

Te Kauwhata Retirement Trust Board - Aparangi Village Residential Care Unit

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:

Legal entity:	Te Kauwhata Retirement Trust Board
Premises audited:	Aparangi Village Residential Care Unit
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 June 2022 End date: 28 June 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:	47

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Aparangi Village Residential Care Unit provides rest home, and hospital level care for up to a maximum of 59 residents. The care unit and surrounding retirement village is owned and operated by the Te Kauwhata Retirement Trust Board.

The service providers requested approval to reconfigure and increase the number of beds from 54 to 59 in April 2022. This was approved by the Ministry of Health (MOH) subject to auditor inspection. These changes have not yet been enacted. The additional hospital level bedroom was inspected and confirmed as suitable. The other four beds could not be confirmed as suitable as building works had not commenced and the single occupant in these rooms was still in residence. There have been no admissions due to COVID 19 infections and lock down.

A full-time care unit manager (CM) who is a registered nurse (RN) is supported by two clinical nurse leaders (CNL) and reports to a general manager (GM) who oversees business and operations for the entire site, including a large retirement village.

This surveillance audit was conducted against a subset of Ngā paerewa Health and Disability Services Standard 2021 and the service provider's agreement with the district health board (DHB). The audit process included considering a sample of policies and procedures, residents' and staff files, observations and interviews with residents, family/whanau members, senior managers, the contracted physiotherapist and the general practitioner (GP). All interviewees were positive about the care provided.

One finding was identified during this audit; care plans need to reviewed and updated. The previous finding about evaluating the effectiveness of as needed medicines, has been resolved.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

The provider maintains a socially inclusive and person-centred service. The residents confirmed that they are treated with dignity and respect at all times. Cultural and spiritual needs are identified and considered in day-to-day service delivery. Information is communicated in a manner that enables understanding. Consent is obtained where and when required. All staff receive in-service education on Te Tiriti O Waitangi and the Code of Health and Disability Consumer Rights (the Code). There was no evidence of abuse, neglect, or discrimination.

There is a Māori health plan to guide staff to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs.

The complaints process aligns with consumer rights legislation. All complaints have been well managed and resolved to the satisfaction of the complainant.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The organisation is governed by a board of trustees who work with senior managers to monitor organisational performance and ensure ongoing compliance. The mission, values, scope and business goals of the organisation are documented and monitored for

achievement. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. Quality data including adverse events is analysed to identify wanted and unwanted trends. All incidents are being reliably reported and recorded.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---

When people enter Te Kauwhata Retirement Trust to receive care, a person-centred and family/whānau-centred approach is adopted. Te Kauwhata Retirement Trust carries out routine analysis of entry and decline rates. This included specific data for entry and decline rates for Māori. Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.

Te Kauwhata Retirement Trust has developed meaningful partnerships with the local Māori organisations, to benefit Māori individuals in the organisation.

Care plans are individualised and demonstrate wellbeing outcomes for Māori.

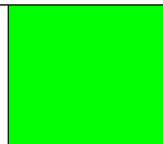
The activity programme offers a range of activities and incorporates the cultural requirements of the residents. All activity plans are completed in consultation with EPOA/whānau /family and residents noting their activities of interest. Residents and EPOA/whānau /family expressed satisfaction with the activities programme in place.

Medicines are safely managed and administered by staff who are competent to do so. All residents, including Māori residents and their whānau, are supported to understand their medications.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Māori and their whānau have menu options that are culturally specific to te ao Māori.

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

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



Subsections applicable to this service fully attained.

The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. Compliance inspection for the building warrant of fitness has been delayed by the regulatory authority.

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

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

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

Subsections applicable to this service fully attained.

Te Kauwhata Retirement Trust 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. The programme is co-ordinated by the Clinical Nurse Leader. There is a pandemic plan in place which is tested periodically.

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

Here taratahi | Restraint and seclusion

Includes 4 subsections 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.

Governance are committed to a eliminating the need for restraint. There were five residents with restraint intervention in place on the days of audit. The restraint coordinator is a clinical nurse manager with designated authority and expertise in the role.

