

The Rest Homes Limited - Makoha Rotorua

Introduction

This report records the results of a Surveillance 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 HealthShare 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:	The Rest Homes Limited
Premises audited:	Makoha Rotorua
Services audited:	Residential disability services - Intellectual; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services – Sensory; Hospital services - Medical services
Dates of audit:	Start date: 4 October 2022 End date: 5 October 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:	32



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

The Rest Homes limited, trading as Makoha Rest Home provides care for up to 34 residents. The service is operated privately and managed by a registered nurse who oversees all aspects of service delivery with the assistance of a clinical nurse manager.

The only significant changes since the previous audit in 2021 is a change in clinical manager.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the providers funding agreement. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, the director, senior leadership, staff, a general practitioner and two other visiting health professionals. Interviewees were positive about the extent and quality of care provided.

The two non-compliances from the certification audit in March 2021 have been remedied. There were no new non-compliances identified as a result of this audit.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

Makoha is a socially inclusive and person-centred service. Residents said they are treated with dignity and respect at all times. Cultural and spiritual needs are identified and considered in daily service delivery. Information is communicated in a manner that enables understanding. Consent is obtained where and when required. Communications are effective. There was no evidence of abuse, neglect, or discrimination.

All staff receive in-service education on Te Tiriti O Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code). The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

A complaints register is maintained with complaints resolved promptly and effectively, in line with consumer legislation.

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 organisation is governed by two directors who monitor organisational performance and ensure ongoing compliance with legislation, regulations and contractual requirements. The mission, values, scope and goals of the organisation are documented. Quality activities are implemented, and business goals defined and monitored. There is a documented risk management system.

This includes health and safety requirements. Adverse events are reported and recorded and learnings from these are used to make improvements.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced with a sufficient number of staff on duty at all times. Competencies are identified and monitored. Staff performance is reviewed.

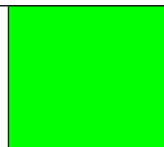
Ngā huarahi ki te oranga | Pathways to wellbeing

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.		Subsections applicable to this service fully attained.
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The service has established relationships with community groups which supports potential residents to make an informed choice regarding care options available at Makoha. Resident assessments inform care plan development. Care plans are implemented with input from the resident and whanau and contribute to achieving the resident's goals and aspirations. Review of care plans occurs regularly. Other health and disability services are engaged to support the resident as required. The activity programme supports residents to engage in cultural celebrations and participate in the community. Medicine management reflects best practice, and staff who administer medication are competent to do so. The food service provides nutritional and culturally appropriate meals for the residents. The discharge and /or transfer of residents is safely managed.

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.



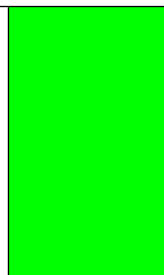
Subsections applicable to this service fully attained.

There have been no changes to the physical environment. All internal and external areas, furniture and equipment was observed as safe and fit for purpose. There is a current building warrant of fitness. Testing, tagging and calibration of equipment is completed as required.

Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a functional call bell system. Security is maintained. Hazards are identified.

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

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



Subsections applicable to this service fully attained.

The infection control programme reflects the spirit of Te Tiriti and includes a pandemic plan and a surveillance plan. The pandemic plan is documented and has been tested. The surveillance programme is relevant to the service type and size. Written signage around the facility is in English and te reo and supports the residents to maintain the principles of infection control.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service has a clearly described restraint minimisation policy and associated procedures. The executive team oversees and monitors the implementation of the policy and procedures. Māori and whanau are involved in the planning of care relating to the use of restraints.

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	22	0	0	0	0	0
Criteria	0	60	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Makoha has a significant number of Māori residents (more than 80%) whom staff work with in ways which reflect a Māori worldview and enable good health and wellbeing. The number of Māori staff employed reflects the number of residents who identify as Māori. These staff stated that the directors, senior managers and the atmosphere within the service is culturally supportive of them and the residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve</p>	FA	<p>The service has a Pacific plan that supports culturally safe practices for Pacific peoples who use the service. The plan cross references to the Ministry Pacific Health and Wellbeing plan 2020-2025 and refers to the Fonofale Model.</p> <p>Makoha employs and provides services to Pasifika people. A resident and Pasifika staff interviewed described a variety of ways in which the service is culturally safe for them, for example provision of traditional</p>

