

B.J.M.H.Enterprises Limited - Killarney Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: B.J.M.H.Enterprises Limited

Premises audited: Killarney Rest Home

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 6 July 2022 End date: 7 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: 21

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

Killarney Rest Home, located in Tauranga, provides rest home and dementia levels of care for up to 22 residents. There were 21 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with Te Whatu Ora -Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

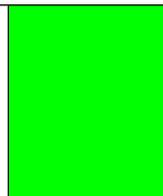
The service continues to do internal refurbishments including carpet replacements, new guttering, vanities replaced, fixtures, fittings, and furniture upgrades.

The owner/manager has extensive experience in the aged care sector and is supported by the clinical manager (registered nurse). Feedback from families was very positive about the care and the services provided. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified an improvement required around medication management.

Ō tatou motika | Our rights

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



Subsections applicable to this service fully attained.

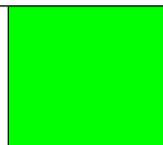
Killarney Rest Home provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. There were Māori residents at the time of the audit. Cultural assessments inform the cultural care plan.

Residents receive services in a manner that considers their dignity, privacy, and independence. The staff were observed listening and respecting the voices of the residents and effectively communicating with them about their choices.

There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented. No complaints have been lodged year to date for 2022.

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 business plan includes a mission statement and operational objectives. The service has quality and risk management systems established that take a risk-based approach. Staff meetings are scheduled monthly. Quality data is collated and analysed. Corrective actions are implemented where opportunities are identified.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk
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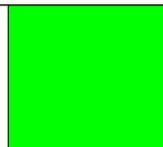
The clinical manager and the registered nurses (RNs) efficiently manage entry processes. The registered nurses and the general practitioners assess residents on admission. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. Medicines are safely stored and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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.



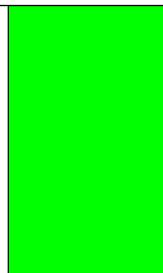
Subsections applicable to this service fully attained.

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. External areas are safe and well maintained with shade and seating available. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are constructed for ease of cleaning and conveniently located. Systems and supplies are in place for essential, emergency and security services.

Testing, tagging, and calibration is completed as required. There is a current building warrant of fitness. Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system that is responded to in a timely manner. Hazards are identified with appropriate interventions implemented. 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 implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A trained infection prevention coordinator leads the programme. Specialist infection prevention advice is accessed when needed.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service. Cleaning and laundry processes are monitored for effectiveness.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of healthcare-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There has been an infection outbreak reported since the last audit that was managed effectively.

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 restraint coordinator is the clinical manager. The service is restraint-free. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	0	167	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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>The Māori health plan references local Māori health care providers and provides recognition of Māori values and beliefs. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged, evidenced during interviews with five family members (three dementia, two rest home).</p> <p>During the audit, there were residents who identified as Māori living at the facility. Residents who identify as Māori and one whānau member interviewed confirmed details of cultural assessments which linked to their care plans, and they had input into these documents. Documentation reflected their individual values and beliefs.</p> <p>Linkages are in place with local Māori community organisations – Huria Trust and Ngai Te Ahi Ngāti He Hauora, and the service embeds tikanga Māori in the everyday culture of the facility. The facility manager confirmed that the service supports a Māori workforce, with staff identifying as Māori at the time of the audit. The service has staff who are bilingual in English and te reo Māori. Māori</p>

