

Lexhill Limited - Kaikohe Care

Introduction

This report records the results of a Certification Audit; Partial 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: Lexhill Limited

Premises audited: Kaikohe Care

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

Dates of audit: Start date: 9 August 2022 End date: 10 August 2022

Proposed changes to current services (if any): The service has added six additional secure dementia beds, alongside additional facilities in the dementia wing (lounge, kitchenette, and disabled bathroom). After this reconfiguration there will be a total of 46 dual-purpose beds, 3 rest home level beds and 16 secure dementia level beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 45



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Kaikohe Care is certified to provide rest home, hospital, and dementia levels of care for up to 59 residents. There were 45 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Standards 2021 and the contract with Te Whatu Ora – Health New Zealand.

A concurrent partial provisional audit was also completed to verify a new extension to the dementia unit. This included six resident rooms, kitchenette, lounge, and mobility bathroom. This increases overall bed numbers in the dementia unit from 10 to 16 beds and overall bed numbers across the facility to 65.

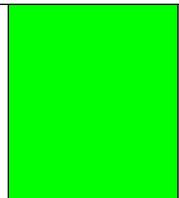
The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family, management, and staff.

The facility nurse manager is appropriately qualified and experienced. There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The certification audit identified shortfalls around staffing levels, medication management and equipment maintenance.

There were no corrective actions required as a result of the partial provisional audit.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Kaikohe Care provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau.

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.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</p>
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The business and quality plans include specific and measurable goals. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation/analysis of clinical data takes place as scheduled, with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

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

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of low risk</p>
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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 registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or 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. Registered nurses and senior healthcare assistants are responsible for administration of medicines. They 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 activities coordinators provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. 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. Snacks are available. The service has a current food control plan.

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

<p>Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</p>		<p>Some subsections applicable to this service partially attained and of low risk</p>
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All but three bedrooms are single. One room has an ensuite and two rooms share an ensuite. The remainder share communal toilets and showers. All rooms have hand basins. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

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

Subsections applicable to this service fully attained.

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 PPE supplies. There have been two outbreaks, and these have been well documented. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the contracted cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is the facility nurse manager. There were no residents using restraint at the time of the audit. Maintaining a restraint-free environment is included in the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	24	0	2	1	0	0
Criteria	0	149	0	2	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan and associated cultural policies are documented for the service. As a key element of cultural awareness, safety, and competency, Kaikohe Care acknowledges and is committed to the unique place of Māori under the Treaty of Waitangi. They are committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. Key relationships with Māori are in place through the local iwi, a kaumātua, and staff who identify as Māori. Te Hau Ora Ngapuhi provided assistance during the Covid vaccination drive. Māori performers volunteer to perform as part of the activities programme.</p> <p>The service has residents who identified as Māori. An assessment plan for Māori residents has been developed for the service but has not yet been implemented. A Māori health care plan is completed for all Māori residents that covers nutrition, personal grooming, bedmaking, medicine management (Rongoa), valuables (taonga), spirituality (wairua) and care of a deceased person (tupapaku).</p>

		<p>Whānau and the resident's iwi are identified on the assessment. The assessment form also assesses the Māori resident's nutritional plan (kai), personal grooming (tinana), medicine management (rongoa), valuables (taonga), spirituality (wairua) and requests for care of a deceased person (tupapaku).</p> <p>Cultural training including te reo Māori classes for staff begins during their orientation and continues as an in-service topic. Te reo Māori signage is located throughout the care centre. Staff training covers te reo Māori and discussions in relation to the Treaty of Waitangi. Plans are in place to measure staff's cultural expertise through competency assessments.</p> <p>Cultural advice is available, when necessary, from the local iwi, a kaumātua, and Māori staff.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff members. All staff have access to relevant tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. One facility nurse manager/registered nurse (RN) and eight care staff interviewed (five healthcare assistants (who work in the two dual-purpose wings and dementia wing), two RNs, and one activities coordinator) described how the delivery of care is based on each resident's values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	<p>FA</p>	<p>Plans are underway for the service to develop a Pacific health plan that will focus on achieving equity and efficient provision of care for Pasifika. This will include working collaboratively with Pasifika communities for guidance.</p> <p>On admission all residents state their ethnicity. There were residents that identified as Pasifika. Family members of Pasifika residents are encouraged to be present during the admission process, including completion of the initial care plan. For all residents, individual cultural</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>beliefs are documented in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The facility nurse manager described how they encourage and support any staff that identifies as Pasifika beginning during the interview process. There were staff that identified as Pasifika at the time of the audit.</p> <p>Interviews with thirteen staff (eight care staff, one cook, one laundry supervisor, two cleaners, one maintenance), six residents (four rest home level, including one resident on a young person with a disability (YPD) contract, two hospital level), and two relatives (one dementia, one rest home) identified that the service puts people using the services and local community at the heart of their services.</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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code), and HDC Advocacy information 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 family. The facility nurse manager, or charge nurse discusses aspects of the Code with residents and their relatives on admission. Residents (or their enduring power of attorney (EPOA)) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment.</p> <p>Discussions relating to the Code are held during the monthly resident/family meetings. All residents and family interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents. Posters are displayed in English and te reo Māori in visible locations referencing this service. One complaint reviewed reflected HDC – advocacy's involvement throughout the complaints process. There are links to spiritual supports.</p>