<p>tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>food, use of their language and cultural celebrations. Staff who share the same culture as residents have facilitated visits to local community events and a Cook Island group have provided entertainment in the home.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>During the audit staff were observed supporting and caring for residents in a manner that met the requirements of the Code of Health and Disability Services Consumer Rights (the Code) and respected Māori mana motuhake. Residents stated that staff were respectful and that they worked in ways that encouraged each resident's autonomy and self-determination. The kaupapa of the service is rehabilitation focused and promotes independence.</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>Residents and tāngata whaikaha including residents under 65 years (YPD), confirmed that they are given the opportunity to share with staff what is important to them. They confirmed that they received services in a manner that has regard for their personal and cultural beliefs, and that they are supported to maintain their independence and self-sovereignty/mana motuhake. This was observed in the day to day activities of people with reduced mobility and the clinical files sampled for aged care and YPD residents described each person's level of independence, capabilities and limitations. Staff interviewed were aware of individual resident's needs and preferences and discussed the care provided to meet these. Whānau members and visiting health professionals said they were favourably impressed by the care and attention provided to each resident.</p> <p>All staff participate in cultural safety and Te Tiriti o Waitangi training. Observations and interviews with Māori whānau and residents confirmed that staff understood what was tapu and noa in the day-to-day provision of resident care and the use of te reo was supported.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>There are eight very different ethnicities amongst the 56 staff employed at Makoha. This cultural diversity fosters an atmosphere of inclusiveness for all according to the staff and residents interviewed. The service has an established holistic model of care (the Makoha Model) that contributes to achieving individualised wellbeing outcomes for all residents including those who identify as Māori.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Observation during the audit confirmed that residents are supported to make their own informed choices that reflect best practice tikanga guidelines and this was confirmed in the clinical files sampled. Residents and whānau interviewed advised that they were empowered to make choices suitable to meet their own needs and beliefs. The provider has access to Te Whatu Ora Health New Zealand Lakes Māori Health unit to provide support and guidance if required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable</p>	FA	<p>The complaints process complies with consumer rights legislation. All residents and their whānau are provided with information regarding the complaints process, and advocacy services, on entry. Information regarding the complaints process is displayed. Residents and whānau confirmed they have had the complaints procedure explained to them and they know how to make a complaint if required. Staff are aware of their responsibility to record and report any resident or whānau complaint they may receive.</p> <p>There has been one complaint from a resident received this year. The</p>

<p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>nature of the complaint, acknowledgment and actions to resolve this were clearly documented on the complaint register. This resident was interviewed and was satisfied with the outcome.</p> <p>Māori residents interviewed said they understood the complaints process and that they would not hesitate to use this if needed.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The directors and the facility manager ensure high-quality services are delivered by ensuring that their strategic planning and governance are responsive and inclusive of all people including tangata whaikaha, Māori residents and their whānau. The “Makoha Model” promotes individuality, enabling and supporting residents to make choices best suited to them and treating all people holistically. The model honours and incorporates Te Tiriti across all aspects of service delivery.</p> <p>The service has a proven history of successfully rehabilitating people (including Māori) after injury, back to independent living. Other examples of achieving improvements in physical and mental health, good social outcomes and equity for Māori and tangata whaikaha, were corroborated by interviewees.</p> <p>The directors are conversant with Te Tiriti, cultural safety and the principles of equity. One director has worked as a physician for Maori mental health in the past and is now full time employed as a physician in mental health at Waikato Hospital and maintains competency via education and professional development provided by their employer. The other director is an occupational physician, who provides health and safety systems and advice to businesses.</p> <p>The service has an age-related residential care contract (ARC) with Te Whatu Ora-Lakes, for rest home, hospital and respite care, and an agreement to provide care under the Long-Term Support -Chronic Health Care (LTS-CHC) scheme. There are also contracts with the Ministry of Health for younger people with disabilities and the Accident Compensation Corporation (ACC).</p> <p>On the days of audit seven of the 32 residents were under ACC and all were hospital level care. Twelve other residents were assessed as</p>

		<p>hospital level care, 19 in total. The other 13 residents were rest home level care. Eleven of the 32 residents were aged under 65 years. There were no short term/respite residents on site. The manager said there is a high demand for long term beds and they seldom have spare beds for respite.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service provider has a documented and implemented quality and risk management system which is reviewed and kept current by an external moderator of the system. The system includes a risk management plan and policies and procedures which clearly described all potential internal and external risks and corresponding mitigation strategies. An effective health and safety committee meets monthly, confirmed by interviews with committee representatives and minutes of meetings. The facility manager has completed health and safety educational standards.</p> <p>Activities to monitor adherence to the business, quality and risk plan, and the service policies and procedures include regular internal audits, analyses of quality data, staff and resident meetings, provision of staff education and professional development opportunities. Analysis of quality data for example, incidents, infections, complaints and compliments is used to measure equitable outcomes, positive and unwanted trends are shared with staff.</p> <p>Residents and their whānau are regularly surveyed for their feedback and overall satisfaction with the service. The most recent survey in November 2021 resulted in 96.2% satisfaction. A survey of staff satisfaction in February 2022, revealed a high score of 96% satisfaction.</p> <p>Makoha were finalists in the 2022 Aged Advisor awards (North Island) based on a large number of positive reviews from the public.</p> <p>Where senior management or staff identify a need for improvement, corrective actions are implemented until improvement occurs. The organisation is establishing equity as an integral component of its quality systems. All quality data is reported according to ethnicity. Refer to evidence in subsections 1.1, 1.2, 1.4 and 2.1 which is related</p>

