

# Akaroa Health Limited - Akaroa Residential Care Centre

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Akaroa Health Limited
<b>Premises audited:</b>	Akaroa Residential Care Centre
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 21 June 2022    End date: 21 June 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	8

# Executive summary of the audit

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## Introduction

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

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

## General overview of the audit

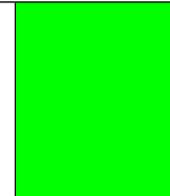
Akaroa Residential Care Centre (referred to as Akaroa Health by the provider), which is managed by Akaroa Health Limited, comprises a general practice together with four 'flexi-beds, including a palliative care room, and eight aged residential care beds. The flexi beds may be used for respite care, or for patient observation for the general practice.

This surveillance audit process included review of applicable policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, the manager, staff and a general practitioner.

Improvements are required to the organisation's quality and risk management framework and to new staff orientation processes. Shortcomings raised at the last audit in relation to aspects of cleaning processes have been addressed and meet requirements; however, not all medicine administration competency assessments are current and therefore this issue remains an area for improvement.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

Akaroa Residential Care Centre is working on a strategy that supports and encourages a Māori world view of health in service delivery, enables services to be provided according to the principles of Te Tiriti o Waitangi and that upholds the principals of mana Motuhake.

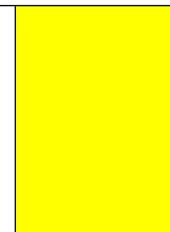
Systems are being instituted for the development of a Pacific health plan.

There are no current residents who identify as Māori; however, a holistic model of health is implemented and management is working proactively to enlighten staff about concepts such as institutional racism.

Information about how to make a complaint is readily available and a complaints management system is in place.

## 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 governing body assumes accountability for delivering a high-quality service. Local iwi are actively involved in supporting the governance board and leaders to develop a Māori health plan and to honour Te Tiriti in order to reduce barriers for Māori and improve their outcomes when applicable.

The quality and risk management systems are focused on improving service delivery and care. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Comprehensive risk management and review processes ensure actual and potential risks are identified and mitigated.

The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural, clinical and support needs of residents. Staff participate in a range of ongoing education including mandatory requirements. Learning opportunities are ongoing and support safe equitable service delivery.

## 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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When people enter the service a person-centred and whanau-centred approach is adopted. Relevant information is provided to the potential resident/whanau.

The service aims to work in partnership with the residents and their whanau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of the residents and whanau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

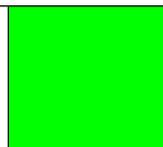
Medicines are safely managed and administered by staff who are competent to do so.

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

The food service meets the nutritional needs of the residents, and specific cultural needs are catered for. Food is safely managed.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



Subsections applicable to this service fully attained.

The buildings and equipment are safe, well maintained and meet legislative requirements. Representatives from local iwi have been involved in the establishment of the facility.

A fire and emergency plans are in place and there are appropriate security systems.

## 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.

Documented cleaning processes that describe the appropriate use of cleaning equipment and ensure isolation rooms are suitably cleaned are being implemented.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control co-ordinator leads the programme.

Staff demonstrated good principles and practice around infection control. Staff, residents, and whanau were familiar with the pandemic/infectious diseases response plan. Aged care specific infection surveillance is undertaken with follow-up action taken as required. The environment supports prevention and transmission of infections.

## 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 governing body supports a restraint free environment. There has never been any restraint used in this facility and there were no residents using a restraint at the time of audit. Established reporting systems would enable the governing body to be alerted to any such intervention.

