

# Maniototo Health Services Limited - Maniototo Health Service

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## 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 Central Region's Technical Advisory Services 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:

<b>Legal entity:</b>	Maniototo Health Services Limited
<b>Premises audited:</b>	Maniototo Health Services
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 27 October 2022      End date: 28 October 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	27

# Executive summary of the audit

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## 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
	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
	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

Maniototo Health Services Limited is a not-for-profit integrated hospital, rest home and community health centre based in Ranfurly, Central Otago district.

The facility provides care for up to 31 residents requiring rest home or hospital level of care. On the first day of audit occupancy was 27 patients/residents. There have been no significant changes to services at the facility since the last audit.

This surveillance audit was conducted against a subsection of the Health and Disability Services Standards Ngā Paerewa NZS8134:2021 and the service contracts with Te Whatu Ora - Health New Zealand Southern.

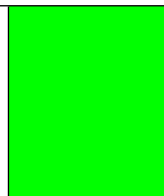
The audit process included review of policies and procedures, review of resident and staff files, observations, and interviews with residents, family, management, and staff.

The requirements for improvement from the previous audit relating to: documentation of corrective action plans, job description documentation and implementation of the preventative maintenance schedule are now fully attained.

An area identified as requiring improvement at this audit relates to documentation of resident/patient medication allergies/sensitivities.

## 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.

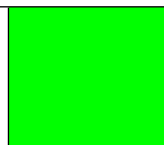
Staff receive training in Te Tiriti o Waitangi and cultural safety which is reflected in service delivery. Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, racism, and relationship status.

Policies are implemented to support residents' rights, communication, complaints management and protection from abuse. The service has a culture of open disclosure. Complaints processes are implemented.

Care plans accommodate the choices of residents and/or their family/whānau.

## 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.

Maniototo Health Services Limited is the governing body responsible for services provided at this facility. The board of directors understands the obligation to comply with Ngā Paerewa NZS8134:2021. The organisation mission statement and values are documented and displayed. The service has a current business plan and a quality and risk management plan in place.

An experienced and suitably qualified general manager ensures the management of the facility. A clinical nurse manager oversees the clinical and care services in the facility.

Quality and risk management systems are in place. Meetings are held that include reporting on clinical indicators, quality and risk issues, and there is review of identified trends.

There are human resource policies and procedures that guide practice in relation to recruitment, orientation, and management of staff. The service includes a systematic approach to identify and deliver ongoing training which supports safe service delivery and includes individual performance reviews.

Systems are in place to ensure the secure management of resident and staff information.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Maniototo Health services provide a model of care that ensures holistic resident/patient centred care is provided. The service liaises with appropriate organisations to ensure the service delivered meets the needs of Māori.

Resident/patient assessments inform care plan development. Care-plans are implemented with input from the resident/patient and the family/whanau. The care-plans contribute to achieving the resident's/patient's goals. Review of the care plans occurs regularly. Other health and disability services are engaged to support the resident/patient as required.

The activity programme supports the resident to maintain social, and cultural preferences and includes community engagement.

Medicine management reflects best practice, and staff who administer medication are competent to do so.

The food service provides caters for the residents/patient's dietary needs and cultural requirements.

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.
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The facility has a current building warrant of fitness. A reactive and preventative maintenance programme is implemented that complies with legislation and includes but is not limited to equipment and electrical checks.

Residents' rooms provide predominantly single accommodation and are of an appropriate size to allow care to be provided as needed. Bathroom and showering facilities are easily accessible.

Essential security systems are in place to ensure resident safety with six monthly trial fire evacuations undertaken. The facility has a monitored call bell system for residents to summon help when needed and these are responded to in a timely manner.

All areas are accessible, safe and provide a suitable environment for patients and residents.

## 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.

A pandemic plan is in place and has been tested. Implemented infection control policies acknowledge the spirit of Te Tiriti. Surveillance data is documented and includes ethnicity data. Communication between staff and residents/patients is appropriate to the resident/patient's cultural heritage.

## 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 governing body is committed to eliminating the use of restraint. The clinical nurse manager oversees the use of restraint and presents data analysis reports at meetings. There were three residents using restraint at the time of the audit.