		<p>staff interviewed stated that they speak te reo Māori to residents who are able to understand. A number of staff are also enrolled in Te Wananga O Aotearoa’s “He Papa Tikanga” language and tikanga course in order to further enhance the cultural responsiveness of the service.</p> <p>Interviews with owner/manager, seven staff (clinical manager, two healthcare assistant (HCAs), one activities coordinator, housekeeper, maintenance and cook), five residents (rest home), and relatives were able to describe how care is based on the resident’s individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The organisation has a pacific health plan and cultural policy that encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard.</p> <p>There were no residents currently that identify as Pasifika; however, the service has had Pasifika residents in the past and still maintains links with the local Pacific Island Community Trust who would visit and provide cultural support for Pasifika residents.</p> <p>On admission, ethnicity information and Pacific people’s cultural beliefs and practices that may affect the way in which care is delivered is documented. The service captures and collates ethnicity data.</p> <p>The residents/whānau are encouraged to be present during the admission process including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>When new staff are recruited, the owner/manager encourages and supports any staff that identify as Pasifika through the employment process and provides equitable employment opportunities for the Pasifika community. There were staff members that identified as Pasifika at the time of the audit.</p> <p>Discussions with the owner, staff, residents and relatives and</p>

		documentation reviewed identified that the service uses a person-centred approach for people using the services, and family/whānau as the guiding ethos of their service.
<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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their relatives. The clinical manager discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are held during the three-monthly resident/family meetings. All families interviewed reported that the residents' rights are being upheld by the service. They confirmed that the residents are treated with respect and that their independence is supported and encouraged.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents/families. There are links to spiritual supports.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but is not limited to), understanding the role of advocacy services. Code of Rights education last took place in May of this year when the Health and Disability Advocate (HDC) visited the facility and provided education on the Code for both staff and residents. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana Motuhake through its Māori health plan and staff could describe how they fully support the values and beliefs of any Māori residents and whānau utilising the service.</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	Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support with examples provided. Residents, families, and care staff interviewed confirmed the support available regarding freedom of

<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>choice.</p> <p>The services annual training plan reflects training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. The service sends out resident and whānau satisfaction surveys annually (sighted), and the results of these confirmed that residents and families are treated with respect. This was also confirmed during interviews with families.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Families interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Staff actively promote te reo Māori, tikanga Māori and attend cultural training that covers Te Tiriti o Waitangi and tikanga Māori.</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>An abuse and neglect policy is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at Killarney Rest Home are expected to uphold. The policies are designed to prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, cultural days and cultural competencies are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p>

		<p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service liaises with families who manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>There are short, and long-term objectives in the Killarney Rest Home Māori health plan and cultural policy that provides a framework and guide to improving Māori health and a leadership commitment to address inequities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. Annual resident surveys and three-monthly meetings identify feedback from residents and consequent follow up by the service. The service also keeps residents up to date through frequent memos and notices.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified relatives are kept informed, this was confirmed through the interviews with relatives.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do</p>

		<p>so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and specialist services (e.g. physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The owner/manager described an implemented process around providing residents with an unrushed environment which facilitated time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Five resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted in the sample of files reviewed. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity were in evidence for the dementia level files reviewed. Enduring power of attorneys were activated and on file for residents in the dementia unit.</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</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The clinical manager maintains a record of all complaints, both verbal and written, by using a complaint register.</p>

<p>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>This is shared with the owner/manager during their daily informal meetings. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The complaints logged were classified into themes (e.g. food related, quality of care) in the complaint register. There have been no complaints to date in 2022, and four in 2021. The complaints in 2021 were all of a minor nature. All complaints were handled respectfully, included an investigation, follow up, and replies to the complainant. All complaints had been fully resolved to the satisfaction of the complainants. There have been no external complaints since the previous audit.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the staff/quality meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available at the entrance. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly and both owner/manager and clinical manager have an open-door policy. Residents/relatives making a complaint can involve an independent support person/advocate in the process if they choose to do so.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for</p>	<p>FA</p>	<p>Killarney Rest Home, located in Tauranga, is certified for 9 rest home level and 13 dementia level beds. At the time of audit, there were 21 residents in the facility (8 rest home level and 13 dementia level). All residents were on the age-related residential care agreement (ARRC) apart from one rest home resident who was on a long-term support-chronic health contract (LTS-CHC).</p> <p>The owners/manager is the governing body for BJMH Enterprises Ltd, trading as Killarney Rest Home. The owner/manager was able to describe the company quality goals, organisation philosophy and strategic plan which reflect a person/family centred approach to all services. There is a 2022 business plan that outlines objectives for the</p>