## 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	19	0	2	1	0	0
Criteria	0	50	0	2	1	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Akaroa residential care centre has worked in collaboration with local iwi representatives from the Ōnuku Marae (Te Rūnanga o Ngāi Tahu) and a Māori health advisor from Waitaha Primary health to develop the Akaroa Te Hauora o Rākaihautū Māori Health Plan 2021-2023. The plan includes an ethnicity breakdown of the population of the catchment for Te Hauora o Rākaihautū and notes that 3% of the staff identify as Māori. One of the objectives of the plan is to address the workforce not only by increasing staff knowledge and understanding of cultural safety, Māori health, the Treaty of Waitangi and local history but also by ensuring the makeup of the staff will reflect that of the local Māori population.</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</p>	Not Applicable	<p>A Pacific plan is not yet available. There is an understanding that six Pacific people reside within the Akaroa township and surrounding district; however, at the time of audit there are no Pacific people receiving residential/overnight services at Akaroa Health. The general manager is aware of the requirements for this standard and is planning to request assistance and support from a Pacific Advisor</p>

<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>within the Waitaha Primary Health Organisation with whom Akaroa Health has a close relationship.</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>Staff were observed recognising Māori mana Motuhake by supporting and enabling residents in accordance with their wishes and respecting their rights. The importance of this is reflected in Akaroa Te Hauora o Rākaihautū Māori Health Plan 2021-2023 and staff interviewed understood the concept.</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>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room with private facilities.</p> <p>Te reo Māori and tikanga Māori form part of the organisation's extensive Māori Health Plan 2021-2023, which will endeavour to demonstrate the relevance and importance of both in the resident's care.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	<p>FA</p>	<p>It is the aim of the board to develop and enhance recruitment to attract, appoint and retain Māori staff within the organisation. An objective in the Māori Health Plan is to increase staff knowledge and to assist them to address their own biases, attitudes and assumptions</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>that may affect the quality of care. The vision outlined in the plan incorporates a holistic health approach which aligns to “Te Whare Tapa Wha”. There are currently no Māori residents at Akaroa Care Centre</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>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Residents and families/whānau felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident’s record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The acting clinical lead, or the admitting registered nurse is responsible for advising residents and whānau about the complaint process. Those interviewed were familiar with the option of making a complaint and how to do so but none have felt the need to lodge a complaint. The complaint register is a combined integrated health centre one, and all complaints documented to date have been from the GP practice side of the service, rather than people in residential or overnight beds. The general manager noted that concerns may be raised at the monthly residents’ meetings and examples of these and the resolution for them were viewed in residents’ meeting minutes. A system is in place to receive and resolve complaints that leads to improvements. There have been no complaints received from external sources since the previous audit.</p>

		<p>Although there were no residents who identified as Māori at the time of audit, the general manager described how they would collaborate with the Māori health advisor from Waitaha primary health organisation and/or with Ōnuku Rununga, as described in the Māori health plan, to ensure the complaint system worked for equitably for Māori.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti o Waitangi. A comprehensive Māori health plan has been developed in consultation with local iwi representatives from the Ōnuku Marae (Te Rūnanga o Ngāi Tahu) and approved by the governance board. The plan has helped identify ways to address barriers to equitable service delivery and its implementation is intended to improve outcomes and achieve equity for Māori.</p> <p>A Māori health advisor through the Waitaha primary health organisation is also involved at the wider Akaroa Health Centre organisational level and in addition to providing additional support, the link also ensures accountability for ensuring outcomes are improved and equity is achieved for tāngata whaikaha - people with disabilities.</p> <p>The general manager described the usual roles of members of the governance board within the wider health sector and noted how they demonstrate expertise in Te Tiriti, health equity, and cultural safety as core competencies. This was validated via board member profiles.</p> <p>The Akaroa Residential Care Centre has eight aged care residential beds and four flexi beds. The service holds contracts with the Canterbury District Health Board for aged residential care, respite and complex medical conditions. There were eight beds occupied on the day of audit, all under the Aged Related Residential Care Agreement. Six of these were permanent and two others were receiving respite rest home level care. One of the permanent residents was receiving hospital level care and five rest home care.</p>

