

# Maygrove Rest Home Limited - Maygrove Lifecare

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Maygrove Rest Home Limited

**Premises audited:** Maygrove Lifecare

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 18 July 2022 End date: 19 July 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:** 40

# 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

Maygrove Lifecare provides age-related residential care services (rest home) for up to 43 residents. The facility is owned and operated by New Zealand Aged Care Services Limited.

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

The audit has identified that improvements are required related to completion of interRAI assessments, care planning, strategic planning, the quality and risk system, records keeping, and staff training.

## 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.
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Maygrove Lifecare works collaboratively to support and encourage a Māori world view of health in service delivery. 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 facility has a relationship with mana whenua. Cultural and spiritual needs are identified on admission and considered in daily service delivery. Principles of mana motuhake practice was evidenced in service delivery. There were Māori residents in the facility on the days of audit.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe. There were no residents who identified as Pasifika on the days of audit.

Maygrove Lifecare has processes which support residents including their individual needs. Staff are aware of Te Tiriti o Waitangi and work collaboratively with residents and whānau to provide culturally safe care. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with safe services.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved. There has been one complaint received via the Health and Disability Commissioner and one received via the District Health Board; both have been addressed and closed.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The governing body assumes accountability for service delivery. This includes honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori, Pasifika, and tangata whaikaha. The governing body does not yet have meaningful inclusion of Māori in the governance group and is looking for opportunities to meet this requirement.

Planning is currently limited to a business plan which outlines the goals for Maygrove Lifecare. Policies and procedures are in place but many of these have not been reviewed since 2017.

The quality and risk management systems are focused on improving service delivery and care. Collection of quality improvement data occurs, these are reported numerically monthly to the clinical governance group. Adverse events are documented, and corrective actions identified. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix are in place to work to meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice guidelines. A registered nurse works off-site and completes interRAI and care planning for the facility on information provided by senior caregivers. An annual training programme is in place.

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

The service works in partnership with the residents and their whānau 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 residents and whānau 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.

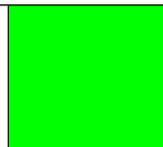
Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

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

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

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



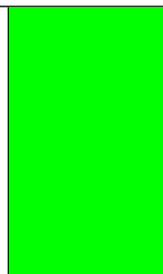
Subsections applicable to this service fully attained.

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

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and family/whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

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



Subsections applicable to this service fully attained.

The governance group is aware of their responsibilities to the infection prevention and antimicrobial stewardship programme and plan to incorporate this into their scheduled strategic planning process. Management staff at Maygrove Lifecare ensures the safety of residents and staff through a planned infection prevention programme that is appropriate to the size and complexity of the service.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) programme. There is an infection control programme that is appropriate to the size and complexity of the service. It is adequately resourced. An infection control coordinator leads the programme.

The infection control coordinator is involved in processes related to decontamination of any reusable devices. The organisational support structure provides infection control input to procurement processes, and any facility changes.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan and enacted this successfully through a recent Covid-19 outbreak.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The governance group is aware of their responsibilities in relation to restraint elimination. The service is a restraint free environment, this is supported by policies and procedures. There were no residents using restraint at the time of audit.

A comprehensive assessment, approval, monitoring process, with regular reviews is in place should this be required. Staff demonstrated a sound knowledge and understanding of the restraint process, including least restrictive practices, de-escalation techniques, and alternative interventions.

## 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	20	0	2	3	0	0
Criteria	0	128	0	3	5	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Maygrove Lifecare is currently developing policy, procedure, and processes to embed and enact Te Tiriti o Waitangi and to support equity for Māori. Residents and family/whānau interviewed reported that mana motuhake is respected, staff respected their right to self-determination, and they felt culturally safe. Interview with the organisation’s managers and governance representative confirmed that they are aware of their responsibility to support equity for Māori.</p> <p>A Māori health plan has been developed which is used for residents who identify as Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents. Māori were resident in the facility during the audit.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. This has been difficult given the national health workforce shortage. Ethnicity data is</p>