		<p>Staff receive education in relation to the Code at orientation and through the education and 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: self-determination, independence, sovereignty, and authority, as evidenced through interviews with staff and residents and in policy.</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>Care staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care. Residents also have control and choice over activities they participate in.</p> <p>It was observed that residents are treated with dignity and respect. Resident and family 2022 satisfaction survey results (sample size 39) confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and 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>Staff were observed to use person-centred and respectful language with residents. Residents and families interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Te reo Māori is actively promoted through signage, and classes. A number of staff and residents speak te reo Māori with a select number</p>

		<p>of residents speaking it as their first language.</p> <p>Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori; referencing the interconnectedness and interrelationship of all living & non-living things.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Kaikohe Care policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and the celebration of cultural days acknowledge cultural diversity. Training on abuse/neglect begins during orientation and continues as a staff training topic. A code of conduct addresses the service's zero tolerance to harassment, racism, and bullying.</p> <p>Staff are educated on how to value the older person, showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the RNs and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear</p>	FA	<p>Information is provided to residents/whānau on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an</p>

<p>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>accident/incident. This is also identified on the family notification record that is held in each resident's file. Ten accident/incident forms reviewed identified family are kept informed. Families interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were Māori residents who were unable to speak English and staff were used as translators in the first instance with whānau assisting.</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 delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated about the range of services available. Health professionals involved with the residents may include hospice, and DHB specialist services (eg, geriatric nurse specialist, mental health team). The facility nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p>	<p>FA</p>	<p>There is a policy around informed consent. Of the seven files reviewed, (two at rest home level, three at hospital level and two at dementia level) all included signed general consent forms. Residents and family interviewed could describe what informed consent was and knew they had the right to choose. Staff follow best practice tikanga guidelines in relation to consent.</p> <p>There is an advanced directive policy. In the seven files reviewed there were appropriately signed resuscitation plans and advanced directives in place. Discussions with families demonstrated that they were involved in the decision-making process and in the planning of</p>