<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>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>Quality and risk management activities that reflect the principles of continuous quality improvement are being implemented. These include management of incidents and concerns, internal audit activities, monitoring of outcomes, policies and procedures, clinical incidents including infections and wounds. Although these activities are being upheld, there is not a current quality plan or framework on which they are based, and this has been raised for corrective action.</p> <p>There has not been any resident or whanau survey since the last audit due to the additional workload imposed by COVID-19; however, the acting clinical lead and the general manager were confident that residents' meetings are providing sufficient feedback in the interim. Meeting minutes showed that such feedback has especially related to satisfaction around meals, the activity programme and positive feedback about staff assistance. Any residents' concerns had been addressed promptly. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>A revised risk management plan and associated register has been approved and is comprehensive. The general manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Reports of risk management are evident in staff meeting minutes and in monthly reports from the general manager to the governance board. These reports demonstrate critical analysis of organisational practices is occurring.</p> <p>There are not currently any residents who identify as Māori; however, the Māori health plan in place will enable the leaders to monitor whether they are delivering high quality care for Māori when appropriate.</p> <p>The general manager and the acting clinical lead understood and comply with essential notification reporting requirements with an example of a report provided relating to risks associated with a prospective reduction in registered nurse numbers for a time in July 2022.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>A review of policies and procedures and staff rosters over four weeks showed there is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Although seldom required, the facility adjusts staffing levels to meet the changing needs of residents. Healthcare assistants reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate, there is 24/7 registered nurse coverage, and additional support is available on call whenever required.</p> <p>Continuing education is planned on an annual basis. This is provided according to a two-yearly staff education programme that includes mandatory training requirements, which the acting clinical lead informed is currently under review. Additional information on health equity is expected to be added during this review. Related competencies are assessed and support equitable service delivery, although as noted in criterion 3.4.3, there is a gap in the updating of some staff medication competencies. Health care assistants have either completed, commenced, or been enrolled in a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Records reviewed confirmed that the internal staff training programme and competency assessments are being upheld excepting where COVID-19 has prevented planned activities from occurring.</p> <p>A comprehensive and easy to follow Māori health plan is available and will enable high-quality Māori health information to be collected and shared when applicable. At present there are no Māori residents or staff at Akaroa Health.</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>PA Low</p>	<p>Professional qualifications are validated prior to employment, including evidence of registration and scope of practice for any health professionals who support the residents at Akaroa Health. Annual practising certificates are checked annually and records of these were viewed.</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>A new staff induction and orientation and induction programme is described within policies and procedures. Staff records showed staff are undergoing an induction process; however, they are not all receiving an orientation process to their role and this has been raised for corrective action.</p> <p>The general manager ensures information held about all staff is held securely and confidentially. A sample of staff records reviewed confirmed the organisation's human resource policies and procedures are being consistently implemented and relevant legislation upheld. Going forward, staff related ethnicity data is to be recorded into an already established recording system and analysed as part of reports to the governance board Health Information Standards.</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>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service or as privately funded residents. Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. There are currently no residents who identify as Māori. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and being analysed but is currently not inclusive of ethnicity data. Processes are in place to develop relationships with Māori communities and organisations inclusive of traditional Māori health practitioners and there have been established relationships, as required, with previous residents to meet their needs in the past.</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</p>	FA	<p>The multidisciplinary teamwork in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes</p>

<p>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>resident and whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the GP, and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>An activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life. This is available on a Monday, Wednesday, and Friday 9.00 – 4.30pm by a qualified diversional therapist. Outside of these hours activities are covered by care staff with a range of activities to choose from.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are not yet being facilitated as there are currently no residents who identify as Māori, but these have been facilitated in the past with a close established relationship with the local marae.</p> <p>Residents and whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p>	<p>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using a paper-based system) was observed on the day of audit. A previous corrective action in relation to not all staff who administer medicines having a current medicine</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>administration competency remains open.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are used in conjunction with a competency-based training package administered and accessed by a GP.</p> <p>There are currently no residents who identify as Māori at Akaroa Residential Care Centre and no residents who self-administer medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. There are currently no residents who identify as Māori, or any menu options that are culturally specific to te ao Māori. There are currently no Maori residents, due to the size of the facility there is the ability to cater for specific cultural requirements. A traditional Māori Hangi was to be delivered to the residents to try at Matariki.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family interviews. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Whānau reported being kept well informed during the transfer of their relative.</p>

