

Waihi Lifecare (2018) Limited - Waihi Lifecare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Waihi Lifecare (2018) Limited
Premises audited:	Waihi Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services
Dates of audit:	Start date: 28 September 2022 End date: 29 September 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	42

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

Waihi Lifecare (2018) Limited – Waihi Lifecare provides rest home, hospital level care for up to 51 aged care residents and has a five-bed primary birthing centre. There are two directors one of whom is involved in the operations management of this facility. Waihi Lifecare is managed by a facility manager who is supported by a clinical nurse lead and the maternity lead who oversees the birthing centre. The clinical lead position is a new appointment since the previous audit.

This audit was conducted against the Nga Paerewa Health and disability Services Standards and the providers contract with Te Whatu Ora Waikato. The certification process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents, whanau/family members, the management, staff and a general practitioner and lead maternity carer midwife.

This audit identified two areas requiring improvement in relation to medicine management.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

Cultural and spiritual needs are identified and considered in daily service delivery. The cultural safety policy guide staff practice to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs based on Te Tiriti o Waitangi. Principles of mana motuhake practice was evidenced in service delivery. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code). All staff receive in-service education on the Treaty of Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code).

The provider maintains a socially inclusive and person-centred service. The residents confirmed that they are treated with dignity and respect at all times. Consent is obtained where and when required. Residents are safe from abuse.

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

Procedures are in place to resolve complaints promptly and effectively in collaboration with all parties involved. A complaints register is maintained.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The governing body and management team are responsible for delivering safe and appropriate care/services.

The purpose, values, direction, scope and goals of Waihi Lifecare are documented. Goals are reviewed during annual business planning processes. Performance is monitored and reviewed by the owner/directors.

The quality and risk management systems are focused on improving service delivery and care. Residents and family are given the opportunity to provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks and hazards are identified and mitigated.

The after-hours is managed effectively for all services provided. Staff are provided with detailed orientation and ongoing education is provided across the organisation, relevant for aged residential care and primary maternity care services. The maternity service has a permanent on call roster system in place due to the nature of this service.

Residents' information is accurately recorded, securely stored and is not accessible to unauthorised people.

A process in place for the maternity service records whilst women are in the facility. The labour, birth and postnatal records for each individual woman are fully documented by the staff and lead maternity carer midwives who access the facility.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Each stage of service provision is managed by suitably qualified personnel who are competent to perform the function they manage. When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Files reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular basis. The women in the birthing centre and their babies are assessed daily by staff and their lead maternity carer midwife.

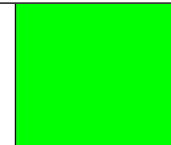
The planned activities provide residents with a variety of individual and group activities and maintains their links with the community. Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. Parenting education and health promotion is promoted to the women in the birthing centre at every opportunity.

The service uses a pre-packaged medication system and electronic medication management system. Medication is administered by staff who are competent to administer medicines. Medication reviews are completed by the general practitioner in a timely manner. The lead maternity carer midwives are responsible for medicine management in the birthing centre. All staff who administer medicines have completed relevant medication competencies.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals. Residents are referred or transferred to other health services as required.

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

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



Subsections applicable to this service fully attained.

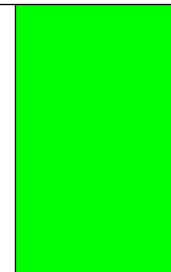
All facilities meet the needs of the residents/women and are warm and clean. Some refurbishment, renovations and maintenance is ongoing. There is a current building warrant of fitness.

Electrical testing and calibration is completed on all medical equipment by a contracted provider annually. External areas provide shade and seating.

Staff are trained in emergency procedures, use of emergency equipment and supplies and fire safety principles. Residents, women and their families interviewed understood emergency and security arrangements. Call bells are available in appropriate areas. Security is maintained.

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

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



Subsections applicable to this service fully attained.


An implemented infection prevention (IP) and AMS programme in place is appropriate to the size and complexity of the service. A suitably qualified registered nurse leads the programme which is reviewed annually.

The quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects are monitored to identify areas for improvement in antimicrobial stewardship.

Specialist infection prevention advice is accessed when needed. Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through education and training. The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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There is a restraint commitment and philosophy from governance to eliminate restraint. Policies and procedures reflect the Nga Paerewa standards and philosophy. Restraint is only used as a last resort and as the least restrictive manner. There were four residents using restraints at the time of the audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions. All staff have completed restraint competencies as part of orientation and ongoing education is provided.

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	0	1	0	0
Criteria	0	169	0	1	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>Waihi Lifecare and birthing centre provides an environment that supports residents/women and pepe ensuring rights are upheld and culturally safe care is provided. Staff demonstrated an understanding of residents’ rights and obligations. There is a health plan that encapsulates care specifically directed at Māori, Pasifika and other ethnicities. The service is Māori centred despite having no Māori residents on the day of the audit. There is a high rate of Māori women who access the birthing centre. The service currently works collaboratively with external Māori and support groups available through Thames and Waikato Hospitals as needed. A kaumatua is available if needed. There are five staff who identify as Māori; however none are currently employed in senior roles, but are valuable members of the staff. Education is provided and cultural competencies are completed.</p> <p>Birthing centre staff have completed the New Zealand Breastfeeding Alliance (NZBFA) competency for Māori wahine accessing the service and breastfeeding from a Māori perspective. Lead maternity carer</p>