<p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>resident's care.</p> <p>Admission agreements had been signed on all but one of the seven files reviewed. One was still to be returned from the Public Trust. Where available, copies of enduring power of attorney (EPOA) were on the resident's file. In the dementia unit both files reviewed had activated EPOAs.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The facility nurse manager maintains a record of complaints, both verbal and written, via an electronic complaint register. There were four complaints lodged in 2021 and six in 2022 (year-to-date). Two complaints lodged in 2022 were external, lodged through the DHB. One has been closed and the second is awaiting formal closure by the portfolio manager. The portfolio manager has been involved with both complaints and is reported by the facility nurse manager as providing excellent support through the complaints processes. The remaining complaints were also reviewed and reflected evidence of the facility nurse manager acknowledging and investigating each complaint with the timeframes determined by HDC. These complaints are documented as resolved.</p> <p>Discussions with residents and 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 lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held monthly and are another avenue to provide residents with the opportunity to voice their concerns. The facility nurse manager has an open-door policy and encourages residents and families to discuss their concerns.</p> <p>Residents/relatives making a complaint are supported to involve an independent support person in the complaints process if they choose. HDC advocacy posters are visible in English and te reo Māori. One of the complaints reviewed (2022) included HDC advocacy involvement.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Kaikohe Care is currently certified to provide rest home, hospital (geriatric and medical) and dementia levels of care for up to 59 residents. This includes 46 dual-purpose rooms (hospital or rest home), 3 rest home beds, and 10 dementia beds. At the time of the audit, there were 45 residents living at the facility (18 rest home level, 19 hospital level and 8 dementia level). Two residents were on the young person with a disability (YPD) contract (one hospital, one rest home); one (hospital) resident was on ACC; and two (hospital) residents were on the long-term service chronic health conditions contract (LTS-CHC). The remaining 40 residents were on the age-related residential care contract (ARRC).</p> <p>Kaikohe Care, purchased by the director seven years ago, is one of three aged residential aged care homes owned by the director. The director meets face-to-face with the facility nurse manager once every two weeks and speaks with the facility nurse manager daily (Monday – Friday). The director and facility nurse manager interviewed confirmed that they have undertaken cultural training and can demonstrate expertise in Te Tiriti, health equity, and cultural safety. The identification of barriers with implemented strategies are identified in the business plan, quality plan and Māori health plan. Collaboration with staff and whānau who identify as Māori and tāngata whaikaha (the Māori disability sector) reflects their input for the provision of equitable delivery of care.</p> <p>The evaluation of services undertaken at a governance level includes the regular review of complaints, resident meeting feedback, resident survey results, clinical indicator data and health and safety data. Business and quality goals are documented and regularly reviewed. Clinical governance is the responsibility of the nursing team, led by the facility nurse manager. This includes (but is not limited to) the review of clinical risk.</p> <p>The facility nurse manager is a registered nurse who began employment at Kaikohe Care Centre in May 2021. He registered as a registered nurse in the Philippines in 2006 and in New Zealand in 2008. A range of clinical roles within the DHB were undertaken in addition to casual work as an RN in the aged care setting. This is the facility nurse manager's first role as a manager. He has received</p>
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		<p>preceptor mentoring by Te Whatu Ora – Health New Zealand for one day every four weeks, is supervised by the Te Whatu Ora – Health New Zealand (Northland) portfolio team and has completed self-directed learning. A Section 31 report was completed to HealthCERT to notify them of the appointment.</p> <p>Partial provisional</p> <p>This audit also assessed the suitability of adding six additional dementia level beds in the secure dementia unit for a total of 16 dementia level beds. After this reconfiguration there will be a total of 46 dual-purpose beds, 3 rest home level beds and 16 secure dementia level beds.</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>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies, purchased by an external consultant, are regularly reviewed and have been updated to meet the Ngā Paerewa Health and Disability Services Standards 2021. New policies or changes to policy are communicated to staff, evidenced in meeting minutes.</p> <p>Kaikohe Care has implemented quality and risk management systems that are reviewed at defined and regular intervals utilising a health equity and quality lens approach. The identification of barriers with implemented strategies are identified. Performance monitoring and trending of data occur through internal audits and through the collection and collation of clinical indicator data (eg: falls, skin tears, infections, pressure injuries, challenging behaviours). Results are shared with the director and with staff via staff meetings and the staff intranet.</p> <p>Resident and family satisfaction surveys are completed annually with a return rate of 39 responses in the 2022 survey. Results were very positive which were confirmed during resident and family interviews. Corrective actions were implemented for any area that received a</p>

		<p>negative score.</p> <p>A health and safety system is being implemented. Health and safety policies were last updated in October 2021. The maintenance officer is the health and safety officer with support provided by the facility nurse manager. There are regular manual handling training sessions for staff. The intranet keeps staff informed on health and safety. Hazard identification forms and an up-to-date hazard register were sighted. The hazard register was last reviewed in April 2022 and includes a hazardous substances register. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in the staff meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include offering employees the employee assistance programme, flu vaccinations, inviting staff to attend and participate in the resident happy hours each week, and cultural celebration events.</p> <p>Work is underway to assess staff cultural competency to ensure a high-quality service is provided for Māori.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. This includes (but is not limited to) the use of sensor mats, intentional rounding for those residents who are at risk and regular toileting for residents. Discussions at staff handovers include residents who have had a recent fall.</p> <p>Accident/incident reports are completed for adverse events, evidenced in 10 accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, episodes of challenging behaviours). Incident and accident data is collated monthly and analysed. Each event involving a resident reflects a clinical assessment and follow up by an RN. Neurological observations are recorded for suspected head injuries and unwitnessed falls. Relatives/whānau are notified following adverse events. Opportunities to minimise future risks are identified by the facility nurse manager who reviews every adverse event.</p> <p>Discussions with the facility nurse manager evidenced their</p>
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		<p>awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been three section 31 notifications completed regarding staffing shortages with the facility nurse manager required to occasionally cover the night shift, withdrawal of local GP services, and one client who required police intervention. Public health authorities and the DHB were alerted to a Covid outbreak that began in February 2022 through to April 2022.</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>PA Moderate</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Challenges arise when staff call in as unavailable. Good teamwork amongst staff was highlighted during the staff interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews.</p> <p>The facility nurse manager is an RN who works Monday – Friday and is on call when not available on site. Two RNs are designated charge nurses who share one full-time position (Monday – Friday).</p> <p>The night shift roster is staffed with one RN and three HCAs, one in each of the three wards. A Section 31 report has been completed in relation to RN night shift staff shortages with the facility nurse manager required at times to do on-site night shifts. Presently, when an RN is unavailable for the night shift, the facility nurse manager provides on call cover. For example, in the last (two week) roster, the facility nurse manager was the designated RN on call without an RN on site for five shifts. The facility nurse manager reported that the Te Whatu Ora – Health New Zealand (Northland) portfolio manager is aware of this situation. Overseas recruitment has been put into place.</p> <p>The lodge wing (sixteen rest home and three hospital level residents): AM shift: one RN and two HCAs - one long [eight hours] and one short (0700 – 1300); PM shift: One RN and three HCAs -one long and one short (1500 – 2000).</p>