		<p>gathered when staff are employed, there were staff who identified as Māori at the time of audit.</p> <p>The service has links with a Māori health support through the DHB, local Māori organisations, and mana whenua. A kaumatua is available to assist the organisation, residents, and their families/whānau as required.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	Not Applicable	<p>Maygrove Lifecare is looking for opportunities to identify and work in partnership with Pacific communities and organisations. A process to review the current Pacific plan to better support culturally safe practices for Pacific peoples using the service has been commenced. There were no Pasifika residents at the time of audit. Ethnicity data is gathered when staff are employed; there were staff employed who identified as Pasifika.</p> <p>Interview with the organisation's care home manager (CHM) and a governance representative confirmed that they are aware of their responsibility to support equity for Pacific peoples. The organisation plans to continue recruitment as vacancies and applications for employment permit. This remains difficult given the national health workforce shortage.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>Not all staff understood the concept of mana Motuhake and the education is being planned.</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</p>	FA	<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</p>

<p>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>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.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Bilingual signage is used in parts of the facility and key resident information such as the Code of Rights is displayed in te reo Māori. Not all staff have received education on Te Tiriti o Waitangi.</p> <p>The service responds to the needs of individual residents including with disabilities and ways to enable participation in te ao Māori are being considered.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected. Professional boundaries are maintained.</p> <p>The staff is multicultural and those interviewed stated they felt comfortable to question any racism they encountered.</p> <p>Care provision is holistic encompassing the pillars of 'Te Whare Tapa Whā', and is based on the identified strengths of residents. Wellbeing outcomes are evaluated as part of the assessment and care planning process six monthly to ensure the needs of residents are met.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy to understand format. Communication with relatives/whānau occurs with changes to residents' health status being communicated in a timely and comprehensive manner, as confirmed through interview and review of files. Appropriate communication with other health professionals involved in a resident's care, for example the general practitioner, was evident and detailed.</p>

<p>people who use our services and effectively communicate with them about their choices.</p>		<p>Staff knew how to access interpreter services, if required</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Residents and whānau interviewed stated they felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent and described involving whānau in the process.</p> <p>Advance directives, 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>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. The operator maintains a record of all complaints in a complaint register. Residents and whānau understood their right to make a complaint, knew how to do so, and understood their right to advocacy.</p> <p>Documentation sighted demonstrated that complaints are being managed in accordance with guidelines set by in accordance with the Code of Health and Disability Services Consumers' Rights. There have been five complaints received since the previous audit. Three were directly to the facility; these have been followed up with replies to the complainant and resolved. The remainder came via the District Health Board (Health NZ, Northern Region) and HDC; both have been responded to, addressed, and closed.</p>
<p>Subsection 2.1: Governance</p>	<p>PA Low</p>	<p>The governance body for Maygrove Lifecare consists of three owners/directors who oversee the services with the assistance of a</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>clinical and operations manager who is a registered nurse (RN). Clinical governance is appropriate for the size and complexity of the service. Two of the three owners/directors have had education on Te Tiriti o Waitangi, tikanga Māori, and cultural safety.</p> <p>There is a business plan in place that outlines organisational goals for the service. One of the owners/directors described the process they intend to use for strategic planning to clarify the service's commitment to improved outcomes and equity for Māori, Pacific peoples, and tāngata whaikaha is planned but is not yet in place. The plan also intends to outline the organisation's purpose, mission, values, and direction, including how performance goals for the organisation will be monitoring and reviewed at planned intervals (refer criterion 2.1.2).</p> <p>The care home manager oversees management for the service with the support of a registered nurse (RN). Whilst the care home manager is new to the position, they have had previous experience in the aged care retirement village sector. External support for te ao Māori is available from staff and though input from external Māori people and organisations. Health plans align with Te Whare Tapa Whā. External support for Pasifika residents is still being sought. The manager confirmed knowledge of the sector, regulatory and reporting requirements. Two of the three directors have had education on Te Tiriti o Waitangi, tikanga Māori, and cultural safety and there is clinical governance in place appropriate to the size and complexity of the organisation.</p> <p>Maygrove Lifecare collects data on adverse events, complaints, internal audit activities, restraint, and clinical incidents (including infections). Data is collected with corrective actions noted in some instances, but these were not consistently signed off as completed or resolved. The corrective actions are also not identified as trends to support systems learning. Reporting to governance was via numeric data and did not include quality information in enough detail for the governance body to take responsibility for quality outcomes (refer criterion 2.1.4). There are opportunities for residents and staff to contribute to service delivery and to quality outcomes through resident</p>
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		<p>and staff meetings and resident satisfaction surveys.</p> <p>The service holds contracts with the DHB (Health NZ) for aged related residential care rest home services. Forty (40) residents were receiving services under the contract at the time of audit.</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>	PA Moderate	<p>The organisation does not have a risk management plan in place to identify risks and manage mitigation strategies in respect of organisational risk (refer criterion 2.2.4). Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed and incidents were investigated, Data is collected in relating to clinical incidents, adverse events, infections, and hazards but the data is not distilled into useful information in all instances to guide continuous quality improvement (refer criterion 2.2.5). Meetings of residents and staff, and the resident satisfaction survey ensures participation into the quality system. Policies and procedures are out-of-date and do not guide practice under the Ngā Paerewa standard (refer criterion 2.2.2).</p> <p>The CHM understands essential notification reporting requirements. There have been three section 31 notifications completed since the last audit.</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>	PA Moderate	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally appropriate clinical care, 24 hours a day, seven days a week (24/7). An RN is employed by the facility who works remotely and is on-call 24 hours per day, seven days per week. The RN completes interRAI and care plans for residents (refer criterion 3.2.3 and 3.2.4) on information provided by senior caregivers. The senior caregivers undertake clinical assessments and relay the information to the RN. The RN conducts telephone interviews with the resident as part of the process. Neither the RN nor the senior caregiving staff could confirm who is responsible for short-term care planning for identified issues (refer criterion 2.3.1).</p> <p>The facility adjusts staffing levels to meet the changing needs of</p>

