

Radius Residential Care Limited - Radius Matamata Retirement Village

Introduction

This report records the results of a Provisional 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: Radius Residential Care Limited

Premises audited: Radius Matamata Retirement Village

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 1 September 2022 End date: 2 September 2022

Proposed changes to current services (if any): The current provider completed a reconfiguration of 12 rest home rooms (June 2022) on the ground floor of the Kowhai building (including two serviced apartments beds) to dual purpose beds This will increase the dual-purpose beds from 35 to 47. The total number of beds remain 99.

Total beds occupied across all premises included in the audit on the first day of the audit: 78

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.

General overview of the audit

Matamata Country Lodge, located in Matamata, provides rest home and hospital level of care for up to 99 residents. There were 78 residents on the day of audit.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with Te Whatu Ora Waikato. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with families, residents, management, staff, the general practitioner, and the prospective buyer.

The current provider has also made a reconfiguration request in June 2022 changing a further 12 existing rest home beds (serviced apartments) to dual purpose beds to accommodate the demand for hospital level care. This was approved by the Ministry of Health on 17 June 2022. These changes were taken into consideration during the on-site audit and verified as safe and suitable.

There was a recent extension to the building to incorporate a lounge on the ground floor.

The facility manager is experienced in aged care and is supported by the owner. Feedback from families and residents were 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.

The prospective buyer, Radius Residential Care Limited, is an experienced aged care provider with four facilities in the Waikato region. Radius Care has a documented plan to transition to the Radius Care quality system. Radius Care provide administrative, human resource management, quality advice and training support.

This audit identified one shortfall related to the approved evacuation scheme.

Ō tatou motika | Our rights

Matamata Country Lodge 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 no Māori residents at the time of the audit. Cultural assessments inform the cultural care plan. A Pacific Health plan is in place. There were no residents who identified as Pasifika.

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 are managed appropriately.

Hunga mahi me te hanganga | Workforce and structure

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. Health and safety and hazard management systems are implemented.

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

There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The nurses assess, plan and review residents' needs, outcomes, and goals with family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly.

Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. The registered nurses and healthcare assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The diversional therapist and activity coordinators provide and implement an interesting and varied activity programme which includes outings, entertainment and meaningful activities, as detailed in the individual activity plans created for each resident.

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

All resident referrals, transfers and discharges are coordinated in partnership with residents and relatives.

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

The building holds a current warrant of fitness and amended code of compliance to include the new building extension. Electrical equipment is protected by an inbuilt residual current device and all medical equipment including hoists have been serviced and calibrated.

Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including Covid-19. There are emergency supplies for at least three days. A staff member trained in resuscitation skills and first aid is on duty at all times.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment and supplies. There has been one outbreak since the previous audit which was appropriately reported and effectively managed.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner.

Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

The restraint coordinator is the clinical nurse manager. There were ten residents using restraint at the time of the audit. 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. All restraints are monitored appropriately and reviewed regularly.

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	28	0	1	0	0	0
Criteria	0	168	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](#).

No data to display		
Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The administrative manual includes guidelines for the provision of care in line with the cultural safety and the Treaty of Waitangi expectations. Māori health plan references cultural awareness and cultural responsiveness to Māori perspective of health. A list of local Māori health care providers is available to staff and provides recognition of Māori values and beliefs. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged, this was evidenced during telephone interviews with three family (hospital). Note: the facility was still under strict visiting hours due to an Covid-19 exposure event.</p> <p>During the audit, there were residents who identified as Māori living at the facility. A health plan has been developed for Māori with input from cultural advisers/local iwi and is used for residents who identify as Māori.</p>

		<p>The service maintains liaison with their local Te Whatu Ora Waikato Māori health unit and has identified and documented contact details for local iwi representatives and a list of kaupapa Māori health providers who can assist with cultural advice, rongoā, mirimiri or other tikanga practices.</p> <p>The facility manager confirmed that the service supports a Māori workforce, there were staff identifying as Māori at the time of the audit. The service supports increasing Māori capacity by employing more Māori staff members through a fair and equitable employment process. Staff confirmed they are supported in a culturally safe way and that their mana and culture is respected. Ethnicity data is gathered when staff are employed, and this data is analysed at a senior management level.</p> <p>The facility manager, clinical nurse manager and sixteen care staff interviewed (seven registered nurses, eight healthcare assistants (HCAs), one diversional therapist (DT) were able to describe how care is based on the resident's individual values and beliefs.</p> <p>The prospective buyer knows and understands the consumer rights and has a very good understanding of Te Tiriti o Waitangi, recognising Māori and supporting Māori. The prospective buyer stated a plan is in place to make contact with the local iwi to conduct a house opening ceremony at the time of settlement.</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</p>	<p>FA</p>	<p>On admission all residents state their ethnicity. There were no residents that identified as Pasifika. Individual cultural beliefs are documented for all residents in their care plan and activities plan. The organisations Pacific Health Policy refers to the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The policy lists contact details for local Pasifika groups available for guidance and consultation. The policy also states Pacific models of care will be utilised within the plan of care when indicated.</p> <p>The service is actively recruiting new staff. The facility manager encourages and supports any staff that identifies as Pasifika through</p>