<p>delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>period. Objectives are signed off when fully attained.</p> <p>The service is managed by the owner/manager with the support of an experienced clinical manager (RN). The owner/manager has owned the facility for eight years and the clinical manager has been in her role for the past six years. Both managers have extensive experience in elderly care management within New Zealand. Both managers have maintained at least eight hours annually of professional development activities related to managing a rest home. This includes cultural training, the completion of a competency questionnaire, DHB and gerontology meetings/training.</p> <p>There have been a number of cultural initiatives implemented. They have proactive Maori staff who speak Te Reo and teach other staff some of the language. There is extensive signage in Te Reo and staff booked in for level 3 education. They continue to put time and effort into diversity across their service.</p> <p>Residents receiving services and whānau are supported to participate in the planning, implementation, monitoring, and evaluation of service delivery through surveys, meetings, and an open-door management policy</p> <p>The owner/manager consults with mana whenua (via a staff member) in business planning, organisational policy, and service development to improve outcomes and achieve equity for Māori by identifying and addressing barriers for Māori, for equitable service delivery. This consultation also assists the owner to explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha.</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</p>	<p>FA</p>	<p>Killarney Rest Home has an established quality and risk management programme provided by an external consultant who is well-known and respected within the industry. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data (e.g. falls, skin tears, infections, episodes of challenging behaviours)</p>

<p>specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>is collected with evidence of data shared in staff meetings.</p> <p>Staff meetings provide an avenue for discussions in relation to, (but not limited to): quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved. Resident/family satisfaction surveys are completed each year during the month of October. Surveys completed annually reflect high levels of resident/family satisfaction with a trend for increased satisfaction in all areas measured (cleaning, food, activities, laundry, gardening, safety, and security), average of 86% for 2021. This was also confirmed during interviews with families.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Standards.</p> <p>A health and safety system is being implemented with the clinical manager acting in the role of health and safety officer. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually. Each staff is assessed on their competency in regard to health and safety via a validation questionnaire they must complete each year.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available to visit as required. Strategies implemented to reduce the frequency of falls include intentional rounding, comprehensive handovers and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and updated when changes occur. The registered nurses evaluate interventions for individual residents. Each incident/accident is documented in hard copy. Twelve accident/incident forms reviewed for May and June 2022 (witnessed and unwitnessed falls, skin tears, challenging behaviours) indicated</p>
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		<p>that the forms are completed in full and are signed off by the clinical manager. Incident and accident data is collated monthly and analysed. Results are discussed in the staff meetings. Neurological observations are consistently recorded for unwitnessed falls.</p> <p>Discussions with the clinical manager evidenced her awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 reports had been completed to notify HealthCERT around issues relating to an absconding resident and a pressure injury. There had been one previous outbreak documented since the last audit (Covid in June 2022), affecting sixteen residents and three staff members. This was appropriately notified, managed and staff debriefed. The management assess staff cultural competency to ensure a high-quality service is provided for Māori. The owner/manager also ensure critical analysis of practice is undertaken in order to improve health equity.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support.</p> <p>The registered nurses and the majority of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable, and the service works together as a team should any staff member call in as unavailable. Vacant shifts are covered by available HCAs, nurses and management if required. Out of hours on-call cover is shared between the clinical manager, registered nurse, and owner/manager. The senior registered nurse performs the clinical manager's role in her absence.</p> <p>At the time of the audit, the service had one HCA vacancy and was interviewing applicants.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes.</p>

