

Care Alliance 2016 Limited - Waimarie Private Hospital

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 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:	Care Alliance 2016 Limited
Premises audited:	Waimarie Private Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 October 2022 End date: 27 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:	34

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

Waimarie Private Hospital provides aged-related residential care (ARRC) rest home and hospital services, long-term support-chronic health conditions (LTS-CHC), short term residential (respite), and interim care services for up to 52 residents. It is owned and operated by Care Alliance 2016 Limited. The only change to the service since the previous audit has been the appointment of a clinical coordinator in March 2022. The clinical coordinator was working in the service as a registered nurse prior to the appointment.

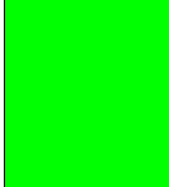
This surveillance audit was conducted against a subset of Ngā Paerewa: Health and Disability Services Standard 2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland. The audit process considered a sample of relevant policies and procedures, resident and staff files, observations, interviews with residents, whānau, staff, the two owners of the service, a physiotherapist, a gerontological nurse specialist, and the general practitioner. All interviewees were positive about the care provided.

A full-time clinical coordinator who is qualified as a registered nurse reports to the owners of the facility. The owners of the facility work as the business manager and service manager respectively. The service manager is a registered nurse. The clinical coordinator is supported by another registered nurse and care and support staff.

Findings from the previous certification audit have been closed by Te Whatu Ora Te Toka Tumai Auckland. However, six areas related to previous findings, around policies and procedures, orientation of new staff, first aid certification of staff on duty, care

planning/interRAI assessments, menu review by a dietitian, and repairs and maintenance still require improvement. In addition, two areas requiring improvement identified during this audit relating to staffing and risk 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.
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Waimarie Private Hospital has a recruitment policy in place, but this does not specifically require active recruitment and retention of Māori. There were no Māori staff employed by the facility during the audit.

A Māori Health Plan is in place which also covers care for Pacific peoples. It outlines the use of the te whare tapa whā model of healthcare.

There is a process in place to manage complaints. There were no complaints received internally since the last audit. A complaint was received from the Health and Disability Commissioner (HDC) in January 2022. There have been no complaints received from other external sources. Consent is obtained where and when required. There was no evidence of abuse, neglect, or discrimination.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service is governed by Care Alliance 2016 Limited. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined and monitored. Performance is monitored and reviewed at planned intervals. There is a documented risk management system which includes processes to meet health and safety requirements. Quality data is collected, and adverse events recorded with corrective actions taken where this is necessary. The service complies with statutory and regulatory reporting obligations.

There is a systematic approach to identify and deliver ongoing learning supports for staff, including an orientation process.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service has developed meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau. Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

The planned activity programme promotes residents to maintain their links with the community and meet the health needs and aspirations of Māori and whānau

Medicines are safely stored and administered by staff who are competent to do so.

The food service is provided on site and special needs are catered for. Food is safely managed. Residents verified satisfaction with meals.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		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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The buildings and equipment in use are safe and allow for independent movement of residents. The facility is homely and resident areas are personalised. Spaces are culturally inclusive and suited to the needs of the resident groups. The building warrant of fitness is current.

A New Zealand approved fire and evacuation plan is in place. Fire and emergency procedures are documented, and related staff training has been carried out. Emergency supplies are available. A few of the staff are trained in the management of emergencies. Security is maintained.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The pandemic or infectious disease response plan in place is appropriate for the size and scope of the service. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There has been an infection outbreak reported since the previous audit and this was managed effectively.

Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The service is a restraint free environment. This is supported by policies and procedures and the strategic plan. There were no residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring and review process is in place should restraint be used in the future. Staff demonstrated a sound knowledge and understanding of the restraint process and the provision of the least restrictive practice, de-escalation techniques, alternative interventions and restraint monitoring.

