

Te Awa Care Limited - Te Awa Care

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Te Awa Care Limited
Premises audited:	Te Awa Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 16 May 2022 End date: 17 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:	57

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

Te Awa Care provides rest home, dementia, and hospital level care for up to 78 residents. On the day of the audit there were 57 residents living at the facility.

This certification audit was conducted against the Ngā Paerewa Health and Disability Service Standards 2021 and the contracts with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner and a nurse practitioner.

The general manager is appropriately qualified and is supported by an experienced clinical manager and clinical lead nurse who are both registered nurses. Te Awa Care is committed to ensuring that the specific needs of Māori residents are met in a way that is acceptable to both the resident and their whanau/hapu/iwi. There are quality systems in place, an induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. Feedback from residents and families was very positive about the care and the services provided.

This certification audit identified shortfalls around the quality system, assessment and care plan timeframes, and aspects of medicine management.

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.



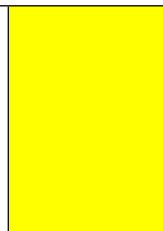
Subsections applicable to this service fully attained

Te Awa Care provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. The service works to provide high-quality and effective services for all its residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Te Awa Care provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

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



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

The business plan includes mission and values statements and operational objectives that are regularly reviewed. The service has established quality and risk management systems that take a risk-based approach, and these systems meet the needs of residents

and their staff. Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective actions as indicated.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

The diversional therapist and activities coordinator provide and implement an interesting and varied activity programme which includes resident-led activities and meets the needs of individual residents. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Medication policies are documented to reflect legislative requirements and guidelines. Registered nurses and senior healthcare assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. Nutritious snacks are available throughout the facility 24 hours a day.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All resident rooms and suites have full ensuite facilities. Rooms are personalised. There are views out to the onsite farm and the surrounding village. Communal areas are easily accessible to all residents using mobility aids, and include a bowling alley and cinema. The secure dementia unit external area provides areas of interest including a chicken coop.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate. Appropriate training, information and equipment for responding to emergencies are provided. There is an approved evacuation scheme and emergency supplies for at least three days.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to PPE supplies. There have been no outbreaks since the last audit.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures are implemented for cleaning and laundry services. Appropriate monitoring systems are in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained

The restraint coordinator is the clinical manager. No residents were listed as using a restraint. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	24	0	1	2	0	0
Criteria	0	146	0	2	2	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.

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>	<p>FA</p>	<p>A Māori Health Plan is documented for the service. Te Awa Care is committed to ensuring that the specific needs of Māori residents are met in a way that is acceptable to both the resident and their whanau/hapu/iwi. It is acknowledged that the principles of the Treaty of Waitangi form part of this plan.</p> <p>It is documented in policy that the service acknowledges the traditional owners of the land that are used by Te Awa, including the Ngāti Koroki Kahukura and Ngāti Hauā. Links are formally in place as per a memorandum of understanding with these Iwi. Respects are documented as being made to their ancestors, their kairarataki (leaders) past, present and emerging. They acknowledge Te Tiriti and the principles which underpin service provision (tino rangatiratanga, equity, active protection, options and partnership). The service has documented their commitment to providing a supportive environment that empowers mana motuhake for Māori and non-Māori to ensure the best health outcomes for them, recognising that good health outcomes are essential for wellbeing. They practice</p>

		<p>whanaungatanga and work collaboratively with the resident, whanau, and resident chosen healthcare provides to achieve this.</p> <p>During this full certification audit, the service had no residents who identified as Māori.</p> <p>The general manager (GM) stated that she supports increasing Māori capacity by employing more Māori staff members. At the time of the audit the GM and clinical manager were unsure if any staff identified as Māori.</p> <p>Residents and family are involved in providing input into the resident's care planning, their activities, and their dietary needs. Eleven care staff and contractors interviewed (six healthcare assistants (HCAs) who work both the am and pm shifts, one clinical lead/RN, three staff RNs, one contracted physiotherapist) described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>On admission all residents state their ethnicity. The clinical manager, clinical lead and the RNs advised that family members of Pacific residents will be encouraged to be present during the admission process including completion of the initial care plan. There were no residents that identified as Pasifika. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The intent of Te Awa Lifecare, as stated in policy, is to provide a supportive environment that empowers Pacific peoples to ensure the best health outcomes for them, recognising that good health outcomes are essential for wellbeing.</p> <p>The Fonofale model of health is the tool that Te Awa uses to create understanding of the values and beliefs which underpin their health service provision to Pacific people.</p> <p>The service is actively recruiting new Pasifika staff. The general manager described how they would encourage and support any staff that identified as Pasifika through the employment process. There are</p>

		<p>currently no staff that identify as Pasifika.</p> <p>Interviews with two managers (GM, clinical manager), fifteen staff (eleven care staff/contractor, one laundry assistant, one cleaner, one maintenance administrator, one chef), three residents (two rest home, one hospital), five relatives (one hospital, one rest home, three dementia); and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code are included in the information that is provided to new residents and their relatives. The general manager, clinical manager, clinical lead or registered nurse discuss aspects of the Code with residents and their relatives on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the six-monthly resident meetings. Residents and relatives interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whanau. There are links to spiritual supports. Church services are held monthly with communion available more frequently. A bible study with four residents was observed at the time of the audit.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation, through the education and training programme and in the toolbox talks. Topics covered include (but are not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Age concern speakers</p>