	<p>The clinical manager (RN) and owner/manager are available Monday to Friday.</p> <p>The roster is developed as follows:</p> <p>AM:</p> <p>2x HCA 08.00-16.00</p> <p>PM:</p> <p>2x HCA 16.00-00.00</p> <p>Nocte:</p> <p>2x HCA 00.00-08.00</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Cultural awareness training last took place on 4 July 2022, which included the provision of safe cultural care, Māori world view and the Treaty of Waitangi. Staff are also required to complete a validation questionnaire following the training in order to cement their understanding of Māori health outcomes and disparities, and health equity. This training is facilitated by an external consultant.</p> <p>External training opportunities for care staff include training through the local hospital, hospice, and nearby Māori tertiary education provider.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Nine HCAs are employed. The Killarney Rest Home orientation programme ensure core competencies and compulsory knowledge/topics are addressed. Two HCAs have achieved a level 4 NZQA qualification, two level 3</p>
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		<p>and one level 2. The remainder are in progress for level two.</p> <p>All HCAs work across rest home and dementia level care, seven have achieved the dementia unit standards and two recently employed staff members are enrolled.</p> <p>All staff are required to completed competency assessments as part of their orientation. All HCAs are required to complete annual competencies for restraint, hand hygiene, correct use of PPE, medication administration/insulin administration (if med comp), moving and handling, wound management, and the ageing process. A record of completion is maintained on a paper register.</p> <p>Additional RN specific competencies include syringe driver, and interRAI assessment competency. Two RNs (including the clinical manager) are interRAI trained. All care staff are encouraged to also attend external training, webinars and zoom training where available. All RNs attend relevant staff/quality and clinical meetings when possible.</p> <p>The service encourages all their staff to attend meetings (e.g. staff/quality meetings). Resident/family meetings are held three-monthly and provide opportunities to discuss results from satisfaction surveys, corrective actions being implemented, in addition to private discussions regarding resident care. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, handwashing, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. The environment is checked as part of the internal audit schedule. Staff wellness is encouraged through participation in health and wellbeing activities.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Five staff files reviewed (one clinical manager/RN, one activities coordinator, one housekeeper/H&S rep, HCA and one cook) evidenced implementation of the recruitment</p>

<p>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>process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>Volunteers are used but have been limited over the last two years since Covid. An orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</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>FA</p>	<p>Resident files and the information associated with residents and staff are retained in a mixture of hard copy and an electronic format (medication). Electronic information is regularly backed up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and</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>demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The entry criteria are clearly communicated to people, family/whānau, and where appropriate, to local communities and referral agencies, verbally on enquiry. The admission agreement and service brochure have accurate information about the services provided and costs of accessing services. The clinical manager (CM) stated that at times enquiries are made over the phone and information about the services provided is explained and discussed with the enquirer. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process.</p> <p>The owner/manager and the CM manages all requests for admission to the service. The admission criteria are documented to guide staff on entry processes. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC). The enduring power of attorney (EPOA) have consented for admission of residents in the dementia unit. Signed admission agreements and consent forms were available in the records reviewed. Family members interviewed stated they were satisfied with the admission process and the information that was made available to them on admission.</p> <p>The CM reported that the rights and identity of the residents are protected by ensuring residents' information is kept confidential. A waiting list is maintained and monitored by the owner/manager. Family/whānau were updated where there was delay to entry to</p>

		<p>service. This was verified in enquiry records sampled.</p> <p>The CM reported that if a referral is received and the prospective resident does not meet the entry criteria or there is no vacancy, entry to services is declined. The resident and family/whānau are informed of the reason for the decline and of other options or alternative services if required. The service maintains a record of the enquiries and the declined entry; however, decline rates including specific data for entry and decline rates for Māori is yet to be implemented. The service works in partnership with the local iwi and the Kaitiaki Kaumatua. The GP and the CM stated that Māori Health practitioners and traditional Māori healers can be accessed if required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five residents' files were sampled for review (three rest home, and two dementia level of care). The RNs are responsible for completing the admission assessments, care planning and evaluation. The initial nursing assessments and initial care plans sampled were developed within 24 hours of an admission in consultation with the residents and/or family/whānau where appropriate. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of admission. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The long-term care plans were developed within three weeks of admission. A range of clinical assessments, including interRAI, referral information, observation and the NASC assessments served as the basis for care planning. Residents' and family/whānau representatives of choice and EPOAs for residents in the dementia unit were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions.</p> <p>The long-term care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs documented. Detailed strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early</p>