		<p>residents. Care staff reported there were adequate staff to complete the work allocated to them through this had been difficult during a COVID-19 outbreak that affected residents and staff. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate.</p> <p>There are four caregivers on a morning (eight hour) shift; three on an afternoon shift (two eight hours and one four hours). Overnight there are two caregivers (eight-hour shifts). As least one staff member is medication competent with a current first aid certificate. Recruitment of RN and care staff has been difficult for the organisation due to the difficulty recruiting staff due to the nationwide shortage in New Zealand for care workers. Of the 40 residents in the facility on the days of audit, 23 required only minimal assistance. Cleaning, laundry, and food services are carried out by dedicated support staff seven days per week. Four weeks of roster were reviewed; there were no shifts that were not covered. Recreational activities are provided by an activities coordinator who works six hours per day, Monday to Friday.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control portfolio. Continuing education is planned on an annual basis but not all education requirements have been completed (refer criterion 2.3.4). Competencies for medication, manual handling, fire and emergency management (including fire drills), first aid, chemical safety, food handling, and pandemic planning (including the use of personal protective equipment (PPE)) have been completed for all relevant staff.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying, and harassment, though these have not been reviewed since 2017 (refer criterion 2.2.2).</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>Human resources management policies and procedures are in place, and these are based on good employment practice and relevant legislation, most however, have not been reviewed since 2017 (refer</p>

<p>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>criterion 2.2.2). Ethnicity data is recorded and used in line with health information standards. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>PA Low</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes are paper based and were current, integrated, and legible. However, not all records meet contractual requirements or Health Record standards.</p> <p>Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</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</p>	<p>FA</p>	<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. Residents and whānau members are invited to visit the facility prior to admission and those interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for a resident who identifies as Māori.</p> <p>A wait list is maintained when the service is unable to accommodate a resident immediately and the manager provides updates to prospective residents and their whānau. Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed. However, ethnicity data is not collected prior to admission. The service does not yet analyse</p>

<p>about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>entry and decline data for Māori and is taking steps to achieve this.</p> <p>There are currently no residents who have requested the services of a Māori health practitioner or traditional Māori healer. The service is working to establish links to enable this to occur when needed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. On admission the resident is assessed by a team of senior health care assistants and the general practitioner. Information is forwarded to the registered nurse who works remotely, there is no registered nurse on site. Assessment is based on a range of clinical assessments and included resident and whānau input. Initial assessment, medical practitioner assessment, and initial care plans are completed on admission and include identification and consideration of cultural needs, values and beliefs.</p> <p>The remote RN completes the interRAI assessment and long-term care plan. The resident and/or whānau is interviewed by telephone where possible and the completed assessment and care plan are emailed back to the facility. The assessment and care planning process includes consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required. However, interRAI assessment and completion of long-term care plans do not meet contractual timeframes (refer criterion 3.2.1).</p> <p>The RN working remotely is available by telephone to support care staff. However, they stated they were not responsible for short term care planning, and this is completed by the non-regulated health care assistants. Health care assistants interviewed stated this was not their responsibility. Some short term care plans have been completed for new problems that arise, such as wounds and infections and were sighted but these did not contain sufficient information to guide non-regulated care staff in the management of the resident's needs (refer criterion 3.2.5).</p> <p>Management of any specific medical conditions were documented with evidence of systematic monitoring and regular evaluation of</p>