		midwives (LMCs) accessing this facility have completed relevant cultural training. The staff recognise mana Motuhake and encourage and support women and residents to meet their goals. Waihi birthing centre is committed to upholding their principles of the Treaty of Waitangi and have links with local services such as Hapu Wananga and Whirihia. The service respects Māori traditional practises, such as supporting the use of muka tie, Wahakura.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Policies and procedures are available to guide staff in the care of Pacific peoples. This references the Ola Manuia: Pacific Health and Wellbeing Action Plan 2020 – 2025, and other documents that have been published. The provision of equitable services that are underpinned by the Pacific people’s worldview policy notes to improve the health outcomes of Pasifika people. Expert advice will be sought if not available from the resident and family. Residents will be encouraged to participate in cultural activities in the community and community groups will be invited to share their culture and knowledge with the care home and the birthing centre. There is one staff member who identifies as Pasifika. The maternity service has implemented a cultural assessment plan and a woman identifying as Pasifika interviewed by telephone commented that she, partner and baby were very well supported during their stay in the birthing centre. Spiritual care can be arranged from the community. Church services are held as part of the activities provided to residents.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>All staff have received training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process as was verified in staff files and interviews with staff. Staff understood residents' rights and the Privacy Act 2020. They gave examples of how they incorporate these in daily practice. The Code in English and Māori languages and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed on notice boards around the facility. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. The Code pamphlets are provided to residents as part of the admission information. Information is also provided in the welcome pack booklet given to all women who enter</p>

		<p>the birthing centre. The admission agreement has information on residents' rights and responsibilities. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>The service recognises Māori mana motuhake by the practice of involving residents, family/ whānau or their representative of choice in the assessment process. This enables residents to practice autonomy and independence to determine individual residents' wishes and support needs. The service is affiliated with a local kaumatua and has links with a tertiary education provider who supports the service with providing cultural safety training for staff. The facility manager (FM) stated that support for residents who identify as Māori if required, will be provided.</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 cultural safety policy in use states that all residents will have equal access to services and will not be discriminated against or prejudiced because of race, sex, creed, gender, religious beliefs or other discriminatory factors. Residents' individual values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics is sought from residents and their family/whānau on admission. These were noted in the residents' care plans sampled. Residents and family/whānau confirmed they were consulted on individual values and beliefs and staff respected these. Staff were observed respecting residents' personal areas and privacy by knocking on the doors and announcing themselves before entry. Personal cares were provided behind closed doors. Visitors' toilets and shared bathrooms had clear signage when in use.</p> <p>Residents are supported to maintain as much independence as possible. Residents confirmed that they can choose to attend to activities of choice and can perform own personal cares if competent to do so and make their own beds as able.</p> <p>There were no residents who identified as Māori on the days of the audit. The cultural safety policy supports te reo, tikanga Māori and tāngata whaikaha participation in te ao Māori. There is translation of</p>

		<p>some words into te reo in the cultural safety policy to guide staff. The assessment plan for Māori residents' template and cultural safety guidelines are used to support residents and family/ whānau when required. Staff have received education on cultural safety. Education on Te Tiriti o Waitangi is included in the mandatory training sessions scheduled. Staff were aware of Māori values and beliefs. Guidance on tikanga best practice is available. The clinical nurse lead (CNL) stated that additional cultural advice can be accessed through Te Whatu Ora – Waikato if required.</p> <p>In interviews, residents confirmed that they are free to express any concerns they may have and the FM and the CNL are approachable, and any concerns raised were promptly acted upon. This also applies to the birthing centre and the ML is always available to speak with women and their families as needed. The birthing centre is fully supportive of Māori traditional practises, and this was discussed with an LMC at the time of the audit.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Professional boundaries, code of conduct, misconduct, discrimination, and abuse and neglect are part of the orientation topics discussed with all new staff. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation. In interviews, staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, exploitation.</p> <p>Residents' property is labelled on admission. The CNL stated that any observed or reported abuse or exploitation would be addressed promptly. Systems in place to protect residents from abuse and revictimization include the complaints management processes, residents' meetings and the satisfaction surveys. Residents, family and staff confirmed that they have not witnessed any abuse or neglect. The LMC midwives are trained to screen all women for family violence. The maternity lead (ML) interviewed clearly understood who to contact should this be suspected during women's stay in the birthing centre.</p>

		<p>Residents reported that they are treated fairly, and they feel safe. Residents are encouraged to have a comfort fund that is kept safe in the office; they can access their money as desired. A strengths-based and holistic model, Te Whare Tapa Wha and Māori health care plan is available for use to ensure wellbeing outcomes for Māori, when required.</p> <p>The FM reported that a system to monitor institutional and systemic racism is yet to be implemented.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents are given an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. This was observed on the days of the audit and confirmed in interviews with residents. Communications and referrals to allied health care providers was recorded in residents' records. Residents and family/whānau stated they were kept well informed about any changes to their/their relative's status and were advised in a timely manner about any incidents or accidents and medical reviews. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures that meet the requirements of the Code.</p> <p>Information provided to residents and family/whānau is mainly in the English language. The CNL stated that interpreter services are engaged through the national interpreter services. Contact details were available and known by staff. Written information and verbal discussions are provided to improve communication with residents and their family/whānau. Open communication with residents and family/whānau is promoted through the open-door policy maintained by the FM. Residents and family/whānau confirmed that the FM and CNL are approachable and responsive to requests. A record of phone or email contact with family/whānau was maintained.</p> <p>There is a diverse range of staff who speak a variety of languages, who can be utilised where appropriate. Family/whānau may assist with interpretation where appropriate. Verbal, non-verbal, printed material or written communication methods are adopted to make communication and information easy for residents to access,</p>