<p>health outcomes.</p>		<p>the employment process and training opportunities. A number of staff employed identify as Pasifika, and all other staff have attended training and education in delivering culturally safe care including care to residents that identify as Pasifika.</p> <p>Interviews with twenty-three staff (sixteen care staff, one laundry person, one housekeeper, one kitchen supervisor, three kitchen assistants, maintenance person), five residents (four rest home including one in the service apartments and one hospital) and families, and documentation reviewed identified that the service puts people using the services, families, and the Matamata community at the heart of their service.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability 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 facility 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. The 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 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. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake and support values</p>

		<p>and beliefs.</p> <p>The prospective owners know and understand the Code and that this must be adhered to, as evidenced through interview.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The healthcare assistants (HCAs) interviewed described how they support residents to choose what they want to do. Families and care staff interviewed stated the residents are given choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support with examples provided.</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. All residents have their own room, many with their own ensuite. Satisfaction surveys completed each year 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. 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>Policies and procedures support tikanga Māori and encourage the use of te reo. Education records and staff interviews verified that Te Tiriti o Waitangi training is provided, and staff described how they implemented this knowledge when engaging in discussions with or providing cares to residents. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori and</p>

		uphold their rights and interests under Te Tiriti o Waitangi.
<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>The service has policies and procedures to protect people from abuse, discrimination, and neglect. Staff are provided orientation and ongoing training on these policies and procedures. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity. Staff rules and a staff code of conduct are discussed during the new employee's induction to the service. This code of conduct and therapeutic boundaries policy addresses harassment, racism, and bullying.</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. Staff interviewed were able to describe racism and stated they felt safe to raise any concerns regarding racism with management if required. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. The families interviewed confirmed that the care provided to their family member is excellent.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. A staff code of conduct is discussed during the new employee's induction to the service. This document is retained in their staff file. Professional boundaries are defined in job descriptions. Interviews with HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>The Maori Health plan identifies Māori health models – the Māori philosophy towards health that is based on a wellness or holistic health model. The service recognises Te Whare Tapa Whā; Te Wheke and Te Pae Mahutonga to ensure wellbeing outcomes for their Māori residents. Staff are provided educational opportunities to explore racial bias and the anatomy of institutional racism.</p>
Subsection 1.6: Effective communication occurs	FA	Information is provided to residents/relatives on admission. Three-monthly resident meetings identify feedback from residents and

<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>consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Fifteen accident/incident forms reviewed consistently indicated next of kin have been informed of an accident/incident. This was also confirmed during interviews with families.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the local Te Whatu Ora Waikato specialist services, and hospice.</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</p>	<p>FA</p>	<p>There are policies around informed consent, which is covered in section 10 of the admission agreement along with consent to share information, photography, and transportation. Nine resident files reviewed had signed admission agreements which incorporated informed consent. Separate consent forms for Covid and flu vaccinations were also on file where appropriate. Residents interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p> <p>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 relatives confirmed that they are involved in the decision-making process, and in the planning of resident's care. Copies of enduring</p>

<p>to exercise independence, choice, and control.</p>		<p>power of attorneys (EPOAs) or welfare guardianship were on file where available.</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>All incoming residents and whānau are provided with easy-to-understand information about how to raise concerns/complaints and compliments, what to expect through the process and their right to support and advocacy. The facility manager maintains records of complaints, actions taken, and resolution.</p> <p>Only one complaint had been received since the previous audit (April 2022). The complaint was acknowledged, investigated, and managed in line with Right 10 of the Code. The records showed the complaint had been resolved to the satisfaction of the complainant. There have been no known complaints submitted directly to Te Whatu Ora Waikato or the Office of the Health and Disability Commissioner since the previous audit.</p> <p>The facility manager stated that they address concerns as they arise. Staff are informed of any complaints received in staff meetings.</p> <p>Discussions with families confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly. All resident/relative satisfaction surveys are specifically targeted to Māori residents to assist in the improvement of the provision of culturally safe services.</p> <p>Residents/relatives making a complaint can involve an independent support person in the process if they choose.</p> <p>The prospective buyer is aware of the complaints process and timeline for responding to complaints.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they</p>	<p>FA</p>	<p>Matamata Country Lodge holds contracts with Te Whatu Ora Health Waikato to provide hospital (medical and geriatric) and rest home level care up to 99 residents, including rest home level across 28 serviced apartments (in Kowhai building).</p>