		<p>responses to planned care. This included identification of residents whose conditions were deteriorating. However, not all care plans contain sufficient information regarding the clients' medical conditions to guide the non-regulated care staff on site (refer criterion 3.2.3).</p> <p>Where progress is different to that expected, medical assessment and allied health input is sought if necessary and changes are made to the care plan in collaboration with the resident and/or whānau. Care staff reported they communicated changes required to the RN, including any medical notes, and an updated long term care plan is provided to them by email. However, the process to update the care plan may be delayed due to the requirement to send assessment information to the RN working remotely and is not always received that day (refer criterion 3.2.1).</p> <p>Findings were verified by sampling residents' records, from interviews, including with the GP and the remote RN, and from observations.</p> <p>Residents and whānau confirmed active involvement in the process, including for elderly residents with age related disability.</p> <p>One resident who identified as Māori was interviewed and stated they were happy with their involvement in the care planning process. Not all staff understand fully the needs of Māori related to pae ora outcomes.</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>A trained diversional therapist provides an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>A social profile and recreational activities assessment identify individual resident's interests and consider the person's identity, beliefs and culture. A social and activities domain within the long-term care plan allows for the inclusion of individual activity plans. The activities coordinator evaluates individual involvement in the programme six monthly.</p> <p>Individual and group activities reflected residents' goals and interest,</p>

		<p>and ordinary patterns of life. Involvement in normal community activities has been reduced during the Covid-19 pandemic and the activities coordinator has considered ways to ensure residents remain connected. This has included a resident using zoom to connect with religious services, newspaper reading and a walking group to enable residents to leave the facility for a walk while remaining within their 'bubble'.</p> <p>One resident who identified as Māori was happy with the activities on offer. Opportunities for Māori and whānau to participate in te ao Māori were discussed and the activities coordinator gave examples of what could occur and actions they would take however, was seen that this has occurred yet. Staff are not currently involved in community activities for Māori and are considering how the workforce can become involved.</p> <p>Residents and whānau are involved in evaluating and improving the programme through satisfaction surveys and feedback. 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, including the recording of allergies and sensitivities. 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. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including those requiring refrigeration. Medicines stored were within the recommended temperature range.</p> <p>Controlled drugs are securely stored and the required stock checks for controlled drugs have been completed.</p> <p>Prescribing practices meet requirements, including consideration of over-the-counter and herbal medications. The required three-monthly</p>

		<p>GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is not used at the facility facilitated. However, staff were able to describe how this would be managed safely should the need arise.</p> <p>Residents and their whānau, are supported to understand their medications. The manager discussed including whānau in decision making. Partnerships with local Māori providers are being developed to support Māori residents who wish to access traditional Māori medicines if requested</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <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. A Māori resident interviewed was very happy with the food and a traditional Māori seafood option was offered when the facility celebrated Matariki.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family interviews, and satisfaction surveys. 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>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Residents and whānau are informed of their</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>options to access other health and disability providers.</p> <p>Whānau reported being kept well informed during the transfer of their relative. This was in whānau interviews.</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>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. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weighing scales and clinical equipment. Monthly hot water tests are completed for resident areas and were below 45 degrees Celsius. There are environmental and building compliance audits, completed as part of the internal audit schedule. The building has a current building warrant of fitness which expires 9 June 2023. There are currently no plans for further building projects requiring consultation, but the manager is aware of the requirement to consult if this is envisaged in the future.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident group. There are shared dining room and lounge facilities. Lounge areas are used for activities for residents. Outdoor areas are planted and landscaped with appropriate seating and shade. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, one room has ensuite bathroom facilities.</p> <p>Residents' rooms are personalised according to their preference. All rooms have external windows which can be opened for ventilation; safety catches are in place. Corridors are wide and promote safe</p>

