PT assesses residents with mobility issues, completes post-falls assessments, engages residents in different passive and active exercises, and trains staff. Residents were able to move freely within and outside the facility.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have an individual room. Staff was observed to maintain privacy throughout the audit, including respecting residents' personal areas and by knocking on the doors before entering.</p> <p>All staff completed training on Te Tiriti o Waitangi and culturally inclusive care as part of orientation and annually. Te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to Māori in some aspects.</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>Staff at Mountain View understood the service's policy on abuse and neglect, including what to do should there be any signs. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents reported that their property and finances are respected. Professional boundaries are maintained. The general manager (GM) reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and systemic racism. EPOA/ whānau /family stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures such as the harassment, discrimination, and bullying policy are in place. The policy applies to all staff, contractors, visitors, and residents. The GM, CCN and GP stated that there have been no reported alleged episodes of abuse, neglect, or discrimination towards residents. There were no documented</p>

		<p>incidents of abuse or neglect in the records sampled.</p> <p>The Māori Health Care Plan in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents.</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>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened too. EPOA/ whānau /family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use EPOA/ whānau /family as appropriate.</p> <p>The CCN reported that verbal and non-verbal communication cards and regular use of hearing aids by residents when required is encouraged.</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</p>	FA	<p>The CCN 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 enduring power of attorney (EPOA) and residents. The GP makes a clinically based decision on resuscitation authorisation in consultation with residents and EPOA/ whānau /family. The CCN reported that advance directives are</p>

<p>messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>explained and encouraged.</p> <p>Staff was 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>Tikanga best practice guidelines in relation to consent during care is considered as necessary.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints, that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Two complaints have been received since the last audit. Documentation sighted showed that complainants had been informed of findings following investigation. There have been no complaints received from external sources since the previous audit. The provider has plans to ensure the complaints process is equitable for Māori.</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</p>	<p>FA</p>	<p>The board of trustees assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> - accessing meaningful representation of Māori in governance groups and honouring Te Tiriti - defining a governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation - appointing an experienced and suitably qualified person to

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>manage the service</p> <ul style="list-style-type: none"> - identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals - demonstrating leadership and commitment to quality and risk management - being focused on improving outcomes and achieving equity for Māori and tāngata whaikaha people with disabilities. <p>A report to the board of trustees showed adequate information to monitor performance is reported.</p> <p>The general manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. The general manager and the group care manager have responsibilities across three services provided by the Kamo Home and Village Charitable Trust. The general manager reported that in their absence the group care manager would assume responsibility with support from the maintenance and human resources managers.</p> <p>The service holds an aged related residential care contract with the Northland DHB. Seventeen residents were receiving services under the contract at the time of audit. One bed was added in 2020. The GM reported that the bed was not used and has been removed.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, quality checks, a resident satisfaction survey, monitoring of outcomes, policies and procedures, benchmarking, clinical incidents including infections and health and safety. Residents, whānau and staff contribute to quality improvement through surveys and meetings. The most recent satisfaction survey of residents returned a good result. Relevant corrective actions are developed and implemented</p>

<p>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>to address any shortfalls. Progress against quality outcomes is evaluated. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The general manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near miss events. A sample of six incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Family members were informed where necessary. The general manager understood essential notification reporting requirements.</p> <p>The ongoing benchmarking programme and the positive results is rated as continuous improvement.</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). The Group Care Manager described the process. The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Training records reviewed demonstrated completion of the required training and competency assessments.</p> <p>The provider has plans to establish environments which encourage</p>