	<p>warning signs and risks that may affect a resident's wellbeing, were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed for any behaviours of concern and for residents in the dementia unit. Triggers were identified and strategies to manage these were documented. Any whānau goals and aspirations identified were addressed in the care plan. A record of who participated in the development and evaluation of care plans was documented in the long-term care plan.</p> <p>The care plans for residents who identify as Māori included residents' iwi, information relating to the whānau and other important aspects for the resident. The Māori health plan process validates Māori healing methodologies, such as Karakia, Rongoa and spiritual assistance. The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau.</p> <p>There is a contracted general practitioner (GP) who visits the service once a week and is available for after hours on-call consultations when required. Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed three-monthly, and more frequent reviews were completed if required, as determined by the resident's needs. Medical records were evidenced in sampled records.</p> <p>The care plans reviewed evidenced service integration with other health providers including activity notes, medical and allied health professionals. Allied health interventions were documented. Notations were clearly written, informative and relevant. Any changes in residents' health have been escalated to the GP. Referrals for residents in the dementia unit were consented to by their EPOAs. Examples of referrals sent to specialist services included referrals to</p>
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		<p>the mental health services for older persons, cardiology, and eye specialists. During interview, the GP confirmed they were contacted in a timely manner when required, that medical orders are being followed, and care is implemented promptly. There was one active wound at the time of the audit. A wound management plan was being implemented with regular evaluation completed.</p> <p>Residents' care is evaluated on each shift and reported in the progress notes by the caregivers. Any changes noted have been reported to the RN, and this was verified in the records sampled. The long-term care plans reviewed have been evaluated at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions and have been evaluated weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local NASC team for reassessment of level of care.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources are available, suited to the levels of care provided and in accordance with the residents' needs.</p> <p>The Māori Health plan in place and cultural safety policy supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care plan. The staff confirmed they understood the process to support residents and whānau. Residents and family/whānau who identified as Māori confirmed satisfaction with the processes in place.</p>
Subsection 3.3: Individualised activities	FA	The activities coordinator provides the activities programme. The weekly activities programme is posted on noticeboards around the facility. The activities coordinator reminds and invites residents each

<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>day to activities on schedule. The activities coordinator has completed dementia specific training.</p> <p>Residents' activity needs, interests, abilities, and social requirements are assessed on admission using a social history assessment form that is completed with input from residents and family/whānau. The activities programme is regularly reviewed through satisfaction surveys, residents, and family meetings to help formulate an activities programme that is meaningful to the residents. Resident's activity needs are evaluated as part of the formal six-monthly interRAI assessments and care plan review and when there is a significant change in the resident's ability. This was evident in the records sampled.</p> <p>Individual, group activities and regular events are offered. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. The activities on the programme include exercises, van trips, puzzles, walks, Māori music external entertainers, and birthday celebrations. Monthly themes and international days are celebrated. Cultural events celebrated include Waitangi celebrations with a special hangi prepared for residents and Matariki day. Daily activities attendance records were maintained.</p> <p>Activities for residents in the dementia unit include walks in the secure garden, colouring, puzzles, quiz, and one-on-one chats. Residents were observed participating in a variety of activities on the days of the audit. There were 24-hour activity plans completed for residents in the dementia unit. Competent residents in the rest home are supported to access the community and have the independence of going out on their own as desired. This was observed on the days of the audit. Interviewed residents and family/whānau confirmed they find the programme satisfactory.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	<p>PA Low</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative</p>