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	13	0	1	5	0	0
Criteria	0	38	0	1	5	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>	Not Applicable	There are no people who Identify as Māori on staff. The service does not, as yet, have processes in place for active recruitment of Māori (refer criterion 1.1.3).
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	Not Applicable	A Māori Health Plan is in place (reviewed 2011) which also covers care for Pacific peoples. It outlines the use of the te whare tapa whā model of healthcare. The plan has not been reviewed to meet the requirements of the Ngā Paerewa standard or with input from anyone who identifies as Māori or Pasifika (refer criterion 1.2.3). There are staff in the service who identify as Pasifika.

health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The service recognises Māori mana motuhake by involving Māori residents, family/whanau or their representative of choice in the assessment process to determine residents' wishes and support needs. Residents who identify as Māori and family/whānau confirmed they were consulted on their values and beliefs. There is a Māori Health plan utilised to guide care for residents who identify as Māori.</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>	FA	<p>Staff have received training on Te Tiriti of Waitangi during 2021 and 2022 but this was not attended by the facility's owners (refer criterion 2.1.10).</p> <p>Te Whare Tapa Wha model of care is used to ensure tāngata whaikaha needs are met and participation in te ao Māori is enabled. The clinical coordinator stated that the involvement of residents in planning their care supports tāngata whaikaha to participate. Te reo Māori and tikanga is actively promoted and incorporated in all activities. Guidance on tikanga best practice is available and is supported by staff who identify as Māori in the facility. Code of Rights posters in English and Māori were posted around the facility. Staff understood the principles of the te tiriti o Waitangi and how these are applied into daily practice. Residents who identified as Māori confirmed their cultural needs are met.</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</p>	FA	<p>A strengths-based and holistic model of care to ensure wellbeing outcomes for Māori is using guidelines from the Māori health plan (refer to 2.1.5). Work is in progress to implement a system to monitor institutional and systemic racism.</p>

safe and protected from abuse.		
<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>Tikanga guidelines in relation to consent is practiced. Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person and enduring power attorney (EPOA) were involved in the decision making and consent processes. General consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements and consent forms were evidenced in the sampled residents' records. Staff were observed to gain consent for daily cares.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints. This meets the requirements of the Code but has no specific criteria for management of complaints from Māori (refer criterion 1.8.5). Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>A complaints register is in place, and this closes the finding from the previous audit (HDSS 2008 criterion 1.1.13).</p> <p>No complaints have been received internally since the last audit. A complaint was received from a Māori family via the Health and Disability Commissioner (HDC) in relation to communication in January 2022; the complaint is still open. There have been no other complaints received from external sources.</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>	Not Applicable	<p>The owners of the facility are the governing body. They have not undertaken education on Te Tiriti o Waitangi, health equity, or cultural competence (refer 2.1.10).</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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>There is a Māori Health Plan in place, but this has not been reviewed since 2011, the owners of the facility are aware of the need for this to be reviewed to meet the requirements of the Ngā Paerewa standard (refer criterion 2.1.5).</p> <p>There is no specific plan in place for the care of tāngata whaikaha (refer criterion 2.1.6). The service holds contracts for LTS-CHC and interim care; residents entering these services could be under 65 years of age. There were no residents aged under 65 in the facility on the day of audit.</p> <p>Equity in service delivery is not documented in any of the policies and procedures sighted. Most policy and procedure documents are out-of-date and do not cover the equity requirements required by the Ngā Paerewa standard (refer criterion 2.1.7).</p> <p>The service holds contracts with Te Whatu Ora Te Toka Tumai Auckland for the provision of age-related residential care (ARRC) rest home and hospital care, long-term support-chronic health conditions (LTS-CHC), short-term residential care (respite), and for interim care services following discharge from hospital. During the audit 13 residents were receiving rest home care, 15 hospital level care, one under the LTS-CHC contract, one under the short-term care contract, and four under the interim care services contract.</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>PA Moderate</p>	<p>There is a risk management plan in place, however, the policy and procedure of the service requires that risk is assessed, taking into account the likelihood and consequence of risk. The risk management plan in place does not comply with policy (refer criterion 2.2.2). Monitoring of key performance indicators (KPIs) was outlined as an issue in the previous audit (HDSS 2008 criterion 1.2.3.6), this has now been rectified, KPIs such as adverse events, infections, and complaints are now monitored, reported, and corrective actions are linked to the quality system (refer HDSS 2008 criterion 1.2.3.8). Internal auditing is being completed as per the schedule.</p> <p>Feedback from residents and their family/whānau are not being linked to the quality system. Resident meetings (also outlined in HDSS 2008 criterion 1.2.3.6) have been disrupted due to COVID-19 and there have been no resident or family/whānau satisfaction surveys</p>