		understand, use, enact or follow. There are feed-back mechanisms in place for the birthing centre.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Best practice tikanga guidelines in relation to consent was practiced. Informed consent was obtained as part of the admission documents which the resident and/or their nominated legal representative signed on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Consent for residents who were not competent to make decisions were signed by the residents' legal representatives where appropriate. Resuscitation treatment plans were signed by residents who are competent. A medical decision was made by the GP in relation to resuscitation treatment plan for residents who were unable to provide consent. Advance directives documents were available where applicable. Staff were observed to gain consent for daily cares.</p> <p>Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person was involved for example family/whānau, with the resident's consent. The CNL reported that residents are offered a support person through the advocacy services when required. During the admission process residents provide information on their nominated representative of choice, next of kin, or enduring power of attorney (EPOA). These were documented in the admission records sampled. Communication records verified inclusion of support people where applicable.</p> <p>Women, partners and support persons of choice are provided with information necessary to make informed choices. The tracer interviewed by telephone stated that information was given in a way that her and her partner could comprehend, and they were given time to consider. They were respected and supported in the decisions made during all stages of service delivery. The guideline regarding storage, return or disposal of whenua outlines the consent process to follow.</p> <p>In the maternity service, a process is well documented and</p>

		implemented that ensures preferences for return of whenua is considered, documented and met.
<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>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that would lead to improvements. This meets the requirements of the Code.</p> <p>Residents interviewed understood their right to make a complaint and knew how to do so. They informed that they felt free and comfortable about raising any issue of concern.</p> <p>There have been 10 complaints received and 11 compliments over the last year. Records showed that each complaint has been acknowledged, investigated and followed up in a timely manner. There were no complaints open at the time of the audit. Compliments were fed back to the staff. The facility manager is the complaints officer and is supported as required by the clinical lead. The director is informed of complaints weekly and/or monthly as part of the management meetings. The complaints register is maintained by the facility manager. One health and disability commissioner (HDC) complaint received February 2021, was handed over to the Nationwide Advocacy Service to work with the complainant and the service provider about issues raised and to ensure the complainant was satisfied with the outcome. This was closed off in a relatively short timeframe. There have been no other external complaints received. Complaints are used by management to improve service provision.</p> <p>The complaints management system has not been reviewed to ensure this works effectively for Māori, as there are no Māori residents. Processes would be put in place if needed. There have been no complaints from Māori women accessing the birthing centre.</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>	FA	<p>Waihi Lifecare and birthing centre management have a commitment to ensure full compliance with all legislative requirements, to meet contractual obligations with the funder. There is an organisational chart to provide the team structure of the organisation. The organisation has a mission statement, philosophy, vision, and core</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>values and a statement of purpose. The business plan scope and review are clearly documented and includes a policy statement. The procedure outlines how the business plan will be developed and who is responsible. The organisation has current membership with the Aged Residential Care Association. The two directors have owned the facility since 2018. One director is involved full time with the business and the other director is a silent partner.</p> <p>The facility manager (FM) who is also a registered nurse (RN), has been working in this role for approximately 18 months and has a background in nursing and nine years working in nursing education. The clinical lead has been in the role for two years and is able to cover for the facility manager as and if required. Senior registered nurses can also cover the clinical lead when absent for annual leave or unplanned leave.</p> <p>The FM is responsible for the day-to-day running of the facilities, staffing/human resources, maintenance, quality and risk activities, education and all other aspects of service delivery and is clear about the obligations and responsibilities of this role. The FM has completed the required professional development education as required to meet the providers contract with Te Whatu Ora Waikato.</p> <p>Policies and procedures have been developed by an external consultant. These documents have current references including those related to equity and outcomes for Māori. The manager and director advised cultural advice and support for Māori residents would be accessed in the event this is needed. There have been no concerns raised about the cultural appropriateness of care provided to residents or women accessing maternity services. The FM and the maternity lead are available to discuss any issues at any time.</p> <p>The FM has attended training on Te Tiriti and cultural safety and all staff complete cultural competencies as part of the training programme. No training has been provided on equity in 2022. Improving outcomes and achieving equity for Māori and reviewing barriers for equitable access to services for Māori have not been</p>
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		<p>evaluated.</p> <p>The management team consisting of the FM, clinical lead and maternity lead confirmed a continuing commitment to ensure that the people receiving services and their family continue to actively participate in all aspects of planning, implementation, monitoring and evaluation of their individualised services and care provided. This includes reviewing services for tangata whaikaha via the care planning and review process and environmental audits.</p> <p>The director and management team confirmed knowledge of both the aged residential care sector and the primary maternity care service sector. The director assumes accountability for delivering high-quality services through the implementation of the business plan, having a leadership structure in place which is appropriate for the size and nature of the services provided. Governance demonstrates leadership and commitment to quality and risk management.</p> <p>The service provider has contracts with Te Whatu Ora Waikato for rest home level care, hospital level care, respite care and maternity-Primary care services and younger disabled under 65 years of age (YPD). On the day of audit there were 42 occupied beds consisting of 26 rest home residents, 16 hospital level, nil respite care, nil YPD residents and nil primary maternity care women accessing the service.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous improvement. This includes management of complaints, audit activities, satisfaction surveys, monitoring of outcomes, policies and procedures, health and safety reviews and staff training. The FM is responsible for implementation of the quality and risk system with the assistance of the clinical lead and maternity lead.</p> <p>A resident satisfaction survey was undertaken in June 2022 with residents being offered the opportunity of providing feedback. A staff survey was completed in May 2022. Positive feedback was provided. The audit schedule was reviewed for 2022 to 2023. A range of internal</p>