<p>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>requirements and safe practice guidelines. The service uses an electronic medication management system. An HCA was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. However, evaluation of effectiveness of administered “as required” (PRN) medicines was not being completed consistently. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>The service uses pre-packaged medication packs. There were no vaccines stored on-site. Standing orders are not used. Medication reconciliation was conducted by the RN when regular medicine packs were received from the pharmacy and when a resident is transferred back to the service. This was verified in medication records sampled. All medications in the medication storage cupboard and trolley were within current use by dates. Clinical pharmacist input was provided on request. Unwanted medicines are returned to the pharmacy in a timely manner. Over-the-counter medication and supplements were documented on the medication charts where applicable. The records of temperatures for the medicine fridge and the medication cupboard sampled were within the recommended range. Opened eyedrops were dated.</p> <p>The RN stated that residents, including Māori residents and their whānau, are supported to understand their medications when required. The RN and the GP reported that when requested by Māori, appropriate support for Māori treatment and advice is provided in consultation with the GP. Residents who identify as Māori confirmed having had a discussion with the GP about using Māori treatment.</p> <p>Self- medication administration was managed in a safe manner with appropriate documentation completed. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action plans implemented.</p>
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<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>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A nutritional profile is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual dietary preference were available in the kitchen folder.</p> <p>The food is prepared on-site by the cook and is in line with recognised nutritional guidelines for older people. The cook is assisted by the kitchen hands who have received required food safety training. The menu follows summer and winter patterns in a four-weekly cycle. The current menu has been sent to the dietitian for review on 23 June 2022.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Ministry of Primary Industries. The current food control plan will expire in May 2023. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents’ weight was monitored regularly by the clinical staff and there was evidence that any concerns in weight identified were managed appropriately. Additional supplements were provided where required. The cook stated that if any residents request for culturally specific food including menu options culturally specific to te ao Māori, this is offered as requested. The service has a menu that is specific to Māori that is being reviewed and can be used where required. Hangi was prepared for the Matariki celebrations. Whānau are welcome to bring culturally specific food for their relatives. Residents who identified as Māori expressed satisfaction with the food services.</p>
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<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There is a transition, exit, transfer, and discharge policy to guide staff on transfer, exit and discharge processes. Transfers and discharges are managed by the RNs in consultation with the resident, their family/whānau and the GP. A 'yellow envelope' system is used for residents who are transferred to acute services. The service coordinates with the receiving service over the phone to provide verbal handover for safe and timely transfer or discharge process. The CM reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care. The reason for transfer was documented on the transfer letter and progress notes in the sampled files.</p> <p>The transfer and discharge planning included risk mitigation and current needs of the resident. Upon discharge from the service, any resident's paper-based information is collated, and archived in a secure area and the resident is discharged from the electronic medication management system.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers were indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GP or RNs. Examples of referrals completed were in residents' files sampled. The resident and the family/whānau were kept informed of the referral process, reason for transition, transfer, or discharge, as confirmed by documentation and 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>The physical environment supports the independence of people receiving services, such as through appropriately placed handrails. When people need to be transported or transferred between rooms, doorways and turning areas can readily accommodate wheelchair, attached equipment, and any escorts. There are comfortable looking lounges for communal gatherings and activities. The building has two lounge areas with two outdoor garden/patio spaces suitable for residents in both the rest home and dementia units. The home has adequate space for equipment, individual and group activities, and a quiet space for people receiving services and seeing their whānau. There are vinyl floors in the communal lounges, hallways and bedrooms.</p> <p>The grounds and external areas are well maintained. External areas are independently accessible for residents in the rest home level with an easy-read coded exit for the main door. Residents in the dementia unit have access to the secure gardens around the facility. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>Residents' rooms are personalised according to the resident's preference. Toilets are of a suitable size to accommodate equipment and the activity required for the residents. All rooms have external windows to provide natural light and have appropriate ventilation and heating. There are adequate numbers of accessible bathroom and toilet facilities. The toilets are conveniently located throughout the facility and are identifiable. Furniture and fittings are well maintained.</p> <p>The facility van has a current warrant of fitness which expires in October 2022. Compliance certificates for fire and evacuation equipment was sighted. All medical equipment is calibrated, and electrical testing and tagging is conducted. There is a current building warrant of fitness with an expiry date of 27 August 2022. Hazards are identified according to the health and safety programme and the hazard management process. Hot water temperatures were monitored regularly.</p> <p>Home decorations reflect the culture of the resident group. There has</p>
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		<p>been no construction nor are there any plans for building development. The owner/manager understood the need to consult and invite input from local tāngata whenua and hapu to ensure new designs reflect the aspirations of Māori.</p> <p>The maintenance staff is newly employed and has been at the facility for four months. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weighing scales and clinical equipment. The scales are checked annually. Hot water temperatures have been monitored regularly in resident areas and were within the acceptable range. The service provider monitors the environmental temperature and have implemented processes to manage significant temperature changes. Reactive maintenance is carried out by the maintenance staff or certified tradespeople, where required.</p> <p>There have been a number of environmental improvements to the environment since previous audit including (but not limited to); carpets replaced, guttering replaced, taps and vanities replaced, doors replaced. New furniture in resident lounges and heat pumps installed,</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>There are emergency procedures to guide staff when required. The fire evacuation scheme was approved on 9 July 2009. The building had a sufficient number of fire alarms and extinguishers. All staff have completed the mandatory emergency training, including regular trial evacuations with the last fire drill completed in December 2021 and was booked for June 2022, however, this could not proceed due to the Covid-19 outbreak and was rebooked for 28 July 2022. Responding to emergency and security situations is included in induction and training for HCAs. The CM understood the requirements for monitoring the wellbeing of the staff during an emergency. Staff and residents understood emergency and security situations requirements.</p> <p>The documented emergency management policies cover a wide variety of potential situations and include business continuity strategies. The pandemic response plans align with the DHB requirements. Sufficient emergency supplies that meet the Ministry of</p>