		<p>conducted to collect feedback. The finding from the previous audit has not been addressed (refer criterion 2.2.2).</p> <p>Policy and procedure in relation to care of Māori and Pasifika is out-of-date and does not reflect the equity requirements of the Ngā Paerewa standard. There is no policy in place in respect of tāngata whaikaha (refer criterion 2.2.4).</p> <p>Most of the policy and procedures have not been reviewed and updated as per the requirements outlined in the previous audit (HDSS 2008 criterion 1.2.3.3). This is still a work in progress (refer criterion 2.2.2).</p> <p>The CC understood and has complied with essential notification reporting requirements. There have been eight section 31 notifications sent since July 2022 re: registered nurse (RN) shortage due to the nationwide shortage of RNs. One section 31 notification has been sent due to an unstageable pressure injury.</p> <p>The Māori Health Plan has not been reviewed since 2011 and, while there has been staff training in the care of Māori in the facility, the policy does not reflect the current requirements for care and equity for Māori as prescribed by the Ngā Paerewa standard (refer criterion 2.2.7).</p> <p>Equity is not considered as part of the analysis of organisational practices. Ethnicity data is collected except for admission and decline of service, but not utilised to improve service delivery (refer criterion 2.2.8).</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>PA Moderate</p>	<p>There is a documented 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). This works alongside the Te Whatu Ora Te Toka Tumai Auckland requirement that there be 24/7 RN cover when there are hospital level residents in the facility. There has been a significant shortage of RNs in the service. Currently, apart from the owner who does not work rostered shifts, there are two RNs available to support resident care in the facility, one of which is the CC. There is one RN on duty each day for a period of eight hours with</p>

<p>services.</p>		<p>the deficits covered by experienced, medication competent HCAs (refer criterion 2.3.1). Added to this, there is not always a first aid certified staff member on duty (refer criterion 4.2.4).</p> <p>Continuing education is planned on a biannual basis, including mandatory training requirements. Related competencies are assessed and support service delivery. Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Te Toka Tumai Auckland.</p> <p>The Māori Health Plan was last reviewed in 2011 and does not comply with the requirements of the Ngā Paerewa standard and therefore does not guide current practice, particularly in the area of equity (refer criterion 2.3.6).</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>PA Moderate</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Qualifications for health professional are validated prior to appointment and checked annually. A sample of staff records reviewed showed that orientation was not being documented in most instances (refer criterion 2.4.4). This was a finding in the previous audit. (HDSS 2008 criterion 1.2.7.4). Staff interviewed reported that orientation does not always take place due to pressure on staffing and staff turnover. Ethnicity data is recorded for staff and used in line with health information standards.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a</p>	<p>FA</p>	<p>The service maintains a record of the enquiries and those declined entry. Work is in progress to implement routine analysis of entry and decline rates including specific data for entry and decline rates for Māori. The service has developed links the with local Māori communities and organisations to benefit Māori residents and whānau. The previous area of improvement in relation to residents being charged for outings on the activities programme has been resolved (link to HDSS 2008 Criterion 1.3.1.4) Residents are no longer being charged for organised outings on the activities</p>