		<p>The ward wing (eighteen hospital level residents): AM shift: one RN and three HCAs - two long and one short (0700 – 1300); PM shift: One RN and three HCAs - two long and one short (1500 – 2100).</p> <p>Dementia wing (eight residents). RN oversight is provided by the RN working in the lodge wing. Two long shift HCAs cover the AM shift; one long and one short shift (1600 – 2100) cover the PM shift.</p> <p>Job interviews ensure applicants have the necessary skills, attitudes, qualifications, experience, and attributes for the services being delivered. Job descriptions reflect the expected positive behaviours, values and responsibilities required.</p> <p>There is an annual education and training schedule being implemented. Attendance has been affected by Covid. The training schedule is now back on track. Speakers include those with lived experiences in service delivery (eg, rights and advocacy, frailty, cultural awareness). The education and training schedule lists all mandatory topics and competencies (eg, medication, handwashing).</p> <p>Work is underway to ensure that the service invests in the staff health equity expertise and sharing of high-quality Māori health information through cultural training programmes and cultural competency assessments.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 34 healthcare assistants, 11 have completed their level four qualification, 9 their level three qualification and 3 their level two qualification. Eleven healthcare assistants are rostered to work in the dementia unit. All 11 have completed their dementia qualification.</p> <p>Three of seven RNs (including the facility nurse manager) have completed interRAI training.</p> <p>Presently, an RN is not consistently available during the night shifts. The director reported that additional RN staff are being recruited.</p>
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		<p>Partial provisional:</p> <p>To staff the additional six beds in the dementia wing, RN staffing hours are projected to increase to one RN on morning shift and one on the afternoon shift. HCA and DT staffing will increase by four hours, five days a week. The owner reported that these additional AM and PM RN hours are available with current staff who are currently working on the AM and PM shifts.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the facility nurse manager's office. Eight staff files reviewed (four healthcare assistants, one RN, one cook, two cleaners) 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 (RNs, physiotherapist, GPs, pharmacy, podiatry). All staff undergo an annual performance appraisal.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and are repeated annually. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure and confidential. Plans are in place to maintain an employee ethnicity database.</p> <p>Following any incident/accident, evidence of debriefing and follow-up</p>

		<p>action taken are documented. Wellbeing support is provided to staff.</p> <p>Partial Provisional:</p> <p>Additional staff employed to cover the increase in dementia-level beds will follow the same recruitment and orientation processes as the other staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>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 files and the information associated with residents and staff are retained in hard copy. Resident information is stored securely and held indefinitely.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures include the name and designation of the service provider. Client records are held in an electronic format with cloud-based, regular back-ups. Secure storage is in place for older (archived) records.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed during this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau.</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service but there is no specific information about the dementia unit. Seven admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility nurse manager is available to answer any questions regarding the admission process. Advised by the facility nurse manager that the service openly communicates with potential residents and whānau during the admission process.</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>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service does not collect ethnicity information at the time of admission, from individual residents. The service does not have a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. The service has established links with Te Hau Ora Ngapuhi.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven resident files were reviewed (two rest home including one young person with a disability -YPD, three hospital including one ACC and one long-term chronic health care – LTS-CHC and two dementia). Registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed, and this is documented in progress notes.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. All initial assessments and care plans were signed and dated. Five resident files reviewed had up-to-date interRAI assessments and care plans had been evaluated within the required six-month timeframe. The ACC and YPD residents did not require interRAI assessments, however, risk assessments had been completed. Care plans had been updated when there were changes in health condition and identified needs.</p> <p>The long-term care plan includes sections on mobility and transfers, activities of daily living, continence, nutrition, communication, medication, skin care, cognitive function, and behaviours, cultural and social needs. The care plan aligns with the services model of person-centred care. There is a specific Māori assessment available.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission (via video conferencing) and face to face three-monthly. After hours the facility uses a local GP or if an emergency the resident is transported to the Bay of Islands</p>