		<p>discuss the role of advocacy during staff training.</p> <p>Plans are underway to ensure that the service recognises Māori mana Motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Healthcare assistants and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>Residents have control over and choice over activities they participate in.</p> <p>The annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relative interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and a chaplain is available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated. Words in te reo Māori are introduced on a regular basis, evidenced on notice boards and in tool box meeting</p>

		<p>minutes.</p> <p>Cultural awareness training is provided annually with plans to roll out more specific Māori cultural training for staff.</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>	FA	<p>An abuse and neglect policy is being implemented. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, racism, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Staff complete education on orientation and annually on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with RNs and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the</p>	FA	<p>Information is provided to residents/relatives on admission. Six-monthly resident meetings identify feedback from residents and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Twenty accident/incident forms reviewed identified relatives are kept</p>

<p>people who use our services and effectively communicate with them about their choices.</p>		<p>informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and DHB specialist services (eg, older persons health, mental health services). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The informed choice and consent policy (including enduring power of attorney) policy is in place. General consent is included in the admission agreement. General consent includes (but is not limited to); consent to have names displayed on resident doors, sharing of health information, use of photographs, outings and withdrawal of consent. There is information around informed consent in the Te Awa Care brochure, and leaflets are available around the facility. The policy includes information around enduring powers of attorney (EPOA) and mental capacity. Staff receive training around informed consent. There were signed consents in place for all eight of the resident files reviewed. All enduring powers of attorney of residents in the dementia unit were activated.</p> <p>The advance directives policy is implemented. Advance directive and resuscitation forms were appropriately signed by the resident and the GP or nurse practitioner. Medically initiated resuscitation orders are signed appropriately based on clinical assessment. The advance</p>

		<p>directive form includes the 'acute care and treatment' statement which describes the facilities limitations around provision of acute care and where possible in the case of fractures for example, residents would be sent to hospital for treatment. This includes consent for a representative to make the best judgement at the time in the resident's best interests, and for clinical staff to act according to their clinical judgement.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent by involving the resident and whanau in decision making at every opportunity.</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>	FA	<p>There is a complaints procedure to guide practice. The general manager has overall responsibility for managing the complaints process at the service. A record of all complaints will be maintained on V-Care (electronic register) and in a hard copy manual. There have not been any complaints lodged to date. Residents and family interviewed stated that any concerns are discussed with the GM or clinical manager and are rectified in an expedient manner. Improvements suggested are implemented if issues are raised.</p> <p>Staff interviewed described the complaints process as per the Code of Health and Disability Services Consumer Rights (The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and the organisational policy.</p> <p>The complaints procedure is provided to resident/relatives at entry. Discussion with residents and relatives confirmed they were provided with information on the complaint process.</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</p>	FA	<p>Te Awa Care is located in Cambridge. The service is certified to provide rest home, dementia and hospital (geriatric and medical) level care for up to 78 residents. There are 12 beds located in the secure dementia unit. A total of 56 designated dual-purpose (rest home or hospital level care), and 10 rest home beds.</p> <p>There were 57 residents living at the facility at the time of the audit (40 rest home level including 11 private paying, 6 hospital level, and 11</p>

<p>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 sensitive to the cultural diversity of communities we serve.</p>		<p>dementia level). One resident was under 65 years of age and was on a young person with a disability (YPD) contract, two residents were on respite (one rest home, one hospital), two residents were in DHB funded beds (rest home). The remaining residents were under the age-related residential care agreement (ARRC).</p> <p>The service is governed by a board of two directors who have experience in owning aged care facilities. The board membership includes the two directors, finance manager and general manager (GM). The board meets monthly (11 months of the calendar year). An overarching strategic executive plan is in place (1 August 2021 – December 2022). The vision and values are posted in visible locations throughout the facility and are reviewed in meetings and toolbox talks with staff. The plan reflects links with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The service has identified external and internal risks and opportunities that include addressing possible inequities and how these inequities plan to be addressed. Goals are regularly reviewed with evidence of being signed off when met.</p> <p>Barriers to inequity, Māori and people with disabilities have been addressed through a number of initiatives. The buildings are all wheelchair accessible. Resource consent for Te Awa required consultation with the local community for their input. Local community links are evident through the Chamber of Commerce, and liaising that takes place with various community groups (eg, Lions Club, Rotary, Cambridge Autumn Festival events). Te Awa Care sponsors Riding for the Disabled.</p> <p>Clinical governance is led by the clinical manager, clinical lead, and healthcare assistant lead. There are daily toolbox updates given at handover and these talks focus on implementation of core values within the service. Staff state that these talks are an opportunity to embed values and to positively reinforce staff efforts. Monthly reports to the board reflect evidence of communicating quality and risk activities.</p> <p>The GM has extensive experience in managing businesses and is</p>
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		<p>supported by a clinical manager (RN) who has many years' experience in hospice care, particularly as a clinical nurse specialist. The clinical manager is a nurse prescriber and has also completed training in mental health and dementia. She has a post graduate diploma in health sciences (advanced nursing) and a Master of Nursing.</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>PA Low</p>	<p>Te Awa Care has established a quality and risk management plan 2021/2022. This plan has been developed to provide a systematic, company-wide approach to quality systems and process improvement within Te Awa Care. It involves all staff with every staff member expected to be active in implementing a quality approach when at work and participating the quality programme. The quality and risk management systems include monitoring systems (eg, health and safety, infection control, restraint minimisation, education, surveys and key performance indicators.</p> <p>Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Monthly staff meetings provide an avenue for discussions in relation to (but not limited to) health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Missing in staff meetings is consistent evidence of discussions in relation to internal audits completed, adverse events data and any associated trends identified.</p> <p>Work is underway to assess staff cultural competency to ensure a high-quality service is available for Māori.</p> <p>A general satisfaction survey was completed in 2020 that reflected high levels of satisfaction with the services received. The 2021 resident and family satisfaction surveys focussed on food satisfaction with corrective actions implemented. The 2022 survey was being completed at the time of this audit. Preliminary results reflect high levels of satisfaction. This was confirmed during interviews with the residents and families. Results are communicated to residents, staff</p>