<p>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>audits are undertaken using template audit forms. Audits have been completed and corrective actions are developed and implemented to address any shortfalls. There is generally a good level of compliance in the audit results sighted.</p> <p>Organisational policies, procedures and associated documented are developed by an external consultant and provided to Waihi Lifecare via email with recent changes to reflect the Nga Paerewa Standard 8134:2021 and legislation. These documents are reviewed by the manager on arrival and printed for staff to access in the policy manual or online.</p> <p>The organisation has recently gained accreditation for the Baby Friendly Hospital Initiative (BFHI) for four years and this is a significant achievement for the birthing centre and Waihi Lifecare as a whole. The ML has maintained the essential data records for BFHI and ensured staff are trained to meet all educational requirements. Education has included New Zealand Breastfeeding Alliance (NZBFA) cultural safety and the birth culture of Māori 6 June 2022, breastfeeding essentials 23 June 2022 and advocacy training 28 July 2022. Maternity assistants also complete all training required by the FM and are invited to participate with the care staff in any training sessions provided.</p> <p>Health and safety systems are being implemented according to the health and safety policy by the management team. There is a current hazardous substance register that was reviewed July 2022. There is also a current hazard register which has been reviewed.</p> <p>The FM is aware of the responsibilities to complete Section 31 notifications as needed for significant issues or events. Section 31 notification registered nurse shortage forms have been completed regularly over the last year. HealthCERT are well informed of this situation. In addition to this, one further Section 31 notification was made to HealthCERT which had involved the New Zealand Police. On the 10 April 2022 an adverse event occurred and was reported, with all appropriate notifications being made. A detailed full investigation and recommendations have already taken place. The service has</p>
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		<p>taken the recommendations and initiated changes to improve some aspects of service delivery.</p> <p>Organisation business risks if identified are acted upon with mitigation strategies already in place. Any new risk related to individual resident's care if brought to attention of the FM and/or the CL are addressed promptly.</p> <p>Staff are advised of any quality and risk information via the staff meetings and shift handover discussions and with memorandums or the communication book. Staff interviewed confirmed they are informed of any relevant information including infection prevention and control, training topics, hazards, system and process changes and any new and amended policy or procedures. While there is satisfaction and feedback from all areas of service there is not yet a critical analysis of organisational practices at the service/operations level, aimed to improved health equity within Waihi Lifecare and the Waihi birthing centre.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented process for determining staffing levels and skill mixes to provide clinically and culturally safe care, 24 hours a day, seven days a week (24/7). Rosters are adjusted in response to resident numbers and level of care and when residents' needs change. There is a minimum of one registered nurse (RN) and two health care assistants (HCAs) on duty during the night shift. There are three HCAs on staggered shifts and one RN on the morning shift, three HCAs and one RN on the afternoon shift. Monday to Friday the FM and CNL are on duty. The rosters are developed six weeks ahead. A roster adjustment sheet records any changes made to the original roster. Registered nurse numbers are lower than planned, but the FM has completed Section 31 registered nurse notification forms for the last six months and these have been sent to HealthCERT. Including the FM and CNL there are eight RNs and five are interRAI trained completing annual interRAI competencies. Occasionally a level 4 senior HCA can cover the service with the CNL and FM on call during this RN critical shortage period. The FM also provides cover as needed in the hospital.</p>

	<p>The birthing centre is covered Monday to Friday by the ML. The ML is responsible for the roster for this service. There are eight maternity assistants who cover the service. On allocated days the maternity assistant is on call for the service. There are three main LMCs who make up the fulltime team currently. The number of LMC midwives has decreased since the previous audit. Two additional LMC midwives are only available for postnatal care. The director is currently negotiating with Te Whatu Ora - Waikato Maternity service on how this cover for the community will be arranged in the future. One LMC was interviewed and stated they have a manageable number of women currently to manage safely. Safety and the wellbeing of the women and babies is paramount. The service had 54 births in 2021 and 20 so far this year 2022. In 2021 there were 83 transfers into the service and this year so far 28 transfers into the birthing centre have occurred. This is a whanau-centred service.</p> <p>There are designated hours for the cook and kitchen staff daily. An administrator is employed four days a week, housekeepers two cleaners Monday to Friday (8 hours a day) and two cleaners on a Saturday for four hours. The laundry is covered six days a week – Monday to Saturday. The maintenance manager covers five days a week and is on-call for any emergencies. There are two activities coordinators one of whom is training to be a diversional therapist (DT) and activities are provided 50 hours per week five days a week.</p> <p>Continuing education is planned annually. Mandatory training requirements are identified, and relevant competencies are assessed. Topics meet the requirements of the Nga Paerewa standard and agreement obligations. All senior care staff who administer medicines have completed medication competencies. First aid, chemical safety training, continence, abuse and neglect, pain management, advocacy and manual training have been completed this year. Other topics have also been recorded. Attendance records are maintained by the FM for each session.</p> <p>Staff interviewed reported feeling well supported and safe in the workplace, including at the cultural level. There are a range of initiatives that provide staff with support and a positive work</p>
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		environment.
<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>Human resource management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented for all staff employed. The records included two records of staff who work in the birthing centre. LMCs who access the service also had a signed access agreement with Waihi Birthing Centre. The number of LMCs in this region have decreased since the previous audit. Five LMC midwives are available in the community, two LMCs now are only providing postnatal care and management and three follow through women for pregnancy, labour and birth. Te Whatu Ora-Waikato maternity service (funder) is fully informed of this situation. Advertising is still ongoing in the region. Locum cover is accessible but there is a national shortage of midwives in the sector who undertake these roles. The ML ensures all staff records are maintained and are current and education is recorded accurately.</p> <p>Sighted records were current and well maintained. The recruitment process explained by the FM includes reference checks, ethnicity, police vetting and validation of qualifications and practising certificates (APCs) where required. Staff ethnicity data is being collected and staffing is relevant to the ethnicity of residents. All staff members receive a job description for their individual roles at commencement of employment. Staff are buddied with senior staff until they feel confident and additional time is provided as required.</p> <p>All staff have received a full induction/orientation and staff interviewed reported the orientation prepared them well for their roles.</p> <p>Performance is reviewed annually for all staff employed. Personal staff records are stored securely as per the Health Information Standards Organisation (HSO) requirements and are confidentiality was maintained.</p> <p>Staff advised they have been provided with a high level of support in relation to the national Covid-19 pandemic both within the care home and in the local community. There is a core of stable staff who have</p>