		<p>mobility with the use of mobility aids and handrails, residents were observed moving freely around the areas with mobility aids during the audit.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</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>Fire, civil defence, and pandemic plans and policies direct the facility in their preparation for challenges. These described the procedures to be followed as well as the duties required by staff (e.g., as fire wardens). Staff have been trained and those interviewed knew what to do in an emergency. The fire evacuation plan was approved by the New Zealand Fire Service on 26 August 2016. A fire evacuation drill was last held on 15 February 2022. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. In the event of a power outage cooking facilities are available. The facility is listed with an external contractor as vulnerable for the provision of a generator following any civil defence emergency. Emergency management is included in staff orientation and as part of the ongoing education plan. A minimum of one person trained in first aid is always available on site.</p> <p>Call bells alert staff to residents requiring assistance, these are present in all rooms, bathrooms, and communal facilities. Call bells are checked as part of the internal audit programme. Residents and family/whānau reported staff respond promptly to call bells.</p> <p>Security arrangements are in place, the building is secure at all times. Information about security and emergency procedures given to residents and their family/whānau on admission to the facility.</p> <p>Visiting is by appointment under the current COVID-19 setting, precautions are being taken with rapid antigen testing (RAT) prior to entry to the facility.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The governance body is aware of their responsibilities in relation to infection control and antimicrobial stewardship (AMS). While the infection prevention and control (IPC) process is in place, is consolidated in practice, and reported to the board, the AMS programme is not yet fully implemented. The service is working towards monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects, and identifying areas for improvement and evaluating the progress of AMS activities. There is access to specialist support through the DHB (Health NZ).</p> <p>Whilst infection control data is collected, this is not collated and analysed in a way that it can be used for systems learning (refer criterion 2.3.4) and is reported to the board as numeric data only.</p> <p>The IPC policies are provided by an external advisory company and, whilst they reflected the requirements of the standard and are based on current accepted good practice; policies including AMS requirements, they have not been reviewed since 2017 (refer criterion 2.2.2). There is a stepwise approach to infection prevention and control. Cultural advice is accessed where appropriate. Staff were familiar with policies 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/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
<p>Subsection 5.2: The infection prevention programme and 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</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to the facility manager. The IPCC is a senior health care assistant and requires further education to successfully complete this role refer criterion 2.3.4. They confirmed access to the necessary resources and support. Senior clinical staff within the organisational parent body provides advice around procurement relevant to care</p>

<p>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>delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies written with input from a qualified infection prevention specialist, last reviewed in 2017, is currently under review. Update to meet the requirements of the new standards more fully will benefit the service. refer criterion 2.2.2. This includes the procedures related to the decontamination and disinfection of medical instruments. Staff were aware which items were designated single use, and these are not reused.</p> <p>There is a Pandemic Plan in place and the service has sufficient stores of personal protective equipment available (PPE).</p> <p>Infection control matters are discussed at team meetings and include representation from clinical, laundry and maintenance staff. However, there is no designated infection control meeting, and no meeting minutes were available. There was no evidence of reporting on infection control matters to the governing body, refer criterion 2.1.4.</p> <p>Education is provided to all staff at orientation and in ongoing learning. Education has included a focus on Covid-19, Hand Hygiene, and the donning and doffing of PPE.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p> <p>Cultural advice is accessed where appropriate and the service is considering how to engage in partnership with Māori to ensure practices are culturally safe. There are no educational resources available in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>Not Applicable</p>	<p>Responsible use of antimicrobials is promoted in policy. Review of this policy is underway as part of the review of the suite of IPC policies. There is nothing to indicate the involvement of the governing body has approved the AMS programme and this is yet to happen.</p>

<p>responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>The GP monitors antimicrobial prescribing in their practice. However, the overall effectiveness of the AMS programme has not yet been evaluated to identify areas for improvement.</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>	<p>FA</p>	<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. Standardised definitions are used to identify infections, these are under review as part of the review of the suite of IPC policies. Monthly surveillance data is reported, with the exception of ethnicity data. Minimal collating of data occurs and there was no evidence of analysis refer to corrective action raised under criterion 2.2.5.</p> <p>Communication between carers, RN, GP and residents is clear. Results of the surveillance programme are shared with staff via team meetings.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms. The updates from the previous audit have been completed and further refurbishment is planned.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances, these are under review as part of the review of all IPC policies. Laundry and cleaning processes are monitored for effectiveness; however, no evidence of audit or monitoring was provided refer to the corrective action raised under criterion 2.2.5. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and</p>