<p>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>programme as per organisation's admission agreement.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The RNs complete admission assessments, care planning and evaluation. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. Te Whare Tapa Whā model of care is used to ensure that tikanga and kaupapa Māori perspectives permeate the assessment and care planning process. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p> <p>Māori healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga are included in the Māori health plan in use. A range of clinical assessments, including interRAI, referral information, observation, and the needs assessment and service coordination assessments (NASC) served as a basis for care planning. InterRAI assessments outcome scores have supported care plan goals and interventions. Behaviour management plans were completed for identified behaviours of concern. In practice tāngata whaikaha are given choices and are supported in making decisions about their care as verified in residents' records. Residents and family/whānau or EPOAs confirmed their involvement in the assessment and care planning processes. The previous audit shortfall (HDSS 2008 Criterion 1.3.5.2) in relation to care plans having insufficient information on the required support as identified by the assessment process was addressed in the long-term care plans reviewed.</p> <p>The care plans reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring. The previous audit shortfall (HDSS 2008 Criterion 1.3.8.2)</p>

		<p>in relation to neurological monitoring post unwitnessed falls has been addressed. Any family/whānau goals and aspirations identified were addressed in the care plans. However, in two out of five files sampled for review, routine six-monthly interRAI reassessments and care plan evaluations were overdue, (link to previous finding at HDSS 2008 Criterion 1.3.5.2). In one file initial care plan was not completed, initial interRAI assessment and long-term care plan were not completed within three weeks of admission. The interRAI summary report evidenced that some routine six-monthly reassessments were overdue.</p> <p>The care plans evidenced service integration with other health providers including specialist services, medical and allied health professionals. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the general practitioner (GP) or specialist services teams responsible for residents receiving care under the interim care programme. 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. The GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evidenced in sampled records. Referrals to the physiotherapist were completed where required and these were evidenced in the resident's records sampled for review. The GP, physiotherapist and gerontology specialist nurse interviewed expressed satisfaction with the care provided to residents. The staff confirmed they understood the process to support residents and family/whānau when required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and</p>	<p>FA</p>	<p>Residents who identify as Māori and whānau are supported to access community events to meet their health needs and aspirations where applicable. Māori cultural events celebrated include Waitangi Day with discussions on the Treaty of Waitangi and residents went on an outing</p>

<p>activities that promote whanaungatanga. 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>to a movie about Māori and the Treaty of Waitangi. Invited guests from the local marae visited the facility and held discussions with staff and residents about Matariki. Sea food was provided to residents on cultural day events. Residents visit their family/whānau in the community and family/whānau can visit the residents in the facility.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>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. The RN was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. 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>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the RN 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</p>

		<p>recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Residents and their family are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support, and advice for treatment for Māori will be provided.</p> <p>There were no residents self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner when required and staff understood the requirements. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</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>	PA Low	<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, and cultural preferences. Menu approval for the current menu in use was not evidenced on the day of the audit (link to HDSS 2008 Criterion 1.3.13.1).</p> <p>The Māori health plan in place included cultural values, beliefs and protocols around food. Culturally specific to te ao Māori food on the menu include pork and kumara. The cook stated that when requested by residents, specific food options for Māori will be catered for. Family/whānau are welcome to bring culturally specific food for their relatives. The interviewed Māori residents and family/whānau expressed satisfaction with the food options.</p>
Subsection 3.6: Transition, transfer, and discharge	FA	Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the

<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>resident and family/whānau/EPOA. Family/whānau reported being kept well informed during the transfer of their relative. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Systems are not in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, and well maintained (refer criterion 4.1.1). Internal audits are consistently near 100% compliance, but the building is in need of repair and cleaning is sub-optimal. This was a finding at the previous audit (HDSS 2008 criterion 1.4.2) which has not been rectified. A building warrant of fitness in place which expires 30 June 2023.</p> <p>The environment was accessible despite its layout, promoting independence and safe mobility. Residents were seen to be moving safely around the facility. There was seating and shade in external areas, gardens and pathways were well-kept and external painting looked in good repair. Personalised equipment was available for residents with disabilities to meet their needs and equipment required by staff for resident care was available. Spaces are available that are culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Lighting in corridors on the lower ground floor is dim and may pose a risk to resident movement though residents were seen to be moving easily in the corridor areas.</p> <p>There are no plans for new buildings at this time. The owners of the facility are aware of the need to consult with Māori if new buildings are envisaged.</p> <p>Despite the cleaning and maintenance issues identified, residents and their whānau reported that they were happy with the environment,</p>