		<p>to achieving high quality care for Māori. Tikanga is followed and respected.</p> <p>Essential notification reporting occurs. Two section 31 notifications concerning the same resident's aggressive behaviour and staff assault were submitted to Te Whatu Ora and ACC in May and August of 2022 and the change of clinical manager has been notified. The service also notified the funder about positive COVID-19 infections in March 2022. Eleven residents were infected, and a number of staff members tested positive. There have been no other significant events.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. The clinical nurse manager is on site during business hours Monday to Friday and the nurse facility manager is on site four days a week. Care staff reported there were adequate staff available on each shift to complete the work allocated to them. Two registered nurses (RN) are on the floor each morning, one in the afternoon and one at night. The clinical manager and the facility manager/RN share weekend on call duties, otherwise the clinical nurse manager is on call after hours. Eight caregivers are rostered on each morning shift for various hours. For example, two carers do six hour shifts, five carers work eight hour shifts and one is on site for 12 hours- 7am to 7pm. There are five carers rostered each evening and three at night. One of these carer's works a 12 hour shift 7pm to 7am. Activities suitable for the various needs of younger and older residents are provided by activity staff, one of whom is on site every day 9am to 2.30pm. There are three days in the week where both activities staff are on duty. Residents and whānau interviewed commented that there was always a staff member available. All RNs and senior (level 4 care givers) are maintaining current first aid certificates so there is always at least one staff member on each shift. Allied staff such as cleaners and laundry staff, kitchen staff and maintenance staff are allocated sufficient hours to meet residents' needs and support smooth service delivery. A cleaner is on site six days a week and five hours of laundry is</p>

		<p>allocated across all shifts seven days a week.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. Education includes mandatory training topics such as infection prevention, management of emergencies, manual handling and safe transfer, resident cares and residents' rights. There has been a recent focus on person centred care, infection prevention related to COVID-19 and the Omicron variant including donning and doffing of personal protective equipment (PPE). Three in service education sessions about health equity and cultural safety for Māori and Pacific peoples has occurred this year.</p> <p>Staff files and training records sampled showed that all RNs and senior care staff are maintaining competencies to administer medicines. A range of other competency assessments are conducted each year, for example, use of syringe drivers, restraint competencies, safe moving and transfer, cultural competencies and infection prevention practices. Six of the 10 RNs employed are maintaining competencies with InterRAI.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resource management policies and processes are based on good employment practice and meet relevant legislation. A sample of staff records sampled confirmed the organisation's policies are being consistently implemented. Current practicing certificates were sighted for all RNs, and other health professionals who provide services, for example, GP's, pharmacist and physiotherapists. Position descriptions for each role were attached to employment agreements that were signed by the employee. These accurately described the tasks, responsibilities and reporting lines for each role.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. This always includes being allocated to a peer/buddy for at least three shifts with having regular 'one-on-one' meetings with management staff. Formal performance appraisals occur at least annually and all staff had completed or were scheduled to attend a performance review for 2022.</p> <p>Staff ethnicity data is recorded and used in accordance with health</p>

		information standards organisation. There is a diverse mix of staff employed.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The staff interviewed including registered nurses (RN's), the unit co-ordinator (UC) and the facility manager (FM) advised that, unless a bed is unavailable and/or the prospective resident's level of need exceeds the capability of the service, residents are not declined admission. Records are kept of residents who are declined admission for this reason, which includes ethnicity data.</p> <p>The provider has meaningful partnerships with community Māori health providers, and guidance and support is available and provided to ensure the care provided to residents benefits the needs of Māori individuals and their whanau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Residents have individualised support provided that meets the physical, cultural, spiritual, and social dimensions and aspirations of their wellbeing. A registered nurse completes the resident's assessments (including interRAI) to inform and develop the care-plan. A registered nurse liaises with the general practitioner (GP) to ensure residents receive the appropriate medical services. Clinical files demonstrated that assessments of the resident's holistic wellbeing were undertaken on admission and included for example skin integrity, pain assessment, falls risk, sleep patterns and behaviour. Care plans sampled confirmed that whānau were involved in the development of the plan and addressed the indicators raised by the assessment process.</p> <p>Short term care plans were sighted in the clinical record and reflected an acute health need of the resident. The short-term care plans included nursing and recommended medical interventions and were signed off when the acute issue had resolved. Wound care plans were also used to ensure consistent interventions to aid the healing of</p>