		<p>and the directors, evidenced in meeting minutes.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are reviewed two-yearly and a significant portion of the policies have been updated to meet the new 2021 Ngā paerewa health and disability services standard. New policies or changes to policy are communicated to staff with evidence of staff signing new/revised policies.</p> <p>A health and safety system is in place. The GM is the health and safety officer. Hazard identification forms and an up-to-date hazard register was sighted. Health and safety policies are implemented. There are regular manual handling training sessions for staff, led by the physiotherapist. The noticeboard in the staffroom keeps staff informed on health and safety. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Plans are in place for the organisation to take part in an externally-led health and safety assessment.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available eight hours per week (Tuesdays and Fridays). Strategies implemented to reduce the frequency of falls include intentional rounding, and the regular toileting of residents who require assistance. Transfer plans are assessed and evaluated by the physiotherapist and placed in the residents' files. Residents have access to call bells and alarm pendants. Sensor mats, bed and chair alarms and sensor lights are utilised to indicate when a resident at risk of falling is trying to stand.</p> <p>Accidents and incidents are documented on an electronic system (V-care). Accident/incident documentation includes immediate action(s) undertaken and any follow-up action(s) required, evidenced in 20 accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours, skin tears, medication errors). A sample of</p>
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		<p>adverse events documented in the progress notes were missing evidence of an accident/incident form being completed. Adverse events are discussed during staff handover. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations are consistently recorded for unwitnessed falls or any suspected injury to the head. Relatives are notified following incidents. Opportunities to minimise future risks are identified. The clinical manager is responsible for reviewing and signing off on all adverse (clinical) events.</p> <p>Discussions with the GM and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT of grade 3 or higher pressure injuries.</p> <p>Work is underway to assess staff cultural competencies to ensure the service can deliver high quality care for Māori.</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>	FA	<p>There is a staffing rationale policy that describes rostering and provides guidance on staffing numbers and skill mix dependent on acuity and the needs of the residents. The roster sighted provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The registered nurses and a selection of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Challenges arise when staff call in as unavailable. Agency is being used to assist with cover. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The GM and clinical manager are available Monday to Friday. The clinical lead/RN is rostered Thursday – Sunday. On call cover is shared between the clinical manager and clinical lead (week on, week</p>

		<p>off).</p> <p>Two staff RNs are rostered on the AM shift (one RN covering two of four wings), one on the PM shift and one on the night shift who work across all areas.</p> <p>Homestead (dementia) wing (11 residents): Two long (eight hour) shift healthcare assistants cover the AM shift. The PM is staffed with one long and one short shift HCA (1500 – 2030). The night shift is staffed with one HCA.</p> <p>Rest home/Hospital wings (RD1: two hospital, fifteen rest home; RD2: one hospital, eleven rest home; RD 3: three hospital, fourteen rest home). The HCA roster is based on a 1 HCA to 6 residents ratio for the AM shift. The PM is staffed on a 1:12 ratio and the night is staffed with two HCAs. This equates to seven long shift HCAs on the AM shift, five long shift HCAs on the PM shift and two long shift HCAs on the night shift.</p> <p>The education and training plan is incorporated into the quality and risk management plan. There is an annual education and training schedule being implemented that lists compulsory topics. A key focus over the past 10 months has been to upskill HCAs with a Careerforce qualification and to support the RN staff to complete their professional development recognition portfolio. Plans are in place to provide additional cultural training that is more specific to Māori and the Treaty of Waitangi. External training opportunities for care staff include training through the DHB, and hospice.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-seven HCAs are employed. Nineteen HCAs have achieved a level four NZQA qualification or higher. Eight hold a level three qualification. Five hold a level two qualification.</p> <p>Eight HCAs are employed to work in the dementia unit. Four have completed their dementia qualification and the remaining four, who</p>
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		<p>have been employed for less than 18 months, are enrolled.</p> <p>Competency assessment is linked to the staff training and development policy. All staff are required to completed competency assessments as part of their orientation (eg, hand hygiene, fire training, chemical safety, manual handling). Medication competencies are repeated annually. Three of nine RNs are interRAI trained.</p> <p>External students (e.g. nursing students) are required to have a brief induction that covers emergency preparedness, resident rights, and health and safety.</p> <p>The service encourages all their staff to attend monthly staff meetings. Resident/family meetings are held six-monthly and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted).</p> <p>The GM is the health and safety officer. Health and safety is a regular agenda item in staff and board meetings. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, hand hygiene and six-monthly fire drills. A personal protective equipment (PPE) training session relating to mask fitting was presented by an external presenter last month. Environmental internal audits are completed.</p> <p>Staff wellness is encouraged. Prior to Covid, fitness classes were offered to staff and plan to resume. Staff are provided with fruit and veggies in the staff room. Signage supporting the Employee Assistance Programme (EAP) are posted in visible staff locations. The GM stated EAP is encouraged where indicated.</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>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the GM's office in a locked filing cabinet. Nine staff files reviewed (five healthcare assistants, two RNs, one clinical lead/RN, one housekeeper) evidenced implementation of the recruitment process, employment contracts, police checking, reference checks</p>