		including heating and ventilation, privacy and maintenance.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>The fire evacuation plan was approved by the New Zealand Fire Service on 15 August 2000.</p> <p>There is not always a first aid certified staff member on duty (refer criterion 4.2.4). This was a finding at the last audit (HDSS 2008 criterion 1.2.8.1) and has not been rectified.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place, staff wear identification that is easily read.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. An infection outbreak within the past six-months was managed effectively with appropriate notification completed. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) was available. The IP resources were readily accessible to support the pandemic response plan if required. The infection control programme was last reviewed on 31 December 2021. The previous audit shortfall (HDSS 2008 Criterion 3.1.3) in relation to the annual review of the infection control programme has been addressed.</p> <p>The clinical coordinator stated that culturally safe practices in IP to acknowledge the spirit of Te Tiriti will be provided in consultation with Māori residents. In interviews, staff understood these requirements. Work is in progress to source educational resources in te reo Māori.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p>	<p>FA</p>	<p>Infections are recorded on the short-term care plans and in the electronic medication management system. The data is collated and analysed to identify any significant trends or common possible causative factors monthly and action plans are implemented. There are standardised surveillance definitions used. The service is working</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>towards developing a system to include ethnicity information in surveillance data. The infection control coordinator is responsible for monitoring infection data and the responsibility is documented in the infection control coordinator's job description. The infection control coordinator reported that culturally safe processes for communication will be provided when required. The interviewed residents and family/whānau expressed satisfaction with the communication provided.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The service has been a restraint free environment since 2017. The owners of the service are aware of their responsibilities in respect of restraint elimination, and commitment to this was sighted in the strategic plan. Policies and procedures are in place to guide staff in the safe use of restraint and staff were able to describe safety requirements. Restraint is reported at meetings with the owners of the facility and the clinical coordinator.</p> <p>The restraint coordinator is the CC who is an RN. There is a defined job description outlining the role, providing support and oversight for any restraint management should this be required. A restraint register is in place as is a comprehensive assessment, approval, monitoring, and reviews process should restraint be required in the future.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a risk management plan in place, however, the service’s policy and procedure require that risk is assessed, taking into account the likelihood and consequence of risk. The risk management plan in place does not comply with policy. Most of the policies and procedures have not been reviewed and updated as per the requirements outlined in the previous audit, managers reported that this is still a ‘work in progress’. There are no opportunities presently for residents and their family/whānau to give feedback into the service. Resident meetings have been disrupted due to COVID-19 but there have been no processes put into place to get feedback by any other method. Added to this, there</p>	<p>The risk management plan does not comply with the risk management policy which requires risk to be assessed according to the likelihood and consequence of the risks identified. Policies and procedures are not up-to-date, and do not reflect the requirements of Nga Paerewa. There have been no attempts to collect feedback about the service from residents and their family/whānau in 2022.</p>	<p>Review the risk management plan to consider the likelihood and consequences of the risks identified. A process to ensure policies and procedures are reviewed appropriately and in a timely manner is to be put into place. A process to ensure that residents and their families/whānau can give feedback into the service is required.</p> <p>180 days</p>