		the facility is kept clean and tidy. This was confirmed through observations.
<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>	FA	<p>Maygrove Lifecare is a restraint free environment. Restraint has not been used in the facility since 1999. The CHM described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed who also described their commitment to maintaining a restraint free environment and therefore upholding the 'mana' of the residents under their care.</p> <p>Policies and procedures meet the requirements of the standard though these are overdue for review (refer criterion 2.2.2). The restraint coordinator (RC) is a defined role undertaken by the offsite RN who is expected to provide support and oversight should restraint be required in the future (refer criterion 2.3.1). There is a job description that outlines the role. The education programme includes least restrictive practice, safe restraint practice (including monitoring), alternative cultural-specific interventions, and de-escalation techniques as part of the ongoing education programme. Restraint protocols are covered in the orientation programme.</p> <p>The RC, in consultation with the facility's GPs would be responsible for the approval of the use of restraints should this be required in the future and there are clear lines of accountability. Added to this, input from the facility's cultural advisors is available as required. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or family/whānau as part of the decision-making process. There is a process in place to report restraint to clinical governance if it should be used in the future. The facility continues to maintain a restraint register and this includes enough information to provide an auditable record should restraint be again used.</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 2.1.2</p> <p>Governance bodies shall ensure service providers' structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.</p>	PA Low	Strategic planning is yet to take place. The intention is that, once this process commences, it will outline the purpose, values, scope, and direction of the organisation. Goals are incorporated into the facility-specific business plan, but organisational goals will need to also be incorporated into the strategic planning process.	There is no plan in place outlining the purpose, values, scope, goals and direction of the organisation.	<p>Strategic planning will need to outline the organisation's purpose, values, scope, direction, and the goals of the organisation.</p> <p>180 days</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve</p>	PA Moderate	The quality management framework does not include trend analysis of adverse events and other quality indicators (e.g., infections, incidents and accidents). This means that it is difficult for the organisation to assess and address risk. Most of the policies	Risk, through adverse event and quality indicator analysis, does not link to a risk system to improve organisational practice. Most of the policies and procedures are out-of-date and not fit for purpose.	Adverse events and quality indicators need to be analysed with trends identified so that opportunities to improve service can take place. These need to link to a quality and risk management system and a risk

service delivery and care.		and procedures have not been reviewed since 2017 and many are no longer fit for purpose.		management plan. Policies and procedures are reviewed as required to ensure they are current and fit for purpose.  90 days
Criterion 2.2.3 Service providers shall evaluate progress against quality outcomes.	PA Moderate	Quality information is collected but is not analysed through trend analysis to evaluate progress across quality outcomes. Not all of the internal audits scheduled for January-July 2022 were completed. Of the audits completed, corrective actions were identified and resolved/signed off appropriately.	There is no trend analysis of quality data collected and data collection is not utilised to evaluate quality improvement progress. Internal audits are not consistently conducted as scheduled.	Data is collected and analysed with trends identified to evaluate progress across quality outcomes. Internal audits are completed as scheduled. Information gained from quality information collection is utilised to support quality improvement.  90 days
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	PA Moderate	An RN is employed by the facility who works remotely and is on-call 24 hours per day, seven days per week. The RN completes interRAI and care plans for residents on information provided by senior caregivers; however, it is noted that care plans did not contain all of the information to guide care, particularly for short-term care needs (refer subsection 3.2). The senior caregivers carry out clinical assessments and relay information to the RN but report that they do not feel that they are qualified to do this. There were deficits identified during the audit in relation to general documentation (refer criterion 2.5.1) and in interRAI,	The RN works offsite to complete interRAI and care plans. However, this does not ensure resident needs are always met, particularly for short term or acute issues.	Ensure an appropriately qualified person is on-site from time-to-time to fully assess residents and compile information to inform interRAI, care planning activities, and short-term care plans.  180 days