		<p>wounds and evidenced the involvement of a wound care specialist nurse when appropriate.</p> <p>Residents' interRAI assessments and care-plans are completed within a timely manner appropriate to the resident's needs. The interRAI assessments are completed by RNs, and there is an implemented plan in place to maintain the currency of these assessments. The interventions to address the resident's identified needs had been implemented, and this was evidenced in the resident's progress notes, by observations during the audit and during interview with the resident's and their whānau.</p> <p>The clinical record held the documentation of the GP pertaining to three-monthly assessments, and there was evidence that residents were seen by the GP more frequently if required. The records held letters from health professionals from other health and disability services who had provided input into the resident's care, and discharge letters from the public hospital, if the resident had been transferred there. The progress notes documented the resident's daily activities and any observed changes in the residents' health status or behavioural changes. The RN & Unit Co-ordinator (UC) stated that changes in the residents' behaviour are considered early warning signs, and records confirmed that where a change had been observed a RN had undertaken a full assessment of the resident and developed a short-term care-plan as required. The GP had been notified when needed.</p> <p>Monthly vital signs and weights of residents were documented. Where progress is different to that expected, or the resident shows signs or symptoms of illness, the RN performed further assessments, and the GP is notified. The GP was interviewed and confirmed residents were seen and assessed three monthly, and in the event the residents condition changed.</p> <p>A hand over was observed that demonstrated a co-ordinated and consistent approach to care, that ensured any changes in residents' behaviour, health status or care was advised to the oncoming staff.</p>
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		<p>The provider has established connections with Māori community service providers and tāngata whaikaha to support service development. Residents are supported to identify their own pae ora outcomes, with whānau involvement as desired by the resident. Files sampled of Māori residents confirmed that cultural preferences were incorporated into the care plan. Māori residents and whānau interviewed stated that care was provided in a manner that respected their mana, and that access to support persons was encouraged.</p> <p>The previous finding relating to signing off short-term care plans has been addressed.</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>	FA	<p>The activities programme is planned and delivered by a diversional therapist assistant and a lifestyle support person, with the oversight of a qualified diversional therapist who is based in a sister facility. The lifestyle support person identifies as Māori. The diversional therapist assistant and a lifestyle support person were interviewed and confirmed that the provider has supported the employees to participate in training programmes that include kaupapa Māori.</p> <p>Residents participate in te ao Māori by attending a community-based activities such as kapa haka groups, and whānau take residents to tangihanga as required. The activities programme includes the opportunity for residents to sing waiata. A celebration of Matariki was held. Flip charts are available in te reo to support communication for those residents that require it.</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</p>	FA	<p>The medication management system reflects current recommended best practice. There is an electronic programme for prescribing and recording the administration of medication. Medications are dispensed by the pharmacy using a pre-packaged system. The pharmacy delivers medications as required and disposes of unwanted medications. A RN checks the medications upon delivery. Medication administration is performed by RN's or care assistants who have completed an in-house medication competency programme. A medication round was observed, and staff demonstrated competency with administration.</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>The medication room was locked, and the room temperature monitored. During the audit no medications were observed to be out of date. Eye drops, ointments and creams had a documented opening date. Controlled medications were stored appropriately and documentation of these reflected legislative requirements. The medication fridge was monitored daily for its temperature. All medication prescriptions were completed as per regulations, including the documentation of allergies and sensitivities. The GP had consistently reviewed the medication charts at three monthly intervals. Standing orders are not used in this service. Over the counter medications are discussed on admission with the resident and whānau by the RN and the GP. Self-administration of medication is supported by the service for one resident who wishes to do so and has been determined as being competent by the RN and the GP, however supervision by staff occurs while the resident self-administers.</p> <p>Residents including Māori residents and their whānau, are supported to understand and access their medications, this was confirmed by residents and their whānau during interviews.</p> <p>Medication incidents are rare, however when an incident does occur the unit co-ordinator or clinical nurse manager review the factors that contributed to the incident and implements a corrective action plan. The GP interviewed stated that the medication systems and processes used were safe and appropriate to the service, and that reviews include analysis of the need for the medications prescribed.</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</p>	<p>FA</p>	<p>The menu reflects the Ministry of Health (MOH) publication Eating for Healthy Older People/Te kai tōtika e ora ai te hunga kaumatua. Residents interviewed stated the food was tasty and enjoyable and meet their cultural values and beliefs. The daily menu is displayed in the lounges and residents can advise the cook if the meal is not to their liking and a suitable alternative will be prepared and provided instead. Whānau provide food for the residents from time to time and this is prepared by the cook. The head cook was interviewed and expressed a commitment to preparing kai that ensures it's nutritional</p>