		<p>Civil Defence and Emergency Management recommendations for the region are available. These include additional stored water, food, and supplies. The emergency lighting supplies are available. Staff have received first aid training. There is always one staff member on the roster with a first aid certificate and this includes the night staff. Enough HCAs are available at all times to support people receiving services in an emergency or crisis. Call bells are located in every bedroom, bathroom, and toilet. Call bells are routinely checked. Residents confirmed that call bells are responded to in a timely manner.</p> <p>The provider has an implemented policy relating to the security of the people receiving services and the wider facility which includes escalation processes to follow if a breach in security occurs. Sufficient security processes are in place such as external doors locked each evening and external security lights. The buildings are secure overnight with 24-hour intercom access to request entry to the facility. There is CCTV for security. All visitors are required to sign in. The dementia unit is secure.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention programme and antimicrobial stewardship (AMS) programme is linked to the quality improvement programme that is reviewed and reported on annually. The CM reported that they have full support from the owner/manager with regard to infection prevention matters. This includes time, resources, and training. The CM has appropriate skills, knowledge, and qualifications for the role. The CM has attended education through the DHB and online training on infection prevention, Covid -19 pandemic and antimicrobial use as verified in training records. Monthly meetings include discussions regarding any infections.</p> <p>Significant infection control events are managed through the incident/accident process and filter through into the risk management and quality surveillance process. The local hospital, public health unit and the facility's GP are available should advice be needed on infection control or AMS concerns. Additional support and information are accessed from the laboratory if required.</p>