		<p>hospital. The facility nurse manager is also available for after-hours calls and advice. When interviewed, the GP expressed satisfaction with the care. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a contracted physiotherapist for two hours a week. A podiatrist visits six-weekly and a dietitian, speech language therapist and wound care specialist nurse are available as required.</p> <p>Care staff 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 daily, and as necessary by healthcare assistants (HCA) and RNs. The RN further adds 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. When a resident's condition alters an RN initiates a review with a GP. Family is notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. There were four current wounds (skin tears and a crack in a heel). There was one resident with a stage II pressure injury on the sacrum. An electronic wound register is maintained.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. HCAs and RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, pain, behaviour, blood sugar levels and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries.</p> <p>Short-term care plans were well utilised for issues such as infections,</p>
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		weight loss, and wounds.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There is one activities coordinator who works 37.5 hours Monday to Friday. She is currently completing the diversional therapy course. HCAs assist her with activities and cover the weekend. The overall programme has integrated activities that is appropriate for all residents. The activities are displayed in large print on all noticeboards. They include (but not limited to) exercises, reading news, word games, board games, bingo, music and arts and crafts. On the day of audit residents in the home and hospital were listening to the newspaper reading, participating in a music session (one resident played the ukulele), and watching a movie. In the dementia unit residents were looking at magazines, playing a balloon game and walking in the garden. The programmes allow for flexibility and resident choice of activity. One-on-one activities such as individual walks, chats, hand massage/pampering occur for residents who are unable to attend or participate in activities or who choose not to be involved in group activities. There are plentiful resources.</p> <p>There is a fish tank and families bring in pet dogs. Van outings are fortnightly. The maintenance person drives the van, and he has a first aid certificate. He is always accompanied by a HCA. Interdenominational church services are held on a Saturday. A Catholic volunteer comes in on a Friday to give communion. Prior to Covid, there were also visiting school and cultural groups, but these have not recommenced. Residents are encouraged to maintain links to the community. Residents go out for coffee, shopping, and the movies. There are celebrations held. The residents have enjoyed following the Commonwealth games and this coming Friday they are having a celebration of Olivia Newton-John's life. The activities coordinator incorporates the principles of Te Whare Tapa Whā into the programme.</p> <p>Younger residents are catered for and get to enjoy activities they choose.</p> <p>There are seating areas where quieter activities can occur. There is a</p>

		<p>small hairdressing salon.</p> <p>The residents enjoy attending the activities and enjoy contributing to the programme. A resident social profile and activity assessment informs the activities plan. Individual activities plans were seen in resident file reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through monthly resident meetings and resident surveys. The residents and relatives interviewed were happy with the variety of activities provided.</p> <p>Partial Provisional:</p> <p>The activities coordinator's hours in the dementia unit will increase from one to four hours a day.</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>PA Low</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in a locked treatment room. RNs and medication competent HCAs administer medications. They all complete annual competencies and education. All medications are administered from Medipaks. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There was one resident self-medicating on the days of audit. All documentation including consents was in place. There are no standing orders. There are no vaccines stored on site.</p> <p>The medication fridge temperatures are checked daily and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. There is a small stock of medications kept for use on prescription and these are routinely checked. Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed.</p>