<p>serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>The service applied to HealthCERT on 17/6/22 for a reconfiguration of 10 rest home level care beds and 2 serviced apartments to dual-purpose. These rooms have been verified as suitable as dual-purpose as part of this audit. The configuration for beds is now 21 dedicated hospital level care beds, 47 dual purpose (rest home or hospital level care beds), that includes 2 serviced apartments 15 dedicated rest home level care beds, and 16 serviced apartments (certified for rest home level care only) up to a maximum of 99 residents.</p> <p>On the days of audit, there were a total of 78 residents receiving care. Forty-one residents were receiving hospital level of care (including one long-term support- chronic health contract health support contract [LTS-CHC] and thirty-seven were receiving services at rest home level (including one resident on respite care and two in the serviced apartments).</p> <p>The Main Group is the governing body. The group has a long history of owning and operating aged care facilities in the Waikato region and has recently divested two of its three aged care facilities. Matamata Country Lodge is now the sole care facility under its governance. The director, business manager and other senior leaders, including the facility manager, assume accountability for delivering a high-quality service to the residents in the care home and the small retirement village located on the same site. The governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation.</p> <p>The group philosophy, strategic plan and policies and procedures demonstrate various ways that meaningful inclusion of Māori and honouring Te Tiriti occurs in all aspects of service delivery. The organisations mission, vision and value are documented. Service monitoring and review of organisational performance occurs at planned intervals.</p> <p>The leadership team demonstrate a commitment to quality and risk management, ensuring there are no barriers for tāngata whaikaha and that service delivery is fair and equitable for Māori. A sample of the facility manager monthly reports to the owner and minutes from</p>
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		<p>quarterly management team minutes provide extensive information to monitor performance. All information is reported and discussed. The reports present what the facilities focus is for the month: health and safety (including incident and accidents) and infection events, complaints/compliments, changes in residents and staff, staff training and education, internal audit results and service achievements/works completed.</p> <p>The facility manager (non-clinical) has 30 years management experience which includes 17 years in the health and disability sector. The person in this role is supported by a newly appointed clinical nurse manager (appointed in June 2022) and one clinical nurse leader. The facility manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field by attending local Te Whatu Ora Health Waikato forums, cultural competency, and a recent New Zealand aged care conference. The clinical nurse manager, one clinical nurse lead and the other registered nurses and an enrolled nurse meet regularly to analyse clinical indicators, resident's response to care and adherence to best known nursing practice.</p> <p>The prospective buyer is Radius Care who is an experienced aged care provider. Radius Care own four other facilities within the Waikato region. There is a documented transition plan with timeframes to implement their own policies and procedures. Radius Care policies had recently been reviewed to align with the Ngā Paerewa Health and Disability Services Standards 2021.</p> <p>The Governance Board consist of the Radius Managing Director / Executive Chairman and four Professional Directors, each with their own expertise. The terms of reference for Radius governance body adheres to the terms and reference guidelines from the New Zealand's Exchange (the NZX), or Te Paehoko o Aotearoa and the New Zealand Institute of Directors. The Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for</p>
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		<p>Māori.</p> <p>The prospective buyer has entered into a conditional sale and purchase agreement for the purchase of the Matamata Country Lodge. At the time of the audit, the proposed settlement date is 27 September 2022. The local Te Whatu Ora Health Waikato portfolio manager has been informed.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Matamata Country Lodge has an established quality and risk management programme. 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 (eg, falls, skin tears, infections, wounds including pressure injuries, restraint) 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 December. Surveys completed in 2021 reflect high levels of resident/family satisfaction. This was also confirmed during interviews with families. The service provides an action plan to improve on negative comments related to the call bell system and lack of outings.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place, and policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Service Standards.</p> <p>A health and safety system is being implemented with a registered nurse (supported by the facility 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</p>