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	21	0	0	1	0	0
Criteria	0	54	0	0	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>The organisation has embedded a Māori model of health into their care planning process. The principles of Te Tiriti are actively acknowledged when providing support to Māori residents. Partnership, protection and participation were evident and confirmed in interview with the two residents who identified as Māori. The organisation’s Māori Health Plan reflected a commitment to Te Tiriti and providing inclusive person/whanau centred support. Four staff who identified as Māori, including a new care worker, confirmed that services were provided in a culturally safe manner. Staff reported they have input into how services are developed and delivered. Their advice is sought and considered. Māori residents and their whānau reported that their mana is protected and that they are treated with dignity and respect and that they are not afraid to speak up if they feel their world view has not been fully considered.</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</p>	FA	<p>On the days of audit, there were no residents who identify as Pasifika and one staff member whose ethnic origins are pasifika. The organisation’s Pacific Health Policy refers to the Ministry of Health</p>

<p>enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The policy lists contact details for Pasifika groups available for guidance and consultation. The policy also states Pacific models of care will be utilised within the plan of care when indicated.</p>
<p>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>The Code of Health and Disability Service Consumer Rights (the Code) is available and displayed in English and Māori throughout the facility. Two residents who identified as Māori said that all staff respect their rights, that they are supported to know and understand their rights and that their mana motuhake was recognised and respected. EPOA/whānau /family or their representative of choice are consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by the cultural responsiveness for Māori residents' policy when required for residents who identify as Māori.</p> <p>The Code of Health and Disability Service Consumer Rights (the Code) is available and displayed in English and Māori throughout the facility. Two residents who identified as Māori said that all staff respect their rights, that they are supported to know and understand their rights and that their mana motuhake was recognised and respected. EPOA/whānau /family or their representative of choice are consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by the cultural responsiveness for Māori residents' policy when required for residents who identify as Māori.</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>FA</p>	<p>The admission process at Te Kauwhata Retirement Trust (Te Kauwhata) ensures that, residents and family/whanau are involved in determining their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. Records sampled confirmed that each</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>resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Residents' privacy, dignity, confidentiality, and preferred level of interdependence are respected. Both Clinical nurse Leaders (CNL) reported that residents are supported to maintain their independence. Residents were able to move freely within and the facility, and outside when Covid 19 restrictions are removed.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have a private room. Staff was observed respecting residents' personal areas and privacy by knocking on the doors before entry.</p> <p>All staff have completed online training on the Te Tiriti o Waitangi and were culturally inclusive of care. Care staff understand what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. The organisation has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Residents and whānau reported that their values, beliefs, and language is respected in the care planning process.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The Care unit manager (CM) stated that any observed or reported racism, abuse or exploitation at Te Kauwhata is addressed promptly and they are guided by the code of conduct.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. There are monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents.</p> <p>In interview, the CNL stated that a holistic model of health at Te Kauwhata is promoted. This encompasses an individualised approach that ensures best outcomes for all.</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>Four staff who identify as Māori, and resident's whanau assist staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose and cultural support when a resident had a choice of treatment options available to them. Staff have received training on tikanga best practice</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 complaints policy and procedures comply with consumer rights legislation. All residents and their whānau are provided with information regarding the complaints process, and advocacy services, on entry. Information regarding the complaints process is displayed and is available in te reo Māori. Residents and family/whānau who identified as Māori said they were comfortable raising complaints or concerns as needed. All interviewees confirmed they have had the complaints procedure explained to them and they know how to make a complaint if required. Staff are aware of their responsibility to record and report any resident or family/whānau complaint they may receive. The complaints register contained two complaints received since the last audit. Records confirmed that each complaint was managed in line with Right 10 of the Code and that they had been closed to the satisfaction of the complainant. The care manager stated there had been no complaint investigations from external authorities such as the DHB, Office of the Health and Disability Commissioner and MOH.</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</p>	<p>FA</p>	<p>Te Kauwhata residential care unit is governed by a board of trustees. Two trustees have stepped down and a new chairperson has been appointed since the last audit.</p>