		<p>collecting and sharing quality Māori health information</p> <p>Staff reported feeling well supported and safe in the workplace.</p> <p>The establishment of a study group to support staff undertaking NZ Qualifications Authority qualifications has been rated as continuous improvement.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of five staff records reviewed confirmed the organisation's policies are being consistently implemented. Professional qualifications are sourced prior to employment and annually thereafter.</p> <p>Staff orientation and induction includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff performance is reviewed and discussed at regular intervals. Staff files are held electronically.</p> <p>Resident and staff ethnicity data is recorded and shared with the board of trustees. The data is used to ensure the workforce is diverse and balanced to optimise care and meet the needs of individual residents. Staff reported incident reports are discussed at staff meetings.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are held electronically. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting GP and allied health providers also document as required in the residents' records. Policies and procedures guide staff in the management of information. The general manager reported that staff have their own logins. Backup database systems are held by an external provider.</p> <p>All records sampled were legible, including the time and date, and designation of the writer. Progress notes were documented on each</p>

		<p>shift, and these were individualised. There is a consent process for data collection. Records sampled were integrated. The CCN reported that EPOAs can review residents' records in accordance with privacy laws and records can be provided in a format accessible to the resident concerned.</p> <p>Mountain View is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy for the management of inquiries and entry to Mountain View 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 EPOA/ whānau /family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home 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. EPOA/ whānau /family 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 EPOA/ whānau /family interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The CCN reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the 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 was one Māori resident and four staff members who identified as Māori at the time of the audit. 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</p>

		<p>implemented.</p> <p>The service is actively working towards partnering with local Māori communities, health practitioners, traditional Māori healers, and organisations to 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>The residents' files sampled identified that initial assessments and initial care plans were resident centred, and these were completed on admission. The service uses assessment tools that included consideration of residents' lived experiences, cultural needs, values, and beliefs. Resident's care is undertaken by appropriately trained and skilled staff that include the CCN and care staff. Cultural assessments were completed by the CCN who has completed appropriate cultural training. Long-term care plans were also developed with detailed interventions to address identified problems. The ongoing six-monthly evaluation process ensures that assessments reflected the resident's status. Resident, family/whānau/EPOA, and GP involvement are encouraged.</p> <p>InterRAI assessments were completed within 21 days following admission and based on this assessment and the staff's observation of the resident.</p> <p>Long-term care plans were reviewed at least six-monthly following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau /family responded by initiating changes to the care plan. The long-term care plans sampled reflected identified residents' strengths, goals, and aspirations aligned with their values and beliefs documented. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. All outcome scores are considered in the development of care plan goals and interventions. Documented detailed strategies to maintain and promote the residents' independent well-being were sighted.</p> <p>All residents reviewed had assessments completed including behaviour, fall risk, nutritional requirements, continence, skin,</p>

		<p>cultural, and pressure injury assessments. The GP visits the service once a week and is available on call when required. Medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed and interview conducted with the GP. 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.</p> <p>The CCN 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 the GP, CCN, care staff, physiotherapist (PT) when required, podiatrist, and other members of the allied health team, residents, and family/whanau.</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 CCN and this was evidenced in the records sampled. Interviews verified residents and EPOA/ whānau /family are included and informed of all changes. A range of equipment and resources were available, suited to the levels of care provided and the residents' needs. The EPOA/ whānau /family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whanau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent</p>
--	--	--

		<p>residents, tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whanau.</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>	<p>FA</p>	<p>Activities are conducted by the activities coordinator with oversight from the diversional therapist (DT) from another sister facility. The programme runs from Monday to Friday with weekends reserved for church services, movies and EPOA/ whānau /family visits. The activities are based on assessments and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated. A resident profile detailing their life history is completed for each resident within two weeks of admission in consultation with the family and residents.</p> <p>The activity programme is formulated by the activities coordinators in consultation with the CCN, DT, EPOAs, residents, and care staff. The activities are varied and appropriate for people assessed as requiring rest-home level of care.</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 that were appropriate to their group settings.</p> <p>The planned activities and community connections are suitable for the residents. The service promotes access to family and friends. Residents' activities and care plans were evaluated every six months or when there was any significant change. Van trips are conducted three times a week except under Covid-19 national restrictions.</p> <p>Opportunities for Māori and EPOA/whānau to participate in te ao Māori are facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals. English words are translated to Māori and put on</p>