		<p>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 questionnaire they must complete each year.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. Each resident file includes (monthly) monitoring their falls, injuries sustained (if any), interventions put in place, specific changes to the care plan and evaluation. Facility strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance. A call alert bell system links the sound of the alert to the specific resident.</p> <p>Each incident/accident is documented electronically. Fifteen accident/incident forms reviewed since 1 June 2022 (witnessed and unwitnessed falls, skin tears, pressure injuries) indicated that the forms are completed in full and are signed off by the RN or clinical nurse 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 facility manager and clinical nurse manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. A section 31 report has been completed to notify HealthCERT around issues relating to RN cover, the appointment of the new clinical nurse manager and an unstageable pressure injury. Te Whatu Ora Waikato, the GPs and public health are informed daily in regard to the current Covid outbreak and subsequent lockdown.</p> <p>Work is underway to ensure that a critical analysis of practice is undertaken to improve health equity. The service provides education opportunities and resources to staff to deliver high quality health care to Māori.</p> <p>The prospective provider has established and implemented quality and risk management programmes that they plan to implement at Matamata Country Lodge. It is anticipated this will have minimal</p>
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		<p>impact on Matamata Country Lodge because both aged care facilities are utilising the same quality and risk management programmes, developed by an external consultant.</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 rationale policy that describes rostering requirements. The facility manager and clinical nurse manager confirmed staffing is increased to include changes in acuity of residents and in the times of outbreak events. The service succeeded in maintaining resident cares and containing a Covid 19 outbreak in March 2022 and July 2022. Staff reported they covered shifts doing extra or extended shifts to cover absences and sick leave.</p> <p>Interviews with staff confirmed that although they are very busy, overall staffing of healthcare assistants (HCAs) is adequate to meet the needs of the residents. The staff reported excellent teamwork amongst staff. There were two registered nurse vacancies at the time of audit, these were being recruited for. Residents and family/whānau interviewed said they were satisfied with the number of staff available at all times.</p> <p>The facility manager, clinical nurse manager and clinical lead work full time Monday to Friday. The facility manager and clinical nurse manager are on call when not available on site. Staff interviews confirmed that the facility manager and clinical nurse manager are both supportive and available when needed.</p> <p>Matamata Country Lodge had a total of 78 residents on the day of the audit with 37 rest home level and 41 hospital level residents, and is staffed as follows:</p> <p>Totara (21 Hospital beds- 20 occupied)</p> <p>AM: one RN and six HCAs (2x 7am-3pm and 2x 7am-1pm and 2x 7am-11am)</p> <p>PM: one RN with four HCAs (3pm-11pm, 3pm-9.30pm, 4pm-8pm and 3pm-7pm)</p>

	<p>NIGHT: one roaming/facility RN and two HCAs 11pm-7am</p> <p>Rimu: 22 beds with 21 occupied (15 Hospital and 6 rest home occupied)</p> <p>AM: one RN and five HCAs (6.45am-3pm, 7am-3pm, 2x7am-1pm and 7 am-10am)</p> <p>PM: one roaming/facility RN (assist and supervise in all wings) with four HCAs (3pm-11.15pm, 2.30pm-9.30pm, 4pm-8pm and 3pm-7pm)</p> <p>NIGHT: one HCAs 11pm-7am supported by Totara</p> <p>Kowhai 40 beds and 16 serviced apartments - 37 occupied (6 hospital and 31 rest home)</p> <p>AM: five HCAs (2x 7am-3pm, 3x 7am-1.30pm)</p> <p>PM: four HCAs (2x 3pm-11.15pm; 2x 3pm-9.30pm)</p> <p>NIGHT: two HCAs 11pm-7am</p> <p>There are separate administration kitchen, activities cleaning, and laundry staff.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waikato. Of the 42-care staff employed, 26 have achieved level four, two have level two, and 16 are at level one on the NZQA framework. Seven registered nurses are accredited and maintaining competencies to conduct interRAI assessments.</p> <p>Staff competencies are completed at orientation and then repeated annually (chemical safety, medication, fire evacuation, health and safety, restraint, infection control, personal care of residents, skin care, nutrition and hydration, manual handling, sexuality, and intimacy documentation). There has been a recent focus on cultural training</p>
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	<p>and Māori operating principles, person centred care, prevention of abuse and neglect, respect and communication, sexuality, infection prevention related to Covid 19 and the Omicron variant, including donning and doffing of personal protective equipment (PPE). Training sessions are delivered as in-services training days. Other topics covered over the past 24 months include (but are not limited to) fire safety, first aid, chemical safety, continence, pain management, palliative care, wound care, the Code of Rights, infection control/hand hygiene, food safety, documentation, observation, and reporting. At the time of the audit staff were provided with a cultural safety and competence questionnaire. They needed to complete competency questions that address tikanga Māori, te reo Māori, no questionnaires were yet received.</p> <p>The service encourages all their staff to attend three-monthly staff meetings and monthly infection control and health and safety meetings. Resident/family meetings are scheduled three-monthly.</p> <p>Health and safety in the workplace education includes chemical safety, hazard identification, hazard register review, emergency management training and six-monthly fire drills. Work is underway to collaborate with mana whenua in business planning and service development that will improve outcomes and achieve equity for Māori and to ensure that the service invests in the development of organisational and staff health equity expertise.</p> <p>Work is underway to ensure that staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity</p> <p>Staff reported feeling well supported and safe in the workplace. The facility manager has implemented a range of performance recognition rewards to acknowledge staff efforts and maintain a steady workforce.</p> <p>The Radius Care regional manager was present at the time of the audit and reviewed the staff roster. The regional manager stated there are no immediate plans to do any staff changes. They plan to provide all staff with education and training consistent with the Radius Care</p>
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		education and training plan currently being implemented.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in human resource support person office in a locked filing cabinet. Ten staff files reviewed (one cleaner/cook, one EN, four HCAs, four RNs) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals (eg, ENs, GPs, pharmacy, podiatry). There is an appraisal policy. All staff who had been employed for over one year had an annual appraisal completed.</p> <p>The service has implemented a general and role-specific orientation programme 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 staff to provide a culturally safe environment for the residents.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data is recorded and used in accordance with HISO. There is a diverse mix of staff.</p> <p>Staff wellness is given priority.</p> <p>At the time of the audit the prospective owner completed an audit on the employment contracts. The regional manager confirmed that there will be a transition to the electronic Radius human resource system and human resources support people will assist to scan files to the</p>