<p>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>Other changes have been a reconfiguration of services in April 2022. The organisation submitted a request for approval of one more hospital designated bed after converting a bathroom in the hospital wing to a bedroom, and four additional rest home beds when two, two-bedroom apartments currently occupied by independent residents who used to own the right to occupy the apartment under an Occupation Right Agreement (ORA) vacate the apartments. This brings the maximum capacity for residents up to 59, which comprises 12 designated hospital level care rooms, 22 dual purpose rooms and 25 designated rest home level care rooms. None of these changes have been enacted. The facility stopped taking new admissions during COVID 19 infections and subsequent lockdowns earlier this year. The additional hospital bedroom was inspected and confirmed as suitable for occupation by a resident.</p> <p>The organisation holds agreements with the DHB for aged residential care (ARC) in rest home, hospital, medical, respite and palliative care, Long Term Support-Chronic Health Conditions (LTS-CHC) and the Ministry of Health (MoH) for Young People with Disabilities (YPD). There is also a contract for a community day activities programme which is not currently operating.</p> <p>On the day of audit 47 of the 59 beds were occupied. Twenty-nine residents were receiving rest home level care, and 18 residents were receiving hospital care. Three people were under 65 years of age. Two were under MoH YPD and one was under LTS-CHC. One was receiving hospital level care and the other two had been assessed as rest home level care.</p> <p>Governance demonstrates ways they ensure services are delivered safely and appropriately for tangata whaikaha/people with disabilities to facilitate improvement in their health outcomes and achieve equity.</p> <p>There was no evidence of infrastructural, financial, physical or other barriers to equitable service delivery. This was demonstrated by interviews with staff, residents and their whanau/family, results of satisfaction surveys, the demographic population of residents and</p>
--	--

		ethnic composition of staff. Refer to subsection 1.1.
<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>	FA	<p>The service provider has a documented and implemented quality and risk management system which is reviewed and kept current by the operator and the external owner of the quality system. The system includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies. Activities to monitor adherence to the business, quality and risk plan, and the service provider's policies and procedures include regular internal audits, management, RN and staff meetings, provision of staff education and professional development opportunities, analyses of quality data such as incidents, infection and outbreak events, complaints, resident/relative satisfaction surveys and staff surveys. Where these monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. Ethnicity data is being consistently gathered. Tikanga is followed and respected. (Refer subsection 1.1 and 1.4)</p> <p>Essential notification reporting occurs. Section 31 notifications (#29) related to RN shortages have been submitted and the DHB have been notified of positive COVID19 infections twice since 2021. There have been no other significant events.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Approximately 10% of the staff identify as Māori which is reflective of the resident population. Interviews with residents and whānau revealed that staff work in ways to deliver health care that is responsive to the needs of Māori.</p> <p>The service has been challenged by staff shortages since 2020. A number of care and allied staff left as a result of the mandate for vaccinations, and there has been steady attrition of registered nurses. The care manager has submitted 29 notifications of RN shortages since 2021. There has been on average one night shift per week without an RN. On these occasions the care manager sleeps on site</p>

		<p>and a third carer is rostered on the shift. Care staff shortages are ongoing due to seasonal illness and COVID-19 infections. Recruitment for all types of staff is a day to day for the care manager. On the days of audit there were six RNs and one casual RN employed. This number includes the two clinical nurse leaders. The service needs another three to four RNs to cover all shifts.</p> <p>Residents and whānau interviewed said that staff were always attentive to their needs and that call bells were answered within a reasonable time. There is always an extra RN on call after hours.</p> <p>Eight care staff and one RN are rostered for morning shifts, six care staff and one RN in the afternoon shift and two carers plus an RN on night duty. All staff members have current first aid certificates. Staffing levels are adjusted to meet the changing needs of residents.</p> <p>Allied staff such as a diversional therapist and an activities assistant are allocated sufficient hours to meet residents' needs and provide smooth service delivery. Designated cleaners carry out housekeeping duties seven days a week. Meal services and laundry services are carried out daily under contract to external providers.</p> <p>Continuing education for staff is planned on a bi-annual basis to support equitable service delivery. Education includes mandatory training topics such as infection control, management of emergencies, manual handling and safe transfer, resident cares and residents' rights. Mandatory training has been in abeyance since late 2021, replaced by focus on infection prevention related to COVID-19 and the Omicron variant including donning and doffing of personal protective equipment (PPE).</p> <p>The service provider has determined the cultural make-up of their workforce and estimated the percentage of Māori health care and support workers. The owners also confirm people's right to speak their own language, endorse tikanga and support connections to iwi, hapū, and whānau. This was observed during the audit and confirmed by staff and resident interviews and staff files.</p>
--	--	--