<p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>and completed orientation programmes.</p> <p>There are job descriptions in place for all positions. Each job description includes outcomes, accountability, responsibilities, authority, and functions to be achieved.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, physiotherapy, podiatry). There is an appraisal policy. All staff who have been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and healthcare assistants to provide a culturally safe environment.</p> <p>Information held about staff is kept secure, and confidential. Plans are in place to maintain an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff. Staff are offered and supported to receive physiotherapy following any accident affecting their work.</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>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy. Electronic information is regularly backed-up using cloud-based technology and is individually password protected. The service uses both hard copy and an electronic resident management system (V-Care).</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider.</p> <p>Residents entering the service have initial information recorded within</p>

		<p>24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</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 entry to service policy provides a guideline for staff regarding prospective residents. The policy outlines enquiries during office hours, and after hours. The process around showing residents and families around the facility. The policy outlines the need for residents to be assessed by the needs assessment service coordination (NASC) service to assess appropriate level of care. The entry to services policy includes the process required around declining residents. Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The prospective residents are screened by the facility manager and clinical manager. Residents who do not meet the necessary criteria to receive care may still be admitted if a room is available, this would be a private arrangement as described in the policy. The resident files reviewed all contained letters from the NASC service detailing the level of care to be provided.</p> <p>The resident admission policy is in place which includes procedures to guide staff around planned admissions, respite admissions and unscheduled admissions. In cases where entry is declined, there is close liaison with the service and the referral team. The service refers the resident back to the referrer with the reason for declining. The management team describe reasons for declining entry would only occur if the service could not provide the required service the resident required, after considering staffing, equipment requirements, and the needs of the resident. The other reason would be if there were no beds available.</p> <p>All eight resident files reviewed had signed admission agreements in place.</p> <p>All residents ethnicity is collated on the electronic resident management system, however this is not currently reported on. The</p>

		<p>manager's report will include ethnicity moving forward. There are currently beds available and no waiting list. The service receives referrals from the NASC service, the DHB, Hospice and directly from residents or whānau. The service has affiliations with a range of Maori groups in the community.</p> <p>The service has an information pack relating to the services provided at Te Awa Care which is available for families and residents prior to admission or on entry to the service. Exclusions from the service are included in the admission agreement. Te Awa have a person-centred and whānau-centred approach to services provided.</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>PA Moderate</p>	<p>The clinical documentation and the resident care planning policy and procedure guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review. The care plans on the electronic resident management system were not always resident focused, individualised or identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement.</p> <p>Eight resident files were reviewed: two rest home (including one respite), three hospital and three dementia (including one YPD) level care residents. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family contact forms.</p> <p>All residents have admission assessment information collected and an interim care plan completed at the time of admission. With the changes in registered nursing staff, initial assessments have been completed on admission to the service; however, initial interRAI assessments and reassessments had not always been completed within timeframes. The clinical manager and clinical lead nurse had identified this and have implemented a corrective action plan. To date, they have 26 outstanding interRAI assessments. All long-term</p>