		<p>worked at this facility for some time in varying roles.</p> <p>The maternity lead spoke highly of the support received from management and Te Whatu Ora - Waikato Maternity service after an adverse event which occurred. A full debrief was provided and support provided during the investigation of the event. Recommendations provided have been actioned to improve service provision. Staff employed for the maternity service have worked in this care setting for some time.</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>The service uses paper-based information management system and electronic system. Care plans are completed electronically and printed off and filed in the paper-based files. InterRAI assessment information is entered into the Momentum electronic database and reports printed and filed in paper-based residents' files. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consent was obtained for collection of health information for all residents. Residents' information was stored securely in locked cupboards in the nurses' stations with restricted access. Staff have individual passwords to access the electronic systems. The information is accessible for all staff who use it. The provider is not responsible for NHI numbers for the residents in the care home.</p> <p>The maternity lead or the LMCs are responsible for obtaining the National Health Index (NHI) registration for all babies after the birth. All women have their NHI number on the labels used in the individual records. The mother and baby records are maintained separately but filed together for storage purposes. A birth and admission register is maintained in hard copy. Records can be retrieved as needed.</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>	FA	<p>Adequate information about the service is provided on the organisation's website and in the facility's brochure. The entry criteria is clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies. The FM, CNL and the administrator manage the enquiries. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission</p>

<p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>and are provided with written information about the service and the admission process. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC). All residents' files sampled for review had appropriate level of care documents.</p> <p>The entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. The service maintains a record of the enquiries and the enquiry data includes ethnicity information. Work is in progress to implement routine analysis of entry and decline rates including specific rates for Māori. The service has links with the local kaumatua who can be utilised to support Māori individuals and whānau when required. The GP stated that residents are supported to have access to complimentary/traditional medicines if desired.</p> <p>Women entering the birthing centre complete a booking form in the first instance. The admission criteria and eligibility for care is the responsibility of the LMC. This is based on the Primary Maternity Services Notice (2021) and the Referral Guidelines (2007).</p> <p>If a woman arrives in established labour who does not meet the admission criteria, there is a process for facilitation of an urgent antenatal, labour or postnatal assessment in the absence of the LMC midwife. Roles, responsibilities and referral processes are documented. The maternity lead who is not a midwife is aware of the responsibilities when the LMC is not present in the facility. Women interviewed by telephone were satisfied with the admission process and the information that had been made available to them on admission. All women receive a copy of the Waihi Lifecare Birthing Centre welcome pack, which provides all information about the service.</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>The RNs completes nursing admission assessments, care planning and care evaluation. The initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate. The service uses</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>assessment tools that include consideration of residents' lived experiences, oral health, cultural needs, values, and beliefs. The enrolled nurse works under the direction of the RNs. Each resident is allocated a primary nurse. The primary nurse is responsible for developing a therapeutic relationship with the resident and evaluates their progress at regular intervals. This approach enables the primary nurse an opportunity to build rapport with the resident or family/whanau.</p> <p>InterRAI assessments were completed within three weeks of an admission. Cultural assessments were completed as part of the interRAI assessments. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, observation and the NASC assessments served as a basis for care planning. Residents' and family/whanau or enduring power of attorney (EPOA) where appropriate, were involved in the assessment and care planning processes with resident's consent. Current interRAI assessments were completed in all residents' files sampled. Relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>The care plans sampled reflected identified residents' strengths, goals and aspirations and aligned with their values and beliefs. Detailed strategies to maintain and promote the residents' independence and wellbeing were documented. Where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Any family/whānau goals and aspirations identified were addressed in the care plans.</p> <p>There were no residents who identified as Māori on the days of the audit. An assessment plan for Māori residents was available to be utilised to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. The assessment process supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care plan when required. The staff confirmed</p>
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		<p>they understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision were identified in the polices and the FM reported that these will be monitored and prevented as possible. The cultural safety policy supports traditional healing methodologies as well as rākau rongoā, mirimiri, and karakia. The CNL understood these customs and stated that these will be observed when required.</p> <p>Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed three monthly and more frequently as determined by the resident's condition where required. Medical records were evidenced in sampled records. After hours on call medical services is provided.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the GP. Records of referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>Residents' care was evaluated on each shift in the progress notes by the care staff. Any changes noted were reported to the RNs, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards the agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care</p>
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		<p>provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p> <p>The ML explained the daily checks completed on all mothers and babies admitted to the birthing centre. Care plans for mother and baby were clearly documented. LMCs set and share the objectives including the labour and birth plan and postnatal care plans with the staff. A labour and birth handover are provided by the LMC of the labour/delivery and intrapartum care provided. The baby care plan states the observations required and the breastfeeding information or if artificially feeding information. The maternal postnatal care plan is clearly documented to guide staff. A bedside handover is provided with the Waihi Lifecare RN on duty between all shifts. Progress records of both mother and baby are documented with each point of contact.</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>There are two activities coordinators who oversee the activities programme. Residents' activity needs, interests, abilities, and social requirements are assessed within the first two weeks of admission with input from residents and family/whānau. The monthly activities calendar is posted on the notice boards around the facility and a copy is provided to individual residents. Daily activities were written on the white board for easy access for residents. Any changes or updates on the activities programme are written on the white board in both lounges. The family/whānau are welcome to participate in activities with the residents. The activities programme is reviewed in monthly residents' meetings to help formulate an activities programme that is meaningful to the residents. Resident's activity needs are evaluated as part of the formal six monthly interRAI assessments and care plan review and when there is a significant change in the residents' ability. This was evident in the records sampled.</p> <p>Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where</p>