		system and collate ethnicity, competency dates and training evidence. All new staff will commence on the Radius Care orientation programme.
<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>	FA	<p>Resident information is held in a secure area. The provider transitioned to an electronic resident management system four months ago and this is still being implemented. All resident files are documented in hard copy and on an electronic management system. Archived records are stored securely. Electronic information (eg, meeting minutes, business plan) is backed up using iCloud technology.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures are documented and include the designation of the service provider.</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 completed within the initial 24 hours. The provider is not responsible for National Health Index registration.</p> <p>The prospective buyer plans to move in a swift manner to their own (e-Case) resident management system.</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.</p>	FA	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The manager and clinical nurse manager (registered nurse) screen the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The clinical nurse manager described reasons for declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there</p>

<p>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>were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The management team keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which captures ethnicity on the electronic clinical management system. The service is able to filter this information to gather specific entry and decline rate data pertaining to Māori.</p> <p>At the time of audit, the service had twenty-one vacancies. The service receives referrals from the NASC service, Te Whatu Ora Waikato, and directly from whānau.</p> <p>The service has an information pack relating to the services provided at Matamata Country Lodge which is available for families/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The facility has a person and whānau-centred approach to services provided. Interviews with residents and family members all confirmed they received comprehensive and appropriate information and communication, both at entry and an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were no residents identifying as Māori at the time of the audit, however there were staff members that identified as Māori. The service currently engages with Māori staff members and local kaumātua in order to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</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</p>	<p>FA</p>	<p>Nine resident files were reviewed (four rest home level including one respite, and five hospital level of care, including one resident on a long-term services chronic health contract (LTS-CHC). The registered nurses are responsible for conducting all assessments and for the</p>

<p>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>development of care plans. There was evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes and family/whānau contact forms. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service uses a range of assessment tools contained in the electronic resident management system in order to formulate an initial support plan, completed within 24 hours of admission. The assessments include dietary details, emotional needs, spirituality, falls risk, pressure area risk, skin, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments formulate the long-term care plan. The resident on respite had all risk assessments completed and an initial support plan documented.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timescales for all residents including the resident on LTS-CHC. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six-monthly.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely once-weekly and provides out of hours cover. The GP (interviewed) commented positively on the excellent communication and quality of nursing at the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. The service contracts with a physiotherapist as required and a podiatrist visits regularly. Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required</p>
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		<p>through the local public hospital.</p> <p>Healthcare assistants and registered nurses interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written electronically every shift and as necessary by HCAs and at least daily by the registered nurses. The nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with a GP. Family stated they were notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status and this was consistently documented on the electronic resident record.</p> <p>Current wounds included skin tears, and one resident with bilateral heel unstageable pressure injuries for which a section 31 notification had been submitted (sighted). All wounds reviewed had comprehensive wound assessments including photographs to show healing progress. An electronic wound register and wound management plans are available for use as required. There was wound nurse specialist involvement in pressure area and chronic wound management via the local public hospital. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Healthcare assistants and the nurses complete monitoring charts including bowel chart, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour on the electronic record as required. Neurological observations are completed for unwitnessed falls, or</p>
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		<p>where there is a head injury as per policy.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations are undertaken by the nurses as required and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</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>The service employs one full-time diversional therapist and two activity coordinators who lead and facilitate the activity programme Monday to Friday per week. Weekends are classed as family time and HCAs facilitate activities for those residents interested utilising resources readily available. A weekly activities calendar is posted on the noticeboards and in each resident's room. Families are also kept informed of activities and upcoming events via email and newsletters which facilitates family/whānau attendance at special events and celebrations (subject to Covid traffic light settings).</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. Residents who do not participate regularly in the group activities are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and the activities team/HCAs.</p> <p>Each resident has an individual activities care plan which were comprehensive and reviewed at least six-monthly.</p> <p>The service provides a range of activities such as crafts, exercises, bingo, cooking, quizzes, sing-alongs, movies, and weekly outings (recently recommenced as Covid restrictions have eased). At least two staff (or one staff and one volunteer) accompany residents on outings, one of whom being CPR/first aid trained. The facility's cat is an integral part of the activity programme and visits the residents daily. Community visitors include entertainers, church services and the local Māori community representatives. The service has close</p>