		<p>residents had a long-term care plan documented. The respite residents care plan had not always been evidenced as updated to reflect any changes on each admission to the service. Care plans have been reviewed at least six-monthly.</p> <p>Residents had been assessed by the nurse practitioner (NP) or general practitioner (GP) within five working days of admission. The GP and NP are from the same medical practise. The nurse practitioner visits on a Monday, the GP visits on a Tuesday and Friday. The GP or NP reviews the residents at least three monthly or earlier if required. On call cover is provided by the GP surgery. Both the NP and GP interviewed commented positively on the care, communication, and the quality of the care staff. Staff are encouraged to utilise the ISBAR tool when updating the NP/GP of updates or acute changes in residents.</p> <p>There was documented evidence of allied health professional involvement in the resident's care and interventions were integrated into care plans. A physiotherapist (interviewed) is contracted to the service for a minimum of eight hours a week over two days. The physiotherapist completes initial physiotherapy assessments of residents' post falls and on request. The physiotherapist is involved in the assessment of equipment for residents and provides staff training in safe manual handling. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into the care plan. A podiatrist visits regularly and a dietitian, speech language therapist and wound care specialist nurse is available as required through the local district nursing service.</p> <p>When there is a change in resident health needs, such as infections, wounds, or unintentional weight loss, appropriate assessments are completed, and short-term care plans initiated. Written evaluations reviewed, identified if the resident goals had been met or unmet. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</p> <p>The long-term care plan includes sections on communication, cognitive function, mood and behaviours, psychosocial, cultural,</p>
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	<p>spiritual, and sexuality, hygiene, locomotion and mobility, continence, nutrition and oral cares and health conditions.</p> <p>A cultural assessment has been implemented. Behavioural assessments have been utilised where needed. Care plans reflect the required health monitoring interventions for individual residents. Neurological observations have been routinely completed for unwitnessed falls.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by HCAs and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager or an RN initiates a review with a GP. Family were notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. Family contact is recorded on the electronic database and includes family notifications and discussions.</p> <p>A wound register for each wing is maintained. Wound assessments and wound management plans were reviewed. There were three residents with pressure injuries (two stage 1 and one unstageable), there were nine residents with wounds throughout the facility, skin tears, cancer lesions, and chronic ulcers. Each wound was documented on a wound chart which included an assessment, management plan and evaluations documented progression or deterioration of the wound. The wound care specialist is involved with the unstageable pressure injury and chronic wounds.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to</p>
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		a continence specialist as required
<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 recreation activity programme policy is implemented and guides staff around documentation requirements, the activities programme, and activities in the dementia unit.</p> <p>The diversional therapist is employed 40 hours a week from Monday to Friday. The DT is based in the dementia wing and assists in the dual-purpose units as needed with hospital residents in particular. The general manager oversees the activities provided in the dual-purpose wings.</p> <p>There is a weekly planner for the Homestead dementia wing. Residents are provided with the planner. Activities include (but are not limited to); walking, daily exercises, singing, group games, quizzes, one on one time, country drives, music therapy, nail cares, happy hour, and puzzles. There is a small chicken coup in the garden, resident collect the eggs regularly.</p> <p>A monthly planner is made for the dual-purpose wings, which is provided to each resident and includes (but are not limited to)weekly drives, nail cares, bible studies, movies, craft, indoor bowling, and movies. Planners are printed with quizzes, word finders, pictures to be coloured in.</p> <p>Each resident has a recreational assessment and a social and recreational profile completed soon after admission to the service. Activity care plans are included in the resident care plan, and covers cultural, spiritual and social preferences. Residents and families are included in activities assessments and care planning. A record is kept of individual resident's activities. The activity sections of the care plan are reviewed six-monthly with care plan evaluations. One resident did not have an activities care plan completed (link 3.2.3). Twenty-four-hour plans are well documented for each resident in the dementia unit with residents rhythms and routines documented for the morning afternoons and nights including usual morning and night-time routines and preferences.</p>

		<p>One to one and group activities are provided. The one-to-one activities are focused on the resident's personal interests. Community access includes van trips. There is Waka racing in the area, residents have the opportunity to attend. Community involvement includes engagement with the Te Awa village, village farm tours, and pre covid, the wider community. Families and residents interviewed reported they enjoyed the activities programme. Popular activities include happy hour, exercises (adapted in the dementia unit to include balloon games), outdoor activities and musical entertainment. There are frequent 'special' activities that reflect events such as Xmas, birthdays, Mother's Day, Father's Day, and Waitangi Day are celebrated. Cultural activities include (but are not limited to); spin poi, poi exercises. The facility has booked the local cinema for an afternoon sessions so residents can go to the cinema to watch a movie.</p> <p>A residents meeting is held quarterly, and residents identify activities they would like to be included. Residents throughout the facility were observed to be engaged in a range of meaningful activities that encouraged social, physical, and mental wellbeing.</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>PA Moderate</p>	<p>The medication management policy includes the Medimap system includes over the counter medications.</p> <p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Registered nurses administer medications and medication competent carers check medications when required. These staff have been assessed for competency on an annual basis and attend annual medication education.</p> <p>The service uses an electronic system to prescribe and record administration of medications. All medication is checked on delivery against the electronic medication chart. All medications were securely and appropriately. Regular medications are kept in a locked moisture proof drawer in each residents ensuite. 'As required' medications are stored in the centrally located medication room with swipe access.</p>

		<p>The medication fridge is maintained within the acceptable temperature range. All eye drops, and ointments were dated on opening. There were three residents self-medicating on the day of audit. Self-medicating competencies were in place, however, have not been reviewed three-monthly by the GP. The ambient temperature of the medication room is recorded. The temperature of each bedroom is monitored and recorded to confirm that this does not pass 25 degrees Celsius. Vaccines are not held on site. Standing orders are documented as per Ministry of Health guidelines with the last review completed in 2019. Controlled drugs are stored appropriately; however, weekly checks have not always been occurring as per policy.</p> <p>Sixteen electronic medication charts reviewed met legislative requirements. Medications had been signed as administered in line with prescription charts. Appropriate practice was demonstrated on the witnessed medication around.</p> <p>The registered nurses and management describe working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, treatment is prioritised to achieve better health outcomes.</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>	FA	<p>The nutrition policy guides staff around management of residents with weight loss, supplements, consideration of dietary supplements for residents with chronic wounds, and cultural considerations. When the facility is celebrating themed events, the kitchen provide food in line with the theme which includes food from other cultures.</p> <p>All meals are prepared and cooked on site for Te Awa Care. The Food Control Plan expires on 23 February 2023. Te Awa Care has a large kitchen with a receiving area and food preparation and dish washing area. A qualified chef (kitchen manager) and sous chef who work across seven days a week, they are supported by a team of four kitchen assistants. All kitchen staff have completed food safety units and other relevant training, which is monitored through the electronic app. The menus are seasonal and rotate on a four-weekly basis. The menu has been audited and approved by a dietitian (last completed</p>