needs are met to promote and maintain their health and wellbeing.		and cultural values are respected.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a transfer and discharge policy that guides the staff member/s facilitating the residents transfer or discharge from the facility. Clinical files sampled confirmed that the resident's transfer out of the service and return to the service was documented and included an assessment and risk mitigation strategy. The plan was developed in collaboration with the accepting service provider and the resident's GP as appropriate. The residents and the whānau were aware of and involved in the planning of the transfer, and this was documented in the clinical record and confirmed during whānau interviews.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The current building warrant of fitness (BWOFF) is displayed and expires on 24 May 2023. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. Maintenance staff are on site most days and on call. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation sampled, interviews with maintenance personnel and observation of the environment. Efforts are made to ensure the environment is hazard free, that residents are safe and independence is promoted. External areas are safely maintained and are appropriate to the resident group and setting. There have been no changes to the environment and there are none planned, but staff and management understand the need to include and consult to ensure the environment reflects the aspirations and identity of Māori. Signage and posters around the home is presented in English and te reo and the current décor is appropriate.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	FA	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct all staff in their preparation for disasters and describe the procedures to be followed in the event of a fire or other</p>

<p>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>emergency. The current fire evacuation plan was approved by the New Zealand Fire Service in 2014. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service. The most recent being on 10 May 2022. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for a maximum of 34 residents. This meets the Ministry of Civil Defence and Emergency Management recommendations for the region. Potable water is stored (625 litres) on site and battery operated emergency lighting is regularly tested. The previous issue related to ensuring a continuous supply of electricity if the main supplies fail, has been resolved to the best of the service providers ability. An input plug for an external generator has been installed and well described strategies for managing residents' needs and other evidence was submitted to the funder in July 2021.</p> <p>Suitable and effective security arrangements are in place including alarms, CCTV and visitor sign in systems. Doors and windows are locked at a predetermined time. There have been no security related matters reported since the previous audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A pandemic/infectious diseases response plan is documented and has been regularly tested. Sufficient resources of personal protective equipment (PPE) were sighted during the audit. Staff interviewed confirmed that adequate supplies of PPE are, and have been, available for use when required. Educational resources relating to infection control for example, hand hygiene and COVID 19 precautions were observed on display through out the facility in English and te reo. Māori residents and whānau interviewed confirmed their understanding of the principles of infection control. Staff interviewed confirmed they had completed Te Tiriti training. Observations during the audit confirmed that they had implemented the learnings into their daily practice. The facility manager (FM) identifies as Māori and oversees and monitors the infection prevention programme which has embedded culturally safe practices into the</p>

		programme.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance data was documented and analysed using consistent processes and definitions as per the service's policy. Monthly surveillance data is shared with staff at meetings and includes ethnicity data, and this was verified in meeting minutes viewed. Staff interviewed described the process of data capture and confirmed that the data is discussed at staff meetings and interventions to reduce the number of infections are shared.</p> <p>The service has had one outbreak of COVID 19 early in the second quarter of 2022. Eleven residents tested positive over a period of two weeks. The residents who tested positive were managed in one wing of the facility as per the pandemic plan. The plan worked effectively, and all required notifications were made.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The UC and the FM were interviewed and stated that the directors and the service are committed to minimising restraint, and this was reflected in the policy. The UC is the restraint co-ordinator, who reports to the FM, to ensure any use of restraint is visible at executive level. The UC described the processes in place to ensure that restraint use is analysed and monitored to protect the health and safety of residents and staff. The FM who identifies as Māori is a member of the restraint committee that meets three monthly. The minutes sighted verified that the service has a commitment to ensure the voice of people with lived experience and Māori are considered.</p> <p>On the days of the audit there were nine residents using restraint. Monthly restraint reports collated by the UC were viewed that included the type and frequency of restraint, and an analysis to determine the appropriateness of the restraint. The clinical files of residents who were using restraint were viewed and confirmed that the resident (as appropriate), and whānau had input into the appropriateness of and the type of the restraint. Whānau interviewed confirmed awareness of the restraint and supported it's use and stated they had input into the initiation of and the subsequent reviews of the restraint use.</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.

No data to display

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.