		<p>public bathrooms and toilets.</p> <p>Family members and residents reported overall satisfaction with the level and variety of activities provided.</p> <p>A continuous improvement rating is awarded for the project that was initiated by the residents with support from staff. The goal of the project was to promote inclusivity thereby bringing a positive atmosphere in the local community.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (an electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. There is a medication management policy in place. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy.</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 CCN when a resident is transferred back to the service from the hospital or any external appointments. The CCN checked 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. Expired medicines are returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to</p>

		<p>promptly. Records were sighted.</p> <p>The caregiver 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 at the time of audit. There is a self-medication policy in place when required. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents', including Māori residents and their EPOA/whānau, are supported to understand their medications.</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 is prepared onsite by an external contractor. There is an approved food control plan for the service which expires on 31 August 2022. Meal services are prepared on-site and served in the respective dining areas. The kitchen also caters for the other sister facility. The menu was reviewed by a registered dietitian on 24 June 2021. The kitchen staff have current food handling certificates.</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. Residents are given a choice to select the meals they want on daily basis. A daily special requirement form is completed and accessed by the chef through the electronic record management system. All alternatives are catered for as required. 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</p>

		<p>containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained.</p> <p>EPOA/ whānau /family and residents interviewed indicated satisfaction with the food service.</p> <p>All decanted food had records of use by dates recorded on the containers and no expired items were sighted. The chef reported that residents are offered varied menu options and these would be culturally specific to te ao Māori where required.</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 archived off-site. If a resident's information is required by a subsequent GP or service, a written request is required for the file to be transferred. The CCN 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, where indicated or requested.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. EPOA/ whānau /family 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</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, are clean and well maintained and that they meet legislative requirements. The building warrant of fitness expires on</p>

<p>move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>1 November 2022. The maintenance personnel described the maintenance schedule. The testing and tagging of electrical equipment and calibration of equipment is current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups. Efforts are made to ensure the environment is comfortable, accessible and hazard free, that residents are safe and independence is promoted. External areas are accessible, safe and provide shade and seating.</p> <p>Communal and individual spaces are maintained at a comfortable temperature. The dining and lounge areas are spacious and enable easy access for residents and staff. The conservatory provides an additional space for privacy if needed. Furniture and furnishings are appropriate to the setting and residents' needs.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Two bedrooms rooms have toilet facilities. Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Staff and residents reported the adequacy of bedrooms. Personalised equipment was available for residents with disabilities to meet their needs. Heating is provided by individual heaters in the residents' rooms. The shared areas are heated by heat pumps.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. The provider has plans to ensure residents, whānau and shareholders are consulted and involved in the design of any new buildings.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</p>	<p>FA</p>	<p>The current fire evacuation plan was approved by the New Zealand Fire Service on the 20 January 2017. A trial evacuation takes place six-monthly, the most recent being on 24 February 2022. Staff files evidenced staff are trained in emergency procedures, use of emergency equipment and supplies. Staff confirmed their awareness of emergency training. The orientation programme</p>

<p>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>includes fire and emergency training. Fire extinguishers, call boxes, floor plans, hose reels, sprinklers alarms, and fire action notices were sighted.</p> <p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for the number of residents. Staff reported a backup generator is available. Water storage tanks are located around the complex. At least one staff member on shift has a first aid certificate.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>Doors and windows are locked at a predetermined time. Appropriate security arrangements are in place. Security is maintained. Residents and whānau were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, link to the quality improvement system and are reviewed and reported on yearly.</p> <p>Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the governing body.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	<p>FA</p>	<p>The service has a documented infection prevention and control programme that is reviewed annually. Review of the programme is</p>