		have been no resident or family/whānau satisfaction surveys conducted or any formal engagement to collect feedback from service users during 2022.		
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>There has been a significant shortage of RNs in the service. Currently, apart from the owner who does not work rostered shifts, there are two RNs available to support resident care in the facility, one of which is the CC. There is one RN on duty each day for a period of eight hours with the deficits covered by experienced, medication competent health care assistants (HCAs). This does not meet the Te Whatu Ora Te Toka Tumai Auckland contract requiring 24/7 RN cover when there are hospital level residents in the service. Staff interviewed reported that staffing levels have been under pressure for some time and there has been a significant turnover of RNs. Care staff are able to complete their work in the timeframes required but RNs have to keep their focus on resident care to the detriment of interRAI and care planning (refer criterion 3.2.5). Residents and whānau spoke positively about the service but noted the shortage and turnover of RNs. There has been no dispensation issued by Te Whatu</p>	<p>There are insufficient RNs on duty 24/7. The service is not meeting the contractual requirement of Te Whatu Ora Te Toka Tumai Auckland for hospital level care to provide culturally and clinically safe services</p>	<p>The service continue efforts to recruit RNs, analyse rosters to ascertain opportunities to 'stretch out' RN resources (e.g., 12 hour shifts), or consider the number of hospital level residents receiving care so that there is sufficient RNs on site to provide clinically safe care.</p> <p>60 days</p>

		Ora Te Toka Tumai Auckland to cover the requirement that the facility has 24/7 RN coverage when there are hospital level residents within the facility. There are currently 15 hospital level residents receiving services.		
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Moderate</p>	<p>The service has an orientation programme which covers the essential components of the services provided however, from five staff files sampled, four did not have documented orientation programme on their file. Staff reported that orientation for new staff was often curtailed by the need to have them 'on the floor', especially registered nurses.</p>	<p>Four out of five files sampled did not have an orientation programme documented.</p>	<p>Ensure all staff employed by the service have an appropriate and documented orientation programme recorded on their file.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the</p>	<p>PA Moderate</p>	<p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Any changes noted were reported to the RNs or team leaders, as confirmed in the records sampled. Neurovascular observations were completed daily for residents who were receiving support under the interim care programme (ICP). ICP residents were reviewed at least weekly by the specialists from Te Whatu Ora – Health New Zealand. Three out of five residents' files sampled for review were for long</p>	<p>In two of two eligible residents' files sampled for review, routine six-monthly care plan evaluations and interRAI reassessments were overdue.</p> <p>The interRAI summary report evidenced that 17 interRAI reassessments were overdue with an interval of 48 days to 259 days.</p>	<p>Ensure long term care plans are reviewed in the timeframes required by the aged related residential care contract.</p> <p>Ensure interRAI assessments are completed in a timely manner as per contractual requirements.</p> <p>180 days</p>

<p>person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>term residents and two were for short term residents. The long-term care plans and interRAI reassessments in two files for long term residents sampled for review were overdue for six-monthly reviews (link to HDSS 2008 Criterion 1.3.5.2). Short-term care plans were completed for any identified acute conditions. Short term care plans were reviewed regularly and closed off when the acute conditions resolved. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as family/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>Criterion 3.5.4 The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.</p>	<p>PA Low</p>	<p>There was no evidence of the date the current menu in use was reviewed and approved by the dietitian. A sample of the menu that was sent to the dietitian for review was seen, but the approval of the menu could not be verified on the day of the audit. The general manager stated that the menu has been approved and Te Whatu Ora has signed off this finding from the previous audit. The general manager stated that they will follow</p>	<p>Records were not available to demonstrate that the menu in use has been reviewed by the dietitian within the past two years.</p>	<p>Provide evidence of current menu review by the dietitian. 180 days</p>

		up with the dietitian. The residents expressed satisfaction with the meals and there was no evidence of issues with residents' weight. Monthly weight monitoring was conducted. There was a current food control plan that expires on 8 June 2023.		
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>There is not always a first aid certified staff member on duty. The service manager (owner) who does not work rostered shifts, the CC and RN are currently certified, but no other staff have first aid certification. This means there are times when a shift is not covered by a first aid certified staff member.</p>	<p>Not all shifts are covered by first aid certified staff members.</p>	<p>Staff are to complete education to ensure all shifts can be covered by first aid certified staff.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.