		<p>links to the nearby local school, whose pupils have performed kapa haka for the residents. Themed days such as Matariki, Waitangi, Anzac Day and the Queen's jubilee are celebrated with appropriate resources available. A Father's Day breakfast was observed to take place during audit, which the participants enjoyed greatly. The service is working to incorporate more culturally themed activities into the activities programme such as traditional crafts, Māori words and their meanings and quizzes utilising te reo Māori.</p> <p>Families/whānau interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</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>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (registered nurses, enrolled nurses, and medication competent healthcare assistants) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and HCAs interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the four medication trolleys and three medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each drug chart has a photo</p>

		<p>identification and allergy status identified. There was one self-medicating resident whose ability to self-medicate had been assessed appropriately, with secure medication storage available. No standing orders were in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurses described working in partnership with the current Māori residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen supervisor oversees the on-site kitchen supported by kitchen assistants. All cooking for lunch and dinner meals is undertaken on site, with meals being served directly into the Kowhai dining room from the kitchen and being transported to the Rimu and Totora dining areas in temperature controlled hot boxes. There is a seasonal five-week rotating menu, which was last reviewed by a dietitian in January 2021. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>The kitchen is able to meet the needs of residents who require special diets. The kitchen supervisor (interviewed) works closely with the registered nurses on duty, with resident’s dietary profiles and any allergies available to all staff serving food. Lip plates and modified utensils are available as required. Supplements are provided to residents with identified weight loss issues.</p> <p>There is a food control plan expiring April 2023. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Family/whānau meetings, and one to one interaction with care staff in the dining room allows the</p>

		<p>opportunity for feedback on the meals and food services generally. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa and the service is working towards having culturally appropriate dishes specific to Māori residents included in the menu.</p> <p>Residents and family/whānau members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents (if appropriate) and families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies where indicated, or requested.</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</p>	FA	<p>The building holds a current warrant of fitness which expires December 2023. There was a new lounge extension added to the building on the ground floor in June 2023 and a new code of compliance was issued. There are maintenance personnel available between 08.00-16.30 five days per week, plus on-call after hours. There is a maintenance request book for repair and maintenance requests located in each wing. These are checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes, resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. The facility is fitted with a residual current device (RCD) which cuts the power if an electrical fault is detected</p>

<p>belonging, independence, interaction, and function.</p>		<p>and medical equipment, hoists and scales have been calibrated.</p> <p>A gardener is employed for 32 hours per week to look after the gardens and grounds. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens have seating and shade. The HCAs interviewed stated they have adequate equipment to safely deliver care for their residents.</p> <p>All but 10 bedrooms have ensuite bathroom/shower and toilet. Additional toilets are located throughout the building in common areas for resident, staff, and visitor use. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. All rooms are single occupancy. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Care staff interviewed reported that they have adequate space to provide care to residents. Residents and family/whānau are encouraged to personalise bedrooms for the residents as viewed on the day of audit. Each wing has its own dining area and lounge with library and activity resources. There is also a separate large lounge/activities room adjacent to the Kowhai TV lounge which was seen to be well utilised during the audit. All communal areas are easily accessible for residents with mobility aids. All bedrooms and communal areas have ample natural light, ventilation, and thermostatically controlled heating.</p> <p>The service has no current plans to undertake new building construction, however the service has links with local kaumātua which enable them to ensure that consideration of how designs and environments reflect the aspirations and identity of Māori is achieved, should any construction occur in the future. The new lounge received a traditional Māori blessing at the time of opening.</p> <p>Reconfiguration of rooms:</p> <p>The rooms verified were spacious with a small kitchenette area.</p>
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<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>PA Low</p>	<p>Emergency management policies, including the pandemic plan, outline specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The plan includes procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place but the approved documents by the New Zealand Fire Service could not be located at the time of the audit. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness with the last drill taking place 16 August 2022. An emergency management plan provides clear instructions for staff in emergency situations and civil defence supplies are stored in an identified area. In the event of a power outage there is back-up power available, a small emergency generator and gas cooking. There are adequate supplies in the event of a civil defence emergency including a 10,000-litre water tank to provide residents and staff with over the required three litres per day for a minimum of three days. A minimum of one person trained in first aid is available at all times.</p> <p>There are sensor mats in a selection of residents' rooms for monitoring those residents at risk of falling. Call bells are in resident rooms and communal areas (eg, toilets, showers), which are both audible and show on visual display panels located throughout the</p>