		<p>care planning and short-term care plans (STCP) (refer subsection 3.2). Review of resident information showed that there was insufficient information in documentation regarding the residents' medical conditions to guide the care staff on site. InterRAI and care planning was not taking place as scheduled and the responsibility for short term or acute care planning was unclear. The RN conducts telephone interviews with the resident as part of the care planning process. There are no onsite visits by the RN. Although the service reports that other RNs visit the service from time-to-time, there was no evidence that these RNs had input into assessments or care planning. Neither the RN nor the senior caregiving staff could confirm who is responsible for short-term care planning for identified issues.</p>		
<p>Criterion 2.3.4 Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>Not all the required training to meet the requirements of the Standard and the contract with the DHB (Health NZ) has been delivered. There has been no training during 2020, 2021, or 2022 on e.g., Te Tiriti o Waitangi, caring for tāngata whaikaha, equity, complaints management, sexuality and intimacy, spirituality, and promoting continence.</p>	<p>Planned training to meet the requirements of the Standard and the contract with the DHB (Health NZ) has not been delivered.</p>	<p>Training to meet the requirements of the Standard and the contract with the DHB (Health NZ) is planned and delivered to support ongoing learning and development for health care and support workers.</p> <p>180 days</p>

<p>Criterion 2.5.1</p> <p>Service providers shall maintain quality records that comply with the relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p>	<p>PA Low</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes are paper based and were current, integrated, and legible. However, not all records identified the name and designation of the person making the entry and not all resident records sampled included a daily progress note entry to indicate their current condition and progress, including one resident with an identified infection were no progress note entry was made for 3 days following the identification of the infection.</p> <p>Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>	<p>Not all health records sampled meet the Health Records Standards or the contractual requirements for documentation.</p> <ul style="list-style-type: none"> <li>- Not all entries identified the name and designation of the person making the entry</li> <li>- Not all resident records sampled included a daily progress note entry to indicate their current condition and progress</li> </ul>	<p>The service will ensure all health records meet Health Records Standards and contractual requirements and that a daily entry is made to record the residents' progress.</p> <p>180 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>There is no registered nurse on site. On admission to the service an initial care plan is developed based on information from the resident and other documentation such as a discharge summary. Assessments are completed by senior health care assistants and the GP. A three-day assessment is completed and forwarded, along with any other clinical documentation, to the registered nurse working remotely to enable the completion of the interRAI</p>	<p>Not all residents have had the required assessments and long-term care planning completed within the contractually required time frames</p> <p>For residents admitted in 2022 who have been in the facility longer than 21 days:</p> <p>Five have not had an interRAI since admission and two had an interRAI assessment completed four and five weeks late</p>	<p>Take action to ensure all residents have an interRAI assessment and long-term care planning completed within the contractually required time frames.</p> <p>90 days</p>

		<p>assessment and long-term care plan. The remote RN contacts the resident and whānau by phone when possible.</p> <p>The records of seven residents including one tracer were fully reviewed. The sample was extended by a further seven residents to include all residents admitted in 2022 to verify findings. The files demonstrated that assessment processes including the interRAI assessment are identifying individual resident's needs and informing long term care plans. All interRAI reassessments for long term residents were up to date. Interviews with residents and whānau confirmed whānau involvement in the assessment and care planning process. However, for eight residents admitted in 2022 the interRAI assessment and long-term care plan have not been completed within the contractually required time frames.</p>	<p>respectively.</p> <p>Five residents have not had a long-term care plan completed and three residents have had a long-term care plan completed outside the required time frame by up to 12 weeks.</p> <p>The care plan for a resident whose needs had changed had not been updated to inform non-regulated care staff of the change in interventions to meet their needs</p>	
<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>PA</p> <p>Moderate</p>	<p>Resident care is reviewed daily by the carers onsite and by through scheduled GP reviews. The RN working remotely is available by telephone to support care staff and guides care staff on when to seek external support such as requesting a GP review outside the scheduled visits. When changes to long-term care planning is required the RN who works remotely is contacted and a</p>	<p>When short term needs are identified, such as those related to infections, are identified. the development of a short-term care plan or an update to the long-term care plan are not always completed in a timely manner and do not always provide sufficient information to guide non-regulated care staff.</p>	<p>Ensure all residents with short term or changing needs have a care plan which details interventions required to meet their needs and is sufficiently detailed to guide non-regulated care staff.</p> <p>90 days</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-assessment and review process, and ensure changes are implemented;</p> <p>(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>change is requested.</p> <p>Short term care plans have been completed for new problems that arise, such as wounds and infections and were sighted but these did not contain sufficient information to guide non-regulated care staff in the management of the resident's needs. Staff were unclear on whose responsibility it was to complete short term care planning. As a result, when there are changes to resident's condition the creation of short-term care plans or updates to long term care planning are not always completed in a timely manner and do not always reflect the care needs of the resident. This was verified in review of care planning for four residents with identified infections and one resident whose condition was deteriorating.</p>		
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## Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, 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.