		<p>All staff who administer medicine are regularly competency assessed to ensure compliance with known best practice and safe procedures in medicine management.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the DHB. Of the 36 care staff employed, eleven have achieved level four on the NZQA framework and the others are on track to achieve levels two and three. The care unit manager is an accredited career force assessor and moderator of the programme.</p> <p>Six RNs are accredited and maintaining competencies to conduct interRAI assessments. Staff records sampled demonstrated completion of the required training and competency assessments. Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks,</p> <p>Staff records sampled confirmed the organisation's policies are being consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities. Records were kept confirming that all regulated staff and contracted providers have proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ medical council, pharmacy, physiotherapy and podiatry board.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation. (HISO). Staff ethnicity data is recorded and used in accordance with HISO. There is a diverse mix of staff employed (refer subsection 1.1 and 1.2)</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. This always includes being allocated to</p>

		<p>a peer/buddy for at least three shifts and having regular on 'one-on-ones' with management staff.</p> <p>Formal performance appraisals occur at least annually, and all staff had completed or were scheduled to attend a performance review for 2021/2022.</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 Te Kauwhata when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Te Kauwhata provides. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements. Te Kauwhata carries out routine analysis of entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.</p> <p>Te Kauwhata has developed meaningful partnerships with the local Māori community organisations to benefit Māori individuals and whānau, however has not been able to access support from Maori Healthcare practitioners or Maori healers (refer criterion 3.1.6)</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>	PA Moderate	<p>The multidisciplinary team at Te Kauwhata works in partnership with the resident and family/whānau to support the resident's wellbeing. Nine residents' files were reviewed. Six of these were hospital files, and three rest home. Files included residents under sixty-five years, one being on a Ministry of Health contract (MOH) and one being on a long-term chronic health contract. File reviews included residents who identified as Māori, and a resident who self-administered medication. There were no residents at Te Kauwhata at the time of audit with wounds or pressure injuries. Files reviewed verified a care plan is developed by a registered nurse (RN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service</p>

		<p>integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes met contractual requirements up to November 2021. Since then, documented nursing assessments, and long-term care plans have not been kept up to date. This was verified by sampling residents' records, from interviews, including with the general practitioner (GP), and from observations. This is an area requiring attention</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 provided 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>	FA	<p>The diversional therapist and activities coordinator at Te Kauwhata provide an activities programme five days a week that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identified individual interests and considered 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 facilitated. Prior to COVID-19 restrictions being in place, several community groups including the local school and college Kapa Haka groups visited Te Kauwhata, however this has not occurred during the COVID-19 outbreak. Young people with disabilities (YPD) are encouraged and supported to access activities of choice or programmes both onsite and offsite, when Covid 19 restrictions permit. In interviews conducted the, YPD residents confirmed that prior to Covid 19 restrictions they would wander to the local shops. All residents at Te Kauwhata have access</p>

		<p>to WIFI at the service.</p> <p>Residents' meetings occur each month and these enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents/family/whānau are generally satisfied.</p> <p>The activities programme sighted support community initiatives that meet the health needs and aspirations of Māori and whānau. Residents who identify as Māori are encouraged to connect or reconnect with their communities. Recent activities include the baking of Māori bread, making flax flowers and celebrating Matariki.</p> <p>Residents and family/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>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</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 were 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 not used at Te Kauwhata.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported</p>

		<p>to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p> <p>A previous corrective action identified that Pro re nata (PRN) medications, when used did not have an effective evaluation process in place. This has now been addressed. When PRN medications are administered the effectiveness of that medication is monitored and recorded.</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 food service provided at Te Kauwhata is a contracted service and is in line with recognised nutritional guidelines for older people.</p> <p>Each resident has a nutritional assessment on admission to the facility. The Māori health plan in place included cultural values, beliefs and protocols around food. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this.</p> <p>Enduring Power of Attorney (EPOA) /whānau /family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau /family expressed satisfaction with the food options.</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.</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 family/whānau. The resident and family/whānau interviewed reported being kept well informed during the transfer of their relative, as was evidenced on the day of audit with a transfer being organised.</p>