<p>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>completed by the GM who is appointed as the infection prevention and control coordinator (IPCC). A position description for the IPCC was in place.</p> <p>The service has guidelines 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 are 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>There are documented policies and procedures for managing both manual and automated decontamination of reusable medical devices. Internal audits are completed, and all corrective actions are documented, as verified.</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 through the electronic record management system. 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 GM, CCN, and education coordinator. The infection training includes handwashing procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The GM completed various infection prevention and control training online, such as hand hygiene, pandemic planning, outbreak training, N-95 mask demonstration, RAT testing, donning, and doffing.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. They are also working towards ensuring that the infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti.</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 to the needs, size, and scope of our services.</p>	FA	<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 GM 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 three monthly, and these are discussed at management and staff meetings. Staff confirmed that infection rates information is shared in a timely manner. 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, the medical laboratory, and the attending GP.</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</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate and recommended for long-term care facilities and is in line with the priorities defined in the infection control programme. The data is collated and analysed every three months to identify any significant trends or common possible causative factors. Results of the surveillance data are shared with staff during shift handovers, at three monthly staff meetings, and management</p>

<p>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>		<p>meetings. All infection data is compiled and reported to the board bi-monthly. 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 towards including ethnicity data in the surveillance of healthcare-associated infections.</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 antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>The service policy describes safe and appropriate storage and disposal of waste, and 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 GM, CCN, chef and care staff interviewed demonstrated awareness of safe 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>Laundry is washed off-site or by family members, if requested, some residents wash some of their preferred clothes on-site. The laundry has a clear separation of clean and dirty areas. The resident and EPOA/ whānau /family interviewed expressed satisfaction with the laundry management and reported the clothes are returned promptly. The care staff demonstrated a sound knowledge of the laundry processes.</p> <p>There is a designated cleaner who cleans twice a week and care</p>

		<p>staff do only surface cleaning on the other days. All received appropriate training in chemical safety annually and infection control, including COVID-19 related management. Chemicals were decanted into appropriately labelled containers. Chemicals are stored in labelled containers in the locked storeroom. There is a cleaning room where all cleaning trollies are kept locked. Safety data sheets were available in the laundry, kitchen, sluice room, 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 and accessed areas was increased due to COVID-19. The residents and EPOA/whānau /family members interviewed reported that the environment was clean.</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>Maintaining a restraint free environment is the aim of the service. This is supported by the board of trustees and policies and procedures. There were no restraints in use at the time of the audit. The general manager reported this had been the case for the last five years. Staff confirmed restraint was not used. The general manager is the restraint co-ordinator across the Trust. A comprehensive assessment, approval, monitoring and quality review process is in place should there be any restraint.</p> <p>Staff attend training in behaviours that challenge and de-escalation techniques.</p> <p>The provider is developing plans to report ethnicity, type and frequency of restraints and data analysis to the board of trustees should they be used in future.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>The Kamo Home and Village Charitable Trust are members of the benchmarking group and utilise these reports to steer quality and continuous improvements. Internal quality checks are undertaken bi-monthly to ensure that the team are performing to a high standard. Benchmarking is undertaken to compare internal results to those of similarly positioned providers. Each quarter, data collected from monthly quality assurance audits, plus additional data is gathered and entered into templates. This data is then analysed to provide a report. From the report staff identify if they achieved the benchmark or not.</p> <p>The reports are used to identify high risk areas on which to focus to enhance quality outcomes. Interventions have included education and training of staff and specific projects targeting high risk areas in caring for residents. An example of improved care was</p>	<p>The Kamo Home and Village Charitable Trust are members of a benchmarking group and utilise these reports to make continuous quality improvements. Internal quality checks are undertaken bi-monthly to ensure that the team are performing to a high standard. An example of improved care was the identification of a high number of skin infections. The use of an antimicrobial body wash was implemented. This stopped the transmission of the infection, and the use of the antimicrobial body wash was then stopped.</p>