		<p>facility.</p> <p>The building is secure out of hours with a bell to summon assistance from staff. Staff perform a security round in the evening to lock the facility internally and an external security company patrols the exterior two times per night.</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>	FA	<p>A registered nurse oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and infection control audits are conducted as part of the annual audit programme. There is an infection control committee consisting of the facility manager, clinical nurse manager, clinical nurse leader, maintenance, kitchen, housekeeping, and senior HCAs where infection matters are raised. Infection rates are presented and discussed at the staff/quality meetings and reports submitted to the owner. Infection control is part of the strategic and quality plan.</p> <p>The service has access to an infection prevention clinical nurse specialist from the local public hospital.</p> <p>The facility had limited visiting hours with the requirement to perform a rapid antigen test (RAT), with a negative result being required prior to entry. Covid-19 symptom screening and declarations continues for visitors and contractors.</p> <p>There are hand sanitisers strategically placed around the facility. The service offers influenza vaccinations, all staff and the majority of residents are vaccinated for Covid-19. There was one resident with a Covid-19 infection on the days of audit and the Totorā wing in which they reside was under isolation.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	FA	<p>The designated infection control (IC) coordinator has been in the role for five months and is supported by the nursing team and GP. The service has a Covid-19 response plan which has been utilised in the</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>preparation and planning for the management of the recent Covid infections, screening, and positive tests when these have occurred.</p> <p>The infection control coordinator has completed infection control training through a well-known external organisation that specialises in infection control and there is good external support from the GP, laboratory, external consultant, and the infection control nurse specialist at the public hospital. There are outbreak kits readily available and a personal protective equipment store.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the training and education of staff. The service is working towards how they can incorporate te reo Māori into infection prevention information for Māori residents, whānau, and staff. Policies and procedures are reviewed by the facility manager in consultation with the external consultant. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with antiviral wipes and sprays. All single use items are used for their intended purpose then disposed of appropriately. The infection control coordinator is involved in the purchasing of supplies and new equipment and would be included if there were any plans for refurbishment or new building projects. The service is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff completed infection control in-services and associated competencies such as handwashing and personal protective equipment. Resident education occurs as part of the daily cares. Families/whānau were kept informed and updated on Covid-19</p>
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		<p>policies and procedures via email and newsletters.</p> <p>There are no plans to change the current environment, however, the prospective purchaser will consult with the infection control coordinator if this occurs.</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 service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The GP and infection control coordinator monitor antibiotic use. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality meetings. Prophylactic use of antibiotics is not considered to be appropriate and is avoided where possible.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at quality/staff meetings and daily updates held during the recent outbreak. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>The service receives regular notifications and alerts from Te Whatu Ora Waikato for any community concerns. There has been one outbreak since the previous audit (Covid-19 in July 2022), affecting both residents and staff, which was appropriately managed with Te</p>

		<p>Whatu Ora Waikato and public health unit appropriately notified. Additionally, there was one resident who had tested positive just prior to audit. All appropriate isolation measures were in place to prevent the spread of infection to other residents and staff.</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>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety datasheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each wing with personal protective equipment available including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on site by a dedicated laundry person seven days per week. The laundry has a defined clean/dirty area and entry/exit. The cleaners' trolley was attended at all times and are locked away when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The linen storage cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. The housekeepers interviewed were knowledgeable around the systems and processes.</p> <p>The prospective purchaser has no immediate plans to change the current laundry or cleaning provision.</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</p>	FA	<p>The service continues to aim for a restraint-free environment. This is supported by the executive management team/ governing body and policies and procedures. The facility manager regularly reports all restraint activity to executive management.</p>