		<p>2022).</p> <p>Fridge and freezer temperatures are recorded daily. There is evidence that food temperatures are taken and recorded daily or for any hot meal. All temperatures are recorded on an electronic app. All foods were date labelled and stored correctly. A cleaning schedule is maintained, this was sighted on the electronic app. The chef reported he has been meeting with residents and has asked them what their favourite dish was when they were growing up so this can be recreated and included in the menu. The facility have their own stock in surrounding paddocks, which is processed and delivered to the facility.</p> <p>There is a dining room area in each of the four wings. In addition, each resident has a dining room/lounge area within each room or suite. Residents have the choice of where they would like to eat. The cook receives a resident dietary profile for all residents and is notified of any dietary changes. Likes and dislikes are known and accommodated. Alternatives are available. There are snacks available throughout the day and night in each dining room kitchenette area in all of the wings.</p> <p>Residents have breakfast in their room or can go to the dining room on their wing. All residents have a fridge, microwave, and kitchenette available in their rooms. Each resident has a list of options including (but not limited to); milk, bread, butter, yogurt, eggs, fruit etc to have their fridge replenished daily.</p> <p>Residents prepare their own breakfasts; assistance is provided by the HCAs as required. There is a light lunch with a hot or cold choice with soup. The main meal is served at 6 pm with dessert. Prior to covid restrictions residents in the rest home/ hospital areas would have their main meal in the large dining room, kitchen staff would serve the meal from the servery area. With covid 'bubbles' in place, meals are plated and delivered to the unit dining rooms scanned hot boxes.</p> <p>Cultural preferences and special diets are met. The chef describes ensuring all residents tastes are accommodated for and endeavours</p>
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		<p>to meet all residents' needs, tastes, and requirements. The chef interviewed was knowledgeable around residents who have special requirements such as liquid diets, residents with weight loss are provided with smoothies, and other dietary requirements include including pureed diets and high protein diets. Allergies, likes, dislikes and preferences are noted on the whiteboard in the kitchen.</p> <p>Residents and family members interviewed were happy with the food served and range of options available.</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>The resident discharge and transfer planning policy guides staff around internal transfers to another wing in the facility, external discharges to another facility and associated documentation and processes. The policy guides staff to ensure a smooth, safe, and well organised transfer or discharge of residents. The registered nurses interviewed describe exits, discharges or transfers are coordinated in collaboration with the resident and family/whanau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. The service utilises the 'yellow envelope' system. A copy of the advance directives, advance care plan (where available), a transfer report is completed, and medication chart are included in the yellow envelope. A verbal handover is provided. Resident files reviewed evidence follow up and completion of all recommendations and follow up actions documented on the discharge letters.</p> <p>All discharge letters and correspondence with allied health teams including the mental health services for older people, medical specialist service is filed in the resident hard copy file. The registered nurses, clinical manager, and clinical lead report if there were residents who identified as Maori, they would be supported and encouraged to access Maori health services as appropriate.</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>The facility has four 'wings' RD1 and RD2 are dual purpose rooms, RD3 is dual purpose care suites. Homestead is the secure dementia unit all are situated on the ground floor of the facility, with the general managers' office, meeting room and storage in the mezzanine floor</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>above reception.</p> <p>The maintenance policy ensures residents are provided with an appropriate accessible physical environment and facilities that are fit for purpose and planned and reactive maintenance occurs. The maintenance person interviewed work 40 hours a week and is available at the weekend.</p> <p>Reactive and preventative maintenance occurs. There is an annual maintenance plan, which includes monthly checks, for example, hot water temperature, call bells, resident equipment, and safety checks. Electrical equipment has been tested and tagged and calibration of medication equipment is completed annually. Essential contractors are available 24-hours a day. Fire equipment is checked by an external provider. The building warrant of fitness expires in July 2022.</p> <p>There is a country/ farming theme throughout with grass styled privacy frosting. Farming scenery, farm animal photos and paintings around the facility. Ornamental bales of wool as decoration. The café/ community area is known and the woolshed, exteriors of the facility are farm/ industrial style. All residents have access to the cinema, gym, and café facilities, indoor bowling alley, and snooker room. There are two large rooms with large tables, which residents can access for family events such as birthday celebrations. There is a small whanau room. The reception area has large sofas in front of a large fireplace. The facility is heated by radiators and there are air conditioning units in resident rooms.</p> <p>Each wing has a dining room and separate lounge areas with fireplaces. All corridors are wide. All rooms in RD1 and RD2 and suites have full ensuite facilities that are spacious and provide adequate space for hospital equipment. Resident rooms are furnished with a fridge, microwave, and tea and coffee facilities. All rooms have large windows with views across the countryside or the paddocks within the grounds. The courtyards are easily accessible, with areas of interest and provide seating and shade. There is a large communal dining room and lounge area with adjacent servery area where evening meals are served (pre covid) and large gatherings</p>
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		<p>occur. Each wing has a laundry room where all personal laundry is completed by residents as able or staff. Visitor's toilets are available and there are toilet facilities located close to communal areas.</p> <p>The RD3 wing has care suites which have a separate bedroom, and large lounge/ dining area with larger kitchenette area with all amenities and a dishwasher. Most suites have access to a decked area.</p> <p>There are seven double rooms which are used for married couples. One room was occupied by a married couple.</p> <p>The dementia (homestead) wing is secure. There are large spaces in the unit for resident activities to take place. There are large outdoor areas that include gardens, outdoor furniture, a hen house, and farm gates. Resident rooms provide adequate space for personal adornments. There are no doors on wardrobes or ensuites (not common practice in dementia); however privacy is maintained as the ensuite doors are away from the entrance to the room. Staff ensure bedroom doors are always closed during provision of cares. There is darker coloured tiles around the toilet. There is a large open plan kitchen, lounge, and dining area with smaller quiet seating areas. All doors are open to allow residents to go for walks in the enclosed courtyard.</p> <p>Residents and relatives interviewed were complimentary of the environment and well-maintained grounds.</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</p>	<p>FA</p>	<p>Emergency management policies and a business continuity and emergency management plan outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (31 August 2018). The fire evacuation plan has been reviewed by the fire department on completion of each addition</p>