		<p>possible. Individual, group activities and regular events are offered. There was facility owned pets (rabbits) on the property. The activities on the programme include exercises, van trips, bird feeding, indoor bowls, quiz, music sessions, weekly barbecue, church services, external entertainment, walks and birthday celebrations. Monthly themes and international days are celebrated. Māori cultural events celebrated include Waitangi Day, Matariki celebrations and Māori language week celebrations. Māori words and translation were put around communal areas. Māori language day of the week is posted on the white board daily. Activities attendance records were maintained. Residents were observed participating in a variety of activities on the days of the audit. Interviewed residents and family/whānau confirmed they find the programme satisfactory.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe 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 Moderate</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is used. Staff were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the GP and over the counter medication and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>Residents and their family are supported to understand their medications when required. The GP stated that when requested by</p>

		<p>Māori, appropriate support, and advice for treatment for Māori will be provided when applicable.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action plans implemented, as required.</p> <p>Controlled drugs administration was not completed as per controlled drugs administration requirements and review of self-medication administration competencies were not completed three monthly as per organisational policy requirements.</p> <p>In the birthing centre medication records for baby and mother were reviewed. Prescribing practices meet requirements. Registered midwives can prescribe medicines within their scope of practice as required. Blood and plasma products such as Anti-D are the responsibility of the Lead Maternity Carer; none-the-less appropriate documented procedures are in place and were noted to be well implemented.</p> <p>Self-administration of medication is facilitated and managed safely. Women, including Māori women and their whanau had their medicines explained.</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>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A dietary preference form is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual diet profile forms were available in the kitchen folder.</p> <p>The food is prepared on site by cooks and is in line with recognised nutritional guidelines for older people. Kitchen staff have received required food safety training. The menu follows summer and winter patterns in a four weekly cycle and was reviewed by a qualified</p>

		<p>dietitian on 24 February 2021. The food is transported to the respective dining rooms via a bain-marie. Residents who chose not to go to the dining room for meals had meals delivered to their rooms.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the local district council. The food control plan is current and will expire on 14 June 2023. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents' weight is monitored monthly by the clinical staff and there was evidence that any concerns in weight identified were managed appropriately. Additional supplements were provided where required. The cook reported that menu options for residents who identify as Māori will be offered when required. Culturally specific to te ao Māori food like fried bread was prepared to celebrate Matariki. The cook reported that Māori residents will be consulted about cultural food requirements when required. Whānau/family are welcome to bring culturally specific food for their relatives.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Confirmation of residents' satisfaction with meals was verified by residents, satisfaction survey results, and resident meeting minutes.</p> <p>For women in the birthing centre a menu is provided for lunch and dinner. Options are provided with all meals including beverages and dessert. Breakfast is provided by the staff and women can access breakfast to meet their needs. Special diets or requests can be catered for. Women interviewed enjoyed the meals.</p>
Subsection 3.6: Transition, transfer, and discharge	FA	There is a transfer, exit or discharge policy to guide staff practice. Transfers and discharges are managed by the clinical team in

<p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>consultation with the resident, their family/whānau and the GP. A transfer form is completed when transferring residents to acute services. The service coordinates with the receiving service over the phone to provide verbal handover for safe and timely transfer or discharge process. The CNL reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care.</p> <p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current needs of the resident. The discharge plans sampled confirmed that where required, a referral to other allied health providers to ensure safety of the resident was completed. Upon discharge, any resident's paper-based information is collated, and archived in a secure area and the resident is discharged from the electronic information management system.</p> <p>The CNL reported that referral or support to access kaupapa Māori agencies where indicated, or requested, will be offered. Referrals to seek specialist input for non-urgent services are completed by the GP or RNs. Examples of referrals completed were in residents' files sampled, including to the eye specialists and wound nurse specialist. The resident and the family were kept informed of the referral process, reason for transfer or discharge as confirmed by documentation and interviews.</p> <p>The birthing centre has processes in place for emergency or non-emergency transfer out of the facility. Assistance can be sought for an emergency transfer from the hospital registered nurse on duty. A transfer form is completed if transferring to higher level care facility. All discharge documentation was completed for both mother and baby at the time of discharge.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is</p>	<p>FA</p>	<p>The environment was comfortable and accessible, promoting independence and safe mobility inside and some outdoor areas. The building has a current building warrant of fitness dated 24 June 2023.</p>