		<p>'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. All medications are charted either regular doses or as required. There are currently no over the counter medications in use. The service is working towards providing appropriate support advice and treatment for Māori.</p> <p>Partial provisional:</p> <p>There is only one locked medication room in the hospital wing. The rest home wing and the dementia unit have locked medication trollies in their nurses' stations. There is enough space on the trolley in the dementia unit to accommodate robotic packs for additional residents. There is no medication fridge in the dementia unit. Stock medication and refrigerated medication will be stored in the hospital medication room. In the dementia unit medications are given by senior medication competent healthcare assistants.</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>Food services are overseen by a cook who works full-time Monday to Friday. There is a weekend cook. There are four kitchenhands who work on a rostered basis. All meals and baking are prepared and cooked on site. All food services staff have completed food safety training. The six-week menu has been reviewed by a registered dietitian. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. Bain maries are transported to each dining room and food is served directly from these. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</p> <p>The food control plan was verified 25 November 2021. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain marie serving temperatures, dishwasher rinse and wash temperatures. All</p>

		<p>perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the monthly resident meetings which is attended by the cook when required. Resident preferences are considered with menu reviews. The kitchen manager stated that she could cater for cultural preferences and offers choices. They do 'boil ups' monthly. Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents with weight loss may be referred to the dietitian. The RN or dietitian inform the care staff and kitchen of any extra requirements.</p> <p>Partial provisional:</p> <p>There is sufficient room in the dining room of the dementia unit to accommodate six new residents. The new area has a kitchenette with a stove top that has been disconnected for safety reasons. The kitchen manager stated that there is no problem catering for a further six residents and there is sufficient space in the bain marie that transports food to the dementia unit. There is also a table in the new kitchenette if required. Snacks are available 24/7</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</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family 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 facility uses the 'yellow envelope' system. The residents and their families are involved for all exits or discharges to and from the service.</p>

<p>experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 30 June 2023. There is a maintenance/grounds person who works full time. There is an electronic maintenance request form for repair and maintenance requests. This is checked and signed off when repairs have been completed. There is an annual preventative maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours as required. Testing and tagging of electrical equipment were completed in July 2022. Checking and calibration of medical equipment, hoists and scales was completed in August 2022.</p> <p>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. All areas have external decks with seating and shade. The dementia unit garden is large and there is space for residents to walk around. Once the fence is knocked down between the 'old' and 'new' part of the dementia unit there will be a continuous looped pathway. There is safe access to all communal areas. HCAs interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care residents.</p> <p>All but three rooms are single. The three double rooms have dividing curtains for privacy. Currently there is only one resident in the double rooms. There is one room with an ensuite, and two rooms share an ensuite. The remaining rooms all have hand basins but share toilets and communal showers. The communal showers have privacy locks and privacy curtains. 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.</p>

		<p>There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>Each area has a large lounge and dining room. There are smaller lounge areas where residents may sit and read or entertain their visitors. There is a small hairdressing salon. There are seating alcoves throughout the facility. All bedrooms and communal areas have ample natural light and ventilation. There are hot water radiators or electrical panel heaters. Temperature control is by maintenance.</p> <p>The facility discourages smoking but has external smoking areas available.</p> <p>Partial provisional:</p> <p>The six new dementia rooms are all single. Each room has a hand basin, but the wing has communal toilets and showers. The showers and toilets have signs and privacy doors. There is a small lounge and a kitchenette added to the new wing. The new wing is fully furnished. The corridors are wide, and residents will be able to mobilise safely. There is adequate space in the rooms for staff to provide care. The landscaping off the new dementia unit has been completed. Whānau and residents (that identified as Māori) were consulted around the addition to the building. The Code of Compliance has been signed out post onsite audit. Letter sighted 12 October 2022.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p>	<p>PA Low</p>	<p>Emergency management policies that include a pandemic plan outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation drill is repeated six-monthly in accordance with the</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>facility's building warrant of fitness with the most recent drill taking place in July 2022. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard. In the event of a power outage, gas cooking is available. There are adequate supplies in the event of a civil defence emergency including ample water and food stores for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation.</p> <p>There is a minimum of one staff always current in first aid and CPR who is available on site and on outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells within reach. Six sensor mats are not functioning properly and require replacement. Residents and families interviewed confirmed that call bells are answered in a timely manner. This was also confirmed in the results of the resident satisfaction surveys. A call bell audit is completed monthly.</p> <p>The building is secured after hours. There are 48 security cameras located both inside and outside of the facility. Staff complete regular security checks at night.</p> <p>Partial provisional:</p> <p>Call bells are installed in the bedrooms and dining area of the renovated dementia wing. There is one additional fire exit in the newly renovated dementia wing. The fire evacuation plan has been updated and approved post-onsite audit by the fire service (letter dated 11 October 2022).</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</p>	<p>FA</p>	<p>The facility nurse manager currently 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</p>