<p>event.</p>		<p>to the facility. This has been reviewed recently again by the fire department who state the fire evacuation plan is current. There is fire-fighting water on site, and all alarms go to the fire station. The fire alarm system is being upgraded to take into account fire cells which will reduce confusion when an alarm is activated. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. The last drill took place on 14 February 2022. Copies of the six-month fire evacuations are sent to the fire department.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard in each wing. In the event of a power outage there is back-up power available and gas cooking. Plans are in place to purchase a generator. There are adequate supplies in the event of a civil defence emergency including ample water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents are also given an option to wear an alarm pendant. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secured after hours, staff complete security checks at night. The entrance to the grounds has a locked gate with an intercom for access. There are 20 security cameras installed, both indoors and outside. Currently, under Covid restrictions, visiting is restricted. All visitors must undergo a rapid antigen test (RAT) prior to entering the care centre.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent</p>	<p>FA</p>	<p>There is a suite of infection control policies and procedures. The infection prevention and control programme policy includes infection control objectives and lines of reporting. The infection control and</p>

<p>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>surveillance monitoring policy describes the surveillance programme to be implemented. The programme is reviewed annually.</p> <p>The annual infection control plan is developed by the general manager, clinical manager and the clinical lead with specialist and GP input as required. The programme includes infection prevention and antimicrobial management that align with the organisation's strategic document. The board and management team knows and understands its responsibilities for delivering the infection control and antimicrobial programmes and seeks additional support where needed to fulfil these responsibilities. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, and the pandemic plan have been updated to include Covid 19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>The clinical manager is the infection control coordinator, and has a signed defined job description that outlines the role and responsibilities on file. The clinical lead supports the infection control coordinator. The infection control team is the management team. Meeting minutes are available to all staff and infection control is an agenda topic at staff meetings (link 2.2.2). The infection control coordinator and lead described reporting requirements for infections and outbreaks reported. The results and analysis of the data collated each month are reported to the Board. The Maori health plan ensures staff are practicing in a culturally safe manner.</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</p>	<p>FA</p>	<p>A suite of policies are available to guide staff around all infection control practices which acknowledge the spirit of Te Tiriti O Waitangi. The RNs, HCAs, housekeeping and laundry staff interviewed could all describe how they acknowledge cultural practices for example not using dining tables for clinical practices, keeping food away from clinical areas,</p> <p>The infection control coordinator (clinical manager) provides a report to include graphs of data which is not always evidenced as discussed at staff meetings (link 2.2.2). The infection control coordinator interviewed described support from the infection control specialist</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>from the district health board. The infection coordinator described utilising the MOH website for information around covid19 guidelines and recommendations as needed. There are a suite of policies and procedures available to staff to guide them around safe practices.</p> <p>The infection control coordinator described utilising the online training, system, Ministry of Health (MOH) sites. Staff education around infection control commences at orientation to the facility with a range of competencies and education sessions for new staff to complete. These are then reviewed at least annually as part of the education planner. Staff education includes (but is not limited to); standard precautions, isolation procedures, hand washing competencies, donning and doffing personal protective equipment (PPE).</p> <p>Staff follow the covid management plan and the pandemic policy which is available for all staff. All staff have been double vaccinated/ most residents are double vaccinated. Visitors are being asked perform rapid antigen tests (RATs) at reception prior to visiting residents. All new residents are requested to be double vaccinated. PPE is ordered through the MOH and stock balance is maintained to support any possible outbreak. Adequate PPE stocks were sighted in the centrally located store, which is accessible to all staff.</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>	<p>FA</p>	<p>The antimicrobial stewardship policy aims to; a) promote judicious use of antimicrobials in treating infections, and evaluate the efficacy of the prescribed antimicrobial, b) to implement infection control interventions within the facility to reduce the need for antimicrobials, and c) to reduce the harmful effects of inappropriate antimicrobial use within the facility.</p> <p>The registered nurses ensure the timely and accurate assessment and reporting of infections and liaise with the GP for appropriate treatment. Each infection must meet specific criteria. A multidisciplinary approach is taken before prescribing an antimicrobial which includes the registered nurse/ infection control coordinator, GP, the pharmacist, the resident, and their whanau. The GP is responsible for the diagnosis and treatment and the RN is responsible for ensuring the optimal treatment is provided, accurate documentation using the</p>