<p>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>Medical/clinical equipment meets current performance monitoring/checks and calibration requirements.</p> <p>A maintenance manager (MM) is employed 30 hours per week and has developed and implemented a full maintenance management programme online. The detail is well documented, accurate and records could be easily accessed on all environmental requirements. The MM is a designated chemical handler and is certified for three years from 25 November 2021. The maintenance team have completed training in advance cleaning solutions 8 June 2022 and both staff members have first aid certificates.</p> <p>The facility is well maintained in all service areas including maternity. A list of preferred providers/contractors was accessible. A gardener assists with maintenance as applicable. The maintenance schedule is followed on a monthly basis and audits completed as needed. The building is older in age and requires ongoing maintenance. There are three designated separate areas being the birthing centre, rest home and hospital and rest home level care together. There is a total of 56 beds. Four bedded rooms have been renovated and reduced in size, so bed numbers are now decreased to a total presently of 48. Renovation work is ongoing.</p> <p>Lounges are available in all service areas with comfortable seating arrangements. Dining rooms are well designed and there is room for wheelchairs and residents using a walking frame or other mobility aid, to walk around easily. The lounge/dining area is open planned in the birthing centre and has been tastefully redecorated providing a relaxed stress free and peaceful environment.</p> <p>There are grabrails on the bathroom and toilet walls and rails in the hallways to promote resident independence. Personal equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs, including recreational needs of the resident group. All rooms are of a good size and have an external window that open out.</p> <p>There are 15 ensuite bathrooms in the rest home and hospital and</p>
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		<p>there are adequate showers and toilets in close to resident's rooms. There is one room in the birthing centre which has an ensuite bathroom and the other four share the facilities available, which are close to the individual rooms. There is one shared room which is occupied by a couple.</p> <p>There is facility vehicle which is maintained by the MM. Registration and warrant of fitness processes are followed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Plans and policies are in place for civil defence emergencies and described procedures to follow. Adequate supplies for use in the event of a civil emergency meet the National Emergency Management Agency recommendations for the region. This includes water (33,000 litres are available), food supplies, extra blankets, lighting, a barbecue and gas bottle and other consumable items. There is a generator on site which is checked regularly by a contracted provider.</p> <p>Staff are trained for all emergencies and knew what to do in an emergency. There is always a staff member on duty with a first aid certificate. The RN on duty is responsible to respond to the birthing centre should the emergency bell be activated. A telephone has been installed into the birthing room for emergency use after an adverse event emergency situation and recommendations made. A cell phone charger station has also been installed in the birthing room. All processes for response and assistance in an obstetric emergency have been reviewed and a manual is available for staff to access.</p> <p>Heating is provided via a coal generated system and large boilers ensure hot water is readily available. The boilers are checked twice a day by the MM and the hot water temperatures monthly and recorded accurately. Emergency lighting is available and is also checked regularly.</p> <p>The hazard register is maintained by the MM and when reviewed 3 August 2022, is current and up to date.</p> <p>Call bells are situated in all individual rooms and in all service areas.</p>

		<p>Call bell audits are performed as per the audit schedule.</p> <p>There is a record of the New Zealand Fire Service (NZFS) approved fire evacuation plan letter sighted and dated 12 January 2000. Fire evacuation drills are conducted six monthly. The last fire drill was 12 May 2022.</p> <p>Security arrangements are in place. Sensor lights are in place. Staff ensure the buildings are checked and are secure during the afternoon and night duties. Regular rounds occur. Signing in and out of the facility occurs at reception for all visitors and contractors as part of Covid 19 precautions and routinely.</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>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, link to the quality improvement system and are reviewed and reported monthly by the registered nurse. The FM and CNL confirmed they are kept well informed and information is readily available at any time.</p> <p>The FM reported there is prompt reporting of any new concerns. The CNL and infection prevention coordinator RN confirmed with the support auditor of being aware of the IP activities occurring on site as detailed in the programme.</p> <p>The general practitioner provides initial support and advice. The management team can access Te Whatu Ora – Waikato infection prevention and control specialists as needed. Public Health advice can be sought as needed or as clinically indicated from infectious specialists and microbiologist in the community.</p> <p>The FM ensures communication with staff occurs in relation to any infection risks.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	FA	<p>The CNL oversees and coordinates the implementation of the (IPC) programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's (IFC) job description. The IFC has completed external education on infection prevention and control on 8 February 2021.</p>