<p>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>	<p>FA</p>	<p>Inspection of the internal and external environments revealed no concerns. There has been extensive work and improvements made to the building and the grounds. For example, a total roof replacement, double glazed windows are being installed, a new and additional sluice room, upgrade to bathrooms, newly designated staff room, a whanau room and purpose designed hair salon and development of gardens. Plant and equipment are being well maintained.</p> <p>The building warrant of fitness expired on 22 May 2022. Evidence was sighted that inspections and reissue of this is delayed due to a local authority back log of six months.</p> <p>There have been no new building developments. A kaumatua visits regularly to bless the rooms where residents have passed away, and the entire building was blessed after the COVID-19 lockdowns. Interviews with senior management confirmed they understood the requirements to consult and co-design any proposed new environments to ensure they reflect the aspirations of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand on the 14 October 2020. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service. The most recent unplanned evacuation took place in April 2022. Management stated there had been no known issues with fire and emergency systems since the previous audit in November 2020.</p> <p>Appropriate security arrangements are in place. The main entry to the home is currently locked as a precaution to prevent the spread of COVID-19. A receptionist allows entry to authorised visitors who have made appointments. All external doors and windows are locked at a predetermined time each evening. These are accessible from the inside but not from outside the building.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	<p>FA</p>	<p>The CNL is the infection prevention and control coordinator (IPCC) and is responsible for overseeing and implementing the IP</p>

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>programme with reporting lines to the CM. The IP and AMS programme are linked to the quality improvement programme that is reviewed and reported on annually. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>A pandemic preparedness plan is in place, and this is reviewed at regular intervals. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</p> <p>A pandemic preparedness plan is in place, and this is reviewed at regular intervals. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</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</p>	<p>FA</p>	<p>Surveillance of health care-associated infections at Te Kauwhata is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Te Kauwhata uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. Surveillance data</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>includes ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented.</p> <p>There have been two outbreaks of COVID-19 at Te Kauwhata in 2022. Residents affected were isolated in their rooms, the unit was closed and visiting was restricted. The Regional Public Health Unit (RPH) and the WDHB were informed of the outbreak.</p> <p>COVID-19 restrictions at Te Kauwhata remain in place on visiting and outings. All staff RAT test prior to commencing work.</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 service continues to aim for a restraint free environment. This is supported by the governing body and policies and procedures. The CNL provides monthly reports on restraint use, type and frequency to the care unit manager each month, who then reports this to the general manager and the board of trustees. This was sighted in a sample of board reports.</p> <p>There were five residents using restraints at the time of audit. Four residents had bed rails in place when in bed. One of these required a pant brief support applied when seated to keep them safe from falling, and so did one of the residents using a bed rail.</p> <p>A sample of records confirmed that alternatives have been explored and that the restraint intervention was a last resort.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is one of the clinical nurse leaders who reports to the care unit manager. The role is defined in a job description which describes the coordinators responsibilities for monitoring and reducing restraint usage, supporting staff in the safe application of interventions, and maintaining oversight of all restraint activities. The coordinator interviewed demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities.</p> <p>Staff receive information and education on alternatives and the least</p>

		restrictive methods, safe restraint practice, culturally appropriate interventions, and de-escalation techniques. Those interviewed demonstrated understanding about restraint procedures, risks when using restraint and monitoring requirements.
--	--	--

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 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-</p>	<p>PA Moderate</p>	<p>Nine care plans were reviewed during this audit. The unit is overseen by two CNLs who are familiar and guide all aspects of the resident’s care and ensure continuity. Interviews and observations verify staffing shortages (refer standard 2.3) and Covid outbreaks/restrictions has impacted on ensuring documentation is up to date. InterRAI assessments in seven of the nine files have not been completed within the required timeframes or as the resident’s condition changes. Eight of nine care plans did not consistently record all the potential risks and required nursing strategies to minimise these risks. The care has been evaluated however care plans have not been reviewed or updated since late 2021, despite changes being made to the care being provided at the bedside. Where progress was different than expected, changes in care was documented in progress notes but not documented in the care plan. This was a documentation issue, as care provided was as per</p>	<p>The documentation in residents’ care plans have not been updated to reflect residents changing needs.</p>	<p>Provide evidence residents’ care plans are updated to reflect residents’ current needs</p> <p>90 days</p>

<p>assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>resident need.</p>		
--	--	-----------------------	--	--

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.