## 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	20	0	0	1	0	0
Criteria	0	56	0	0	1	0	0

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



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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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	<p>The organisation has a Māori health plan that identifies how Maniototo Health Services aims to improve outcomes for Māori. Strategies include but are not limited to setting out priority areas and supporting the role of Mātauranga Māori in the development and delivery of health services.</p> <p>There is a recruitment strategy in place however a strategy is yet to be developed and implemented, that actively recruits and retains a Māori health workforce.</p> <p>There are established links in place with iwi and Māori organisations that enhance care planning and support for Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	FA	<p>There is a cultural safety policy that describes the procedure for identifying and meeting cultural needs, as well as physical, spiritual, and psychological needs. It includes culturally sensitive considerations and practices. There is a Pacific plan in place that incorporates Pacific models of care with a commitment to further strengthening links with Pacific people.</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>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>Policy and practice to ensure that all patients and residents, including Māori rights to self-determination is upheld and that they can practice their own personal values and beliefs. The Māori health plan identifies how the service will respond to Māori cultural needs and beliefs in relation to health and illness.</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 receive training in Tikanga best practice. Cultural appropriate activities have been introduced such as celebrating Matariki.</p> <p>Interviews with staff confirmed their understanding of the cultural needs of Māori, including in death and dying as well as the importance of including family/whānau in the delivery of care.</p> <p>Care plans reviewed and resident/patient interviews evidenced resident/patient involvement with the exploration of values and what is important to ensure the best outcomes are achieved.</p> <p>Maniototo Health services can provide support and advocacy for tangata whaikaha from Te Whatu Health New Zealand – Southern and ensures the service removes all barriers to enable their participation in te reo Maori.</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>	FA	<p>Staff interviews confirmed awareness of their obligation to report any evidence of discrimination, abuse, neglect, harassment, racism, and exploitation. Further discussion with staff confirmed their understanding of the cultural needs of Māori.</p> <p>Staff interviews confirmed that the provider has a zero tolerance for racism</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>and that the facility is a safe place to work with safeguards in place to ensure racist behaviour is not supported.</p> <p>Resident/patient interviews described that the service promotes an environment in which they and their families/whānau feel safe and comfortable to raise any questions or concerns, and that discussions are free and open.</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>	<p>FA</p>	<p>The informed consent policy and the Māori health plan acknowledge Te Tiriti and the impact of culture and identity on the determinants of the health and wellbeing of Māori residents/patients. It requires all healthcare workers to recognise these factors as relevant when issues of consent to health care of Māori residents/patients arise. This includes whānau support and involvement in decision making, care and treatment of the resident/patient, provided consent has been given for the whānau to be involved.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The organisation has policy and process to manage complaints, that is in line with Right 10 of the Code of Health and Disability Services Consumers' Rights. The complaint process is made freely available throughout the facility.</p> <p>The clinical nurse manager (CNM) is responsible for managing complaints in tandem with the general manager (GM). There had been 10 complaints over 2021-2022. Three of which remain open whilst investigations are being undertaken. A complaints register is in place that includes the name of the complainant, date the complaint is received, the date the complaint was responded to, and the date the complaint was closed. Evidence relating to the investigation of the complaint is documented within the complaints register. Interview with the CNM and a review of complaints</p>

		<p>indicated that complaints are investigated promptly, and issues resolved in a timely manner.</p> <p>Support for Māori residents/patients is available via established links with Te Whatu Ora – Health New Zealand Southern, if required for a complaints process.</p> <p>Interviews with the GM, CNM, staff, and residents/patients confirmed that residents/patients can raise any concerns and provide feedback on the service. Resident/patients and family/whānau stated they had been able to raise any issues directly with GM and CNM.</p> <p>There had been no complaints made to external agencies since the last audit.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Maniototo Health Services Limited (MHSL) is governed by a board of directors. The mission, objectives and values of the organisation are included in business planning documentation. The governance body understands the obligation to comply with Ngā Paerewa NZS8134 as confirmed in interview with the GM.</p> <p>The facility Māori health plan describes how the organisation will ensure equity. The GM has supported the introduction of the basics of te reo Māori and has distributed bi-lingual signage throughout the facility. Families/whānau are encouraged to participate in the planning, implementation, monitoring, and evaluation of service delivery. Families interviewed confirmed they are invited to be involved in their loved one’s care and feel welcomed and part of the facility.</p> <p>The CNM leads the clinical governance structure for the facility and ensures the GM is provided with the appropriate information to inform the board of the key aspects of service delivery prior to the monthly meetings.</p> <p>The GM has a varied background within the health sector including planning and funding, and portfolio management. The GM has been in the role for three months. The CNM has a broad clinical background and holds a current annual practising certificate. The CNM has completed at least eight hours educational training. In the absence of the GM the CNM covers. For periods of absence for the CNM