<p>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>They have access to shared clinical records and diagnostic results of residents.</p> <p>The service has a clearly defined and documented IPC programme implemented that was developed with input from external IPC services. The IPC programme was approved by the governance body and is linked to the quality improvement programme. The IPC programme is reviewed annually, it was last reviewed in September 2022. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IPC resources including personal protective equipment (PPE). The IPC resources were readily accessible to support the pandemic response plan. The second infection outbreak was ongoing at the time of the audit with visiting closed for the hospital unit. The affected residents were isolated in their rooms with staff cohorting to manage infection control. RAT testing was conducted regularly for residents in the hospital unit.</p> <p>The CNL has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IPC at orientation and through ongoing annual education sessions. The IFC is supported by a healthcare assistant who has completed external infection prevention and control training in providing staff education. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The IFC liaises with the FM on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora. The FM stated that the IFC will be</p>
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		<p>involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>The CNL reported that residents who identify as Māori would be consulted on IPC requirements as needed. In interviews, staff understood these requirements. There were no residents who identify as Māori at the time of the audit. The provider would access educational material in te reo Māori if required.</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 AMS programme and implementation policy guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governance body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. Monthly records of infections and prescribed antibiotic treatment were maintained, including prophylactic antibiotic usage. The effects of the prescribed antimicrobials are monitored, and any adverse effects were reported to the GP.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and</p>

<p>(HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data is collected in surveillance records.</p> <p>Infection prevention audits were completed including hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections and benchmarking with other aged care facilities in the same area. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There were two infection outbreaks reported since the previous audit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and the cleaning room. Cleaning products were in labelled bottles. Cleaners ensure that the trolley is safely stored when not in use. Adequate supplies of PPE were available which includes masks, gloves, face shields and aprons. Staff demonstrated knowledge and understanding about donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide care. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. The FM completes regular internal audits to monitor environmental cleanliness and has oversight of the facility testing and monitoring programme for the built environment. These did not reveal any significant issues. Laundry services are completed on site. The laundry is clearly separated into</p>

		clean and dirty areas. The effectiveness of laundry processes is monitored by the internal audit programme. Resident surveys and residents confirmed satisfaction with cleaning and laundry processes.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint free environment is the aim at Waihi Lifecare. The governance team are committed to eliminating the use of restraint as safely as they can. Safety is paramount. At the time of the audit four residents are using a restraint. Two residents are using two forms of restraint one at night and one during the daytime. If restraint is used for a resident, this is used as a last resort when all other alternatives have been explored and discussed. The restraint register was reviewed and was current and up to date.</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>	FA	<p>The service policies meet the requirements of Nga Paerewa and provides guidance on the safe use of restraints.</p> <p>On the day of audit four residents were using a restraint. Two residents were using bedrails at night and a fall out chair and one a lap belt. Two were using fall out/lay back chairs. A sample of records reviewed contained evidence of a comprehensive assessment of the resident's status and risks had been conducted prior to the implementation of restraint intervention and that alternatives had been tried. Cultural assessments are part of the assessment process reviewed. Approval to use restraints are granted by the restraint coordinator or an RN and the general practitioner. The coordinator understood the clear lines of accountability. A job description was signed and dated. Approval to use restraint was obtained either by the resident or their authorised next of kin or welfare guardian. There was evidence of ongoing monitoring and review of each restraint intervention.</p> <p>Training records and interviews showed all staff have completed restraint competencies and management of challenging behaviour and use of de-escalation each year. All new staff are provided with</p>

		<p>information about the restraint policy and approach during their orientation/induction to the service.</p> <p>Debrief occurs at time of handover of shifts or between restraint episodes. Family/whanau/EPOA are encouraged and involved at every opportunity.</p> <p>There is a policy and process for the use of emergency restraint in the manual reviewed but emergency restraint has not been used at this facility/.</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 data and implementing improvement activities.</p>	<p>FA</p>	<p>Quality review of restraint is undertaken by the restraint coordinator every six months and evaluated during the care plan and InterRAI reviews. Families interviewed confirmed their involvement in the review process and their satisfaction with the restraint process. The review covers all requirements of the standard, including options to eliminate use, the impact and outcomes achieved, if the policy and procedures was followed and documentation completed as required. The type of restraint used and/or any trends are identified. The care plans reviewed were up to date. Monthly reports are collated and provided to the FM for the governance/quality meeting and staff meeting.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	<p>PA Moderate</p>	<p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. All medicines in the medication room and trolley were within current use by dates. Clinical pharmacist input was provided on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range. Controlled drugs were stored in a double locked cupboard. However, the administration of controlled drugs was not completed as per requirements. On the day of the audit an opened half ampule of injectable</p>	<p>On the days of the audit an opened injectable controlled drug (morphine) was left in the controlled drugs safe in contrary to safe controlled drugs administration protocols.</p>	<p>Ensure controlled drugs medication is administered as per controlled drugs administration requirements to ensure safety.</p> <p>60 days</p>

		morphine was found in the controlled drugs safe. Interviewed staff reported that the left-over morphine was going to be used later. The controlled drugs register evidenced that this was a system issue as there were other records evidencing the same practice.		
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	PA Low	<p>There were residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner and staff understood the requirements. Residents' self-administered medicines were stored safely in the residents' rooms. Residents were assessed for competency to self-medicate and three-monthly competency evaluation is to be completed as per organisational policy. However, the records for residents who were self-administering medicines did not evidence three-monthly evaluation of residents' competency as per organisational policy. The self-administered medicines for these residents included respiratory medicines (inhalers). When interviewed, the concerned residents demonstrated competency in managing the inhalers. This is a documentation issue.</p>	<p>Two residents' medication self-administration competencies were not reviewed three-monthly as per organisational policy.</p>	<p>Ensure medication self-administration competency reviews are completed as per organisational policy.</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.