		<p>The infection control policies are provided by an external advisory company and reflected the requirements of the standard and are based on current accepted good practice; policies include AMS requirements. Cultural advice is accessed through the DHB 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>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The CM is the infection prevention coordinator (IPC). The CM is responsible for overseeing and implementing the infection control programme with reporting lines to the owner/manager. The IPC role, responsibilities and reporting requirements are defined in their job description. The infection prevention coordinator has received external training through the local hospital. The CM has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The IP programme was last reviewed on 5 January 2022.</p> <p>Staff have received education around infection control at orientation and through ongoing annual education sessions. Education is provided by an external provider and the CM. Content of the training is documented and evaluated to ensure it is relevant, current, and understood. Additional staff education has been provided in response to Covid-19 pandemic. Education with residents was on an individual basis and has included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather. This was confirmed in the short-term care plans sampled. The CM stated that educational resources in te reo Māori is provided as per residents' request.</p> <p>The CM has input into other related clinical policies that impact on healthcare-associated infection (HAI) risk. The IPC liaises with the owner/manager on personal protective equipment (PPE) requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the DHB.</p> <p>Medical reusable devices and shared equipment is appropriately</p>

		<p>decontaminated based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a cleaning policy to guide staff. Annual infection control audits are completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>The Māori health plan in use has guidance to practices regarded as tapu by Māori and are applicable to the infection control programme. For example, tea towels are only used for drying dishes and are washed separately from other linen. The RN reported that residents who identify as Māori will be consulted on infection control requirements as needed. In interviews, staff understood these requirements.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The implemented antimicrobial stewardship (AMS) programme is appropriate for the size, scope and complexity of the service and has been approved by the owner/manager. The antimicrobial stewardship policy in place aims to limit the use of antibiotics to situations where they deliver the greatest clinical benefit and minimise harm.</p> <p>The effectiveness of the AMS programme is evaluated by monitoring the quantity of antimicrobial prescribing, administration, and occurrence of adverse effects. Monthly antibiotic use statistics were recorded and monitored.</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</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated and analysed to identify any significant trends or common possible causative factors and action plans are implemented. The HAIs being monitored include infections</p>

<p>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>of the urinary tract, skin, eyes, respiratory including Covid-19 and any identified multidrug-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The surveillance tool has been amended on the day of the audit to include ethnicity data.</p> <p>Regular infection prevention audits were completed including, cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at monthly staff meetings and through compiled reports. Records of monthly analysis sighted confirmed the total number of infections, comparison with the previous month, reason for increase or decrease and action advised.</p> <p>Residents were advised of any infections identified as were family/whanau, where required. This was confirmed in short-term care plans sampled and verified in interviews with residents and family/whānau. There was an infection outbreak in June 2022 that was managed effectively. Appropriate documentation and notification were completed. All visitors are screened for Covid-19 symptoms on entry.</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</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and in the cleaner's room. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. There was sufficient amount of PPE available which includes masks, gloves, and aprons. Staff demonstrated knowledge and understanding about donning and doffing of PPE.</p> <p>There is a designated cleaner on-site daily. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. There are regular internal audits to monitor</p>

<p>transmission of antimicrobial resistant organisms.</p>		<p>environment cleanliness. These did not reveal any significant issues.</p> <p>Healthcare assistants are responsible for laundry services which are completed on-site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the resident in named baskets. The effectiveness of laundry processes is monitored by the internal audit programme. Resident surveys confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with residents/families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical manager. At the time of the audit, the facility was restraint free.</p> <p>The use of restraint (if any) would be reported in the staff/quality meetings. The restraint coordinator interviewed described the focus on restraint minimisation.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme.</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 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	<p>Medicines were prescribed by the GP. The prescribing practices included the prescriber’s name and date recorded on the commencement and discontinuation of medicines and all requirements for ‘as required’ (PRN) medicines. Over the counter medication and supplements were documented on the medicine charts where applicable. Medicine allergies and sensitivities were documented on the resident’s chart where applicable. The three-monthly medication reviews were consistently recorded on the medicine charts sampled. The administered PRN medicines were not consistently evaluated for effectiveness.</p>	<p>Eight out of ten sampled medication charts did not have consistent evaluation of the effectiveness of the administered PRN medicines. These medicines included pain relief, behaviour management, and respiratory management medicines.</p>	<p>Ensure documentation reflects administered PRN medicines are consistently evaluated for effectiveness</p> <p>90 days</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.