<p>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>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A current building warrant of fitness is on display (expiry date 1 July 2022), testing and tagging of electrical equipment is current and medical equipment checks have been completed as required.</p> <p>The environment is culturally inclusive and suits the needs of the resident groups. Representatives from the Ōnuku Marae (Te Rūnanga o Ngāi Tahu) were consulted when the facility was built, a Māori name of 'Te Hauora o Rākaihautū' was gifted to Akaroa Health and a carving that sits at the front of the building tells the story. Local iwi led the blessing of the building at the time of its opening in 2019.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A copy of the documentation confirmed the fire and emergency evacuation plan was approved by the New Zealand Fire Service on 9 August 2019. Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed.</p> <p>Appropriate security arrangements are in place with a call bell system, emergency external lighting, doors locked at night and security latches on windows. The facility has a good relationship with the local police and staff are trained to call for assistance with any concerns. There have been no security breaches since the service opened in the new building. Residents can come and go as they choose and as</p>

		they are able, although doors are currently locked to visitors entering the building to enable appropriate checks for COVID-19 to be undertaken. Residents and staff were familiar with emergency and security arrangements.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on regularly, there is currently no partnership with Māori to ensure culturally safe practice, as there are currently no Māori residents.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient educational resources available and personal protective equipment (PPE) available, and staff have been trained accordingly.</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>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme is shared with staff. Monthly surveillance does not document ethnicity data.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness</p>	FA	<p>The environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the facility. Details of methods, frequency, and materials used for cleaning processes are available and details of the various colours of mops and their purposes are clearly displayed in the cleaning room/cupboard and are</p>

<p>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>known by staff. Cleaning processes are monitored for effectiveness via the internal audit processes. Details of cleaning processes within isolation rooms are described in cleaning related policies and procedures and conveyed to all staff as health care assistants are responsible for most of the cleaning within the residential service and four flexi-bed areas. These actions have addressed the corrective action at the previous certification audit raised under criterion 1.4.6.2.</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>Akaroa Health's governance group demonstrates a commitment to maintaining a restraint free environment. The acting clinical lead, who has been in the service (including the former Pompallier House) since 2011 has never known of any restraint use and there were no restraints in use at the time of audit. With no restraint use there are no reports going to the board about its use; however, the general manager did advise that should this occur, it would be included within the usual monthly reports to the board just as any incidents do.</p>

## Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant 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 2020 – 2021 quality plan is available. This describes the processes associated with quality and risk management. Most associated quality management activities are being upheld; however, these no longer link to the system as described in the quality 2020 – 2021 plan and the recently developed risk management system surpasses that described in the quality plan. The quality plan requires updating and there is a need for the recently developed risk management system to be integrated into this.</p>	<p>There is not currently a quality management framework or plan against which quality reviews, risk assessments and improvement processes can be measured against.</p>	<p>A quality management framework is developed and implemented to sit alongside the risk management strategies.</p> <p>180 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction</p>	PA Low	<p>An induction and orientation policy and procedure is available. The orientation programme was reviewed; however, this is basic and not only is it inconsistent with the</p>	<p>The orientation programme in use does not cover the essential components of the services provided and new</p>	<p>An orientation programme that covers the essential components of the various staff roles is established and</p>

<p>programme that covers the essential components of the service provided.</p>		<p>policy documentation, but it is little more than a reviewed induction programme, is not being signed off by a senior staff person and does not ensure safe practise when a person commences in their role. Records of staff orientation were incomplete and there were staff reports that they did not receive a comprehensive orientation to the role when they started at Akaroa Health.</p>	<p>staff are not undertaking an orientation process that ensures resident safety.</p>	<p>staff complete these requirements within a specified timeframe after commencing employment.</p> <p>90 days</p>
<p>Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>Seven registered nurses and one enrolled nurse had completed a competency based on specific standing orders, which are administrated and accessed by the GP at the medical practice. However, theses staff had not completed their medication administration competency in the previous 12 months. All care staff medication competencies were up to date. Although staff are very familiar with the residents and their medications, this was also a previous corrective action. Hence a moderate risk rating has been applied.</p>	<p>Not all staff who administer medications to residents have undertaken a medicine administration competency assessment within the past twelve months.</p>	<p>All staff who administer medications to residents compete the competency assessment within the specified 90-day period.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.