<p>appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>electronic quality risk and incident reporting system. The infection control programme is reviewed annually by the facility nurse manager. Infection control audits are conducted. Infection rates are presented and discussed at quality, infection control and staff meetings. There is no benchmarking with other facilities. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora – Health New Zealand (Northern).</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19. Strict visitor controls are in place and all staff perform rapid antigen tests (RAT) daily. There was one resident with Covid-19 infection on the days of audit. The resident was in isolation.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>During Covid-19 lockdown there were regular meetings with the infection control team and the DHB which provided a forum for discussion and support. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online MOH infection training and further education is planned. There is good external support from the GP, laboratory, and the Te Whatu Ora IC nurse specialist. There is ample personal protective equipment. Extra PPE equipment is available as required.</p> <p>The online infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the facility nurse manager in consultation with Te Whatu Ora. 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. 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 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Recently the staff received education around Monkeypox from Te Whatu Ora.</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 an 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 antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality, infection control and staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The facility is currently part of a Te Whatu Ora project on reducing the use of antibiotics for urinary infections if they are asymptomatic.</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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection</p>

<p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, infection control and staff meetings. The owner is notified of any concerning trends. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service does not capture ethnicity data on admission and so this cannot be incorporated into surveillance methods and data captured around infections. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from the local Te Whatu Ora and public health for any community concerns. There have been two Covid-19 outbreaks. One in February-April 2022 and the one case in August 2022. These were well documented. The facility followed their pandemic plan. All areas were kept separate, and staff were kept to one area if possible. Staff wore PPE. Residents and staff were RAT tested daily. Families were kept informed by phone or email. Visiting was restricted.</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 antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturers labels and stored in locked areas. Cleaning chemicals are kept on the cleaning trolleys, but the trolleys are kept in a locked cupboard when not in use. There are two cleaners on duty each day. One does a long shift and cleans the hospital and communal areas. The other does a short shift and cleans the rest home and dementia unit. Safety datasheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks 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 area and each sluice room has a sanitiser and a sink. Goggles are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry supervisor who works five hours a day, six days a week. A cleaner covers Saturday. Laundry is processed on site. The laundry has a dirty area where laundry comes in to be washed and a clean area where laundry is folded ready for return. Clean personal</p>

		<p>laundry is delivered back in named baskets. Linen is delivered on trolleys to the linen cupboards. The linen cupboards in each area were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>Partial provisional:</p> <p>The cleaner on the short shift will have hours increased to a long shift. Initially there will be no change to laundry hours, but this will be monitored. There are ample linen supplies.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. Policies have been updated to reflect the Ngā Paerewa Health and Disability Services Standards 2021. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, no residents were using a restraint.</p> <p>The facility, led by the facility nurse manager, is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in meetings with the director and staff. The designated restraint coordinator is the facility nurse manager.</p> <p>Restraint minimisation is included as part of the training plan and orientation programmes. This training continues annually.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Moderate	Due to current NZ staff shortages, on the night shift the facility nurse manager is required to occasionally provide on-call cover. For example, the facility nurse manager provided five on-call duties during the night shift in the previous two-week roster.	RN staffing for hospital level residents does not meet contractual requirements for the night shifts.	<p>Ensure that there is RN on-site cover 24 hours a day, seven days a week.</p> <p>60 days</p>
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Low	Medication fridge temperatures are recorded daily. There are weekly medication stocktakes, however the CD register does not include a six-monthly pharmacy check.	<p>(i). Medication room temperatures are not being recorded.</p> <p>(ii). There are no six-monthly CD checks completed.</p>	<p>(i). Ensure medication room temperatures are recorded. (ii). Ensure six-monthly CD checks completed.</p> <p>60 days</p>

<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	<p>PA Low</p>	<p>The call system has been upgraded. Call bells are in all resident rooms, lounges, toilets, and showers. A light and alarm notify staff when a call bell has been activated. Residents were observed to have their call bell in proximity to where they were situated. Sensor mats are also being used to alert staff when a resident who is at risk of falling attempts to stand. Staff interviews confirmed that there are approximately six sensor mats that require replacement as they are not working properly.</p>	<p>A number of sensor mats are not working properly and require replacements.</p>	<p>Ensure all sensor mats used at the facility are working properly.</p> <p>60 days</p>
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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.