<p>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>There were 10 residents using restraints at the time of audit. Two residents had bed rails in place when in bed and eight residents required 'T-Belts' when seated to keep them safe from falling. A sample of records confirmed that alternatives have been explored and that the restraint intervention was a last resort.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is one of the clinical nurse leaders who reports to the facility manager and is supervised by the clinical nurse manger. The role is defined in a job description which describes the coordinators responsibilities for monitoring and reducing restraint usage, supporting staff in the safe application of interventions, chairing the restraint approval group, and maintaining oversight of all restraint activities. The coordinator interviewed demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities.</p> <p>Staff regularly attend education and training in alternatives and the least restrictive methods, safe restraint practice, culturally appropriate interventions, and de-escalation techniques. Those interviewed demonstrated understanding about restraint procedures, risks when using restraint and monitoring requirements.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>A restraint register is maintained by the restraint coordinator. Ten (hospital level) residents are listed on the register (two bedrails and eight T belts). Files reviewed evidence restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). Restraint is used as a last resort. Written consent was obtained by the resident or resident's enduring power of attorney (EPOA). No emergency restraints have been required.</p> <p>Monitoring forms are completed for each resident using restraint and takes into account their individual values and beliefs. Bedrails are monitored two-hourly, and the safety belts is monitored on an hourly basis when in use. Timeframes for monitoring are determined based on the risks of the restraint being used. No accidents or incidents</p>

		<p>have occurred as a result of restraint use.</p> <p>The restraint approval group meets regularly and is responsible for approving individual use of restraints and quality review of restraint practices. There are clear lines of accountability. All restraints were confirmed in writing as having been approved by the committee and consented to. The overall use of restraint is being monitored and analysed by the restraint coordinator with support from the restraint committee. Whānau/enduring power of attorneys (EPOA's) were involved in decision making.</p> <p>A comprehensive assessment, approval, monitoring process, with regular reviews occurs for all restraint in use. This was confirmed by a sample of resident files and restraint monitoring records. Documents showed family/whānau involvement. Access to advocacy is facilitated but has not been identified as necessary to date.</p> <p>The restraint register is reviewed and updated at least monthly or when restraint activity changes. The register contained enough information to provide an auditable record. All restraint is planned, assessed, and approved.</p> <p>Restraints are regularly reviewed and discussed in the staff meetings. The formal and documented review of restraint use takes place six-monthly.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing</p>	FA	<p>The restraint approval group meets regularly and is responsible for approving individual use of restraints and quality review of restraint practices. There are clear lines of accountability. All restraints were confirmed in writing as having been approved by the committee and consented to. The overall use of restraint is being monitored and analysed by the restraint coordinator with support from the restraint committee. Whānau/enduring power of attorneys (EPOA's) were involved in decision making.</p> <p>A comprehensive assessment, approval, monitoring process, with regular reviews occurs for all restraint in use. This was confirmed by a sample of resident files and restraint monitoring records. Documents</p>

<p>data and implementing improvement activities.</p>		<p>showed family/whānau involvement. Access to advocacy is facilitated but has not been identified as necessary to date.</p> <p>The restraint register is reviewed and updated at least monthly or when restraint activity changes. The register contained enough information to provide an auditable record. There have been no emergency restraint interventions. All restraint is planned, assessed, and approved.</p> <p>The restraint group undertakes a six-monthly review of all restraint use which considers all the requirements of this subsection. The outcome of the review is reported to the governance body. The restraint meetings and reports are documented, and individual use of restraint use is reported to the quality and staff meetings. Minutes of meetings sampled confirmed this includes: analysis and evaluation of the amount and type of restraint use, whether all alternatives to restraint have been considered, the effectiveness of the restraint in use, the competency of staff and the appropriateness of restraint education and feedback from the doctor, staff, and families. All staff complete restraint competency assessments. There have been no incidents related to use of restraint interventions for this certification period. Internal audits are carried out to check and monitor adherence to policy and protocols. Any changes to policies, guidelines, education, and processes are implemented if indicated. Data sighted, minutes and interviews with staff confirmed that the use of restraint continues to be minimised. It was reported that in some cases family/whānau resist the removal of bed rails. The use of restraint fluctuates according to the safety needs of the resident population.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	PA Low	<p>There was lounge extension to the building completed in June 2022. The lounge is fitted out with a sprinkler system, smoke alarms and call bell points. A new code of compliance was issued (sighted). The maintenance person confirmed there was no amendment done to the initially approved fire evacuation scheme and assembly points remain unchanged. The fire evacuation plan located at the fire panels include the lounge, however the approved fire evacuation documents could not be located to be viewed on the days of the audit. The facility manager made an application online to obtain the documents. The prospective purchaser was informed.</p>	<p>A fire evacuation plan is in place but the approved documents by the New Zealand Fire Service could not be located at the time of the audit.</p>	<p>Ensure the approved fire evacuation plan is on site at all times.</p> <p>60 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.