		<p>electronic resident system. The registered nurses interviewed describe using clinical judgement when completing a care plan for infections considering that some infections can be self – limiting, especially when it is caused by a virus such as the common flu / colds. The registered nurses interviewed describe trying alternative interventions to be considered before the use of antimicrobials including (but not limited to); increasing fluid intake, improving hand hygiene practices the use of ural sachets, alerting and providing education to staff.</p> <p>All infections are logged on an individual infection notification form, and a short-term care plan is implemented. This generates a monthly report, which is fully analysed and discussed at meetings. The infection control coordinator collates data around the type of infection, type of antimicrobial used and the duration of the treatment.</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 antimicrobial policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility and reinforce basic principles of infection and prevention control.</p> <p>Infection monitoring is the responsibility of the infection control coordinator. All infections are entered into the electronic resident system, which generates a monthly analysis of the data. There is an end of month analysis with any trends identified and corrective actions for infection events. Outcomes are discussed at the daily handovers when residents have infections, however, discussion at staff meetings around infection control data was not evidenced in meeting minutes (link 2.2.2).</p> <p>All staff and most residents have been received the required covid19 vaccinations and boosters. There have been no outbreaks since the previous audit. There was one resident with suspected covid, who had symptoms, however tested negative. Appropriate precaution measures were taken.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	FA	<p>There are laundry and cleaning policies and procedures. Material safety datasheets are to be available in the laundry. The sluice is located in the laundry in the service area beside the kitchen. There is</p>

<p>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>swipe access to the laundry. There is a 'wash' (dirty) access and 'dry' (clean) automatic sliding door access and exit from the laundry. Personal protective equipment including gloves, long sleeved aprons and visors are used by laundry assistants when sorting laundry. There are two large washing machines in the 'dirty' area, and two large commercial dryers in the clean area. All sheets, blankets and bathroom laundry is laundered in the laundry. Each wing has a small laundry where personal laundry is washed, dried, and returned to the residents. Laundry is collected from the wings in covered trolleys. Laundry services are provided across seven days a week. Resident's personal clothes are laundered by the HCAs in the laundry in RD2, and Homestead wings.</p> <p>The cleaner's trolley is locked away in the cleaner's cupboard when not in use. All chemicals on the cleaner's trolley were labelled and in original containers, chemicals are stored in the lockable cupboard in the cleaning trolley when in use. The cleaner interviewed could easily describe processes in line with current best practice including the use of colour coded cloths and mops. There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule. Staff have completed chemical safety training. The laundry assistant and cleaner interviewed were knowledgeable around infection control practices.</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>The facility is committed to providing services to residents without the use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical manager. There is no restraint being used. The use of restraint (if any) would be reported in the toolbox sessions, monthly staff meetings and board meetings. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment.</p> <p>Maintaining a restraint-free environment is included is incorporated in</p>

		the orientation programme and staff training plan.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 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>	PA Low	<p>A quality and risk management plan is documented. This document is linked to the strategic plan and restates the vision and values of the service. An internal auditing programme is established. Audits are completed as per the audit schedule. In addition, systems for monitoring cover health and safety, infection control, restraint minimisation, education, human resource management, quality data and satisfaction surveys. Missing was consistent evidence of quality data being shared with staff in staff meeting minutes, and evidence of quality data being trended and analysed.</p>	<p>i) Quality data that is being collected (eg, falls, skin tears, bruising, episodes of challenging behaviours, infections, etc) and internal audit results (including corrective actions) are not consistently documented in meeting minutes.</p> <p>ii) Quality data is not consistently trended and analysed.</p>	<p>i) Ensure discussions in relation to quality data, including clinical indicator data and internal audit results/corrective actions are evidenced in meeting minutes.</p> <p>ii) Ensure quality data is consistently trended and analysed, to assist in looking for opportunities for improvements and monitor progress.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall</p>	PA Moderate	<p>Due to the changes in registered nursing staff, there are currently three of 10</p>	<p>i). One dementia level residents initial interRAI</p>	<p>i) – iv) Ensure all interRAI assessments are completed</p>

<p>engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>		<p>registered nurses who are interRAI trained, which has resulted in a lapse of interRAI assessments and long-term care plans being completed and reviewed in a timely manner.</p> <p>Currently the service has reduced the number of outstanding interRAI assessments to 26. A corrective action plan has been implemented around a catch-up plan to have initial interRAI assessments completed within timeframes, and outstanding reassessments and care plans reviews completed.</p>	<p>assessment was completed five months after admission</p> <p>ii). One dementia level resident did not have an initial interRAI assessment completed for three months post admission.</p> <p>iii). One hospital level resident and one rest home level resident did not have an interRAI assessment completed for two months post admission.</p> <p>iv). One dementia level resident, and one hospital level resident did not have an interRAI reassessment completed for a period of 10 months.</p> <p>v). One dementia level resident did not have a care plan review for nine months.</p>	<p>within timeframes.</p> <p>v). Ensure all long term care plans are reviewed at least six monthly.</p> <p>60 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>Controlled drugs are held in a locked room centrally located in the facility. The controlled drug register is completed correctly by two medication competent staff (one of whom is an RN), however, weekly checks have not consistently occurred as scheduled</p>	<p>Weekly controlled drug checks have not occurred as scheduled with a gap of up to 4 weeks.</p>	<p>Ensure weekly controlled drug checks are completed weekly as scheduled.</p> <p>60 days</p>
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-</p>	<p>PA Low</p>	<p>There are three residents who self-administer medications. Medications are stored in a locked drawer in the residents'</p>	<p>The three self-administration competences in place had not been reviewed for a period of</p>	<p>Ensure self-medication competencies are reviewed at least three monthly and</p>

administration of medication where appropriate.		ensuites. Self-administration competencies are in place, however, have not been reviewed three-monthly	10 months.	signed off by the RN and GP. 90 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.