		<p>the identification of a high number of skin infections. The use of an antimicrobial body wash was implemented. This stopped the transmission of the infection, and the use of the antimicrobial body wash was then stopped.</p>	
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	CI	<p>In 2021 the need to restructure the provision of education for care staff working within the facilities of Kamo Home and Village Charitable Trust was identified. Issues identified included no formalised pathway for the care staff in the area of education; lack of commitment from care staff who have commenced training; care staff identifying a lack of support; support required for staff with learning disabilities; support and frustration for the education co-ordinator.</p> <p>Consequences of the issues include dissatisfied and frustrated staff; noncompliance of care qualifications; higher staff turnover; not optimal use of educators' hours; care staff not being as educated as expected.</p> <p>Additionally, the pay equity settlement requires employers to provide support to enable workers covered by the settlement to reach NZ Qualifications Authority (NZQA) Health and Wellbeing Certificate within defined time periods.</p> <p>The intent of the proposed restructure included: development of a robust and flexible education programme to ensure the provision of highly qualified staff; structured groups of staff to have an education programme to offer peer support; investment in all employees to ensure they remain satisfied with their employment conditions.</p> <p>Key proposed changes included:</p> <ul style="list-style-type: none"> • A review of the staff currently undertaking study 	<p>The establishment of a study group in 2021 in response to identified needs has resulted in nine staff feeling more supported and achieving their NZ Qualifications Authority (NZQA) Health and Wellbeing Certificate. Twenty one staff continue to make progress. This has resulted in a work force that is providing practical care in the right way which equates to a high standard of care being delivered to the residents.</p>

		<ul style="list-style-type: none"> • Identification of staff who have left or do not wish to continue the study • Commencement of level 2 study staff in a structured group • Level 2 staff in study to have a bi-weekly study session • Completion of current staff in study • Commencement of bi-weekly study groups for each level of current study. <p>Proposed timelines for the study group were included in the proposal, along with the pathway for staff to provide feedback. The proposal was accepted by all stakeholders. The study group was implemented by the end of March 2021. Nine out of 21 participants were surveyed during 2021 with highly positive comments. Nine staff have completed their qualifications since the study group. The remaining 21 continue to make progress. This has resulted in a work force that is providing practical care in the right way which equates to a high standard of care being delivered to the residents.</p>	
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>CI</p>	<p>Planned activities are appropriate to the residents' needs and abilities. The service initiated a quality initiative project 'Lip Balm of kindness'. This project was mooted from an almost similar project in the United Kingdom called 'Random act of Crochet'. The idea came as a resident initiated activity with the goal of bringing smiles and positive vibes to the local community at a time when the news headlines in the region were filled with negative stories of theft, violence and the Covid-19 pandemic. The project was started in June 2021 during the 'News and Views' session by one resident who wished to spread a bit of positivity and</p>	<p>The achievement of the quality improvement projects in the 'Lip Balm of kindness' and other projects and implementation of the programme is rated beyond the expected full attainment. With this project, there was a documented review process which included the analysis and reporting of findings. The outcomes from the project were documented. A total of 13 residents actively participated in the project, enquiries to buy more Lip Balms were made, community engagement was increased, and the residents felt included through interactions</p>

		<p>others joined in. The project was combined with other quality initiative projects by residents, such as building and selling planter boxes, visits to pubs, cafes, North Tec, Lions club community lunches, children's visits, residents passing on their wisdom via the local paper and going to the senior citizen cinema.</p> <p>The DT who was overseeing the activity programme during that time, 'googled' recipes with the residents for the project and it was found to be easy to make and package the product. Ingredients were purchased, labels designed, poems written, and other activities initiated. Roles were delegated, some residents opted to be actively involved in making the lip balm while some chose to write poems. Thirteen out of 17 residents participated in the entire project.</p> <p>The service got the community involved, this included school children, postings on the facebook group where there were high positive response interactions. The project brought a great deal of delight to the residents as this was featured also on the local radio station. The other lip balm of kindness product was found on a long haul flight bound for the United Kingdom from Dubai and in different public places in town. Overall, the project was a success, feedback came through phone calls and survey conducted.</p>	<p>as they initially felt isolated from the larger community as they live in a country location. The survey conducted showed that about 44% who had a feeling of isolation initially felt involved and their efforts appreciated. The projects generated positive talk in the Northland community amidst a myriad of other challenges the community was experiencing. Interviewed residents and family member representatives felt that the ultimate goal of the project was achieved and expressed satisfaction with the whole programme.</p>
--	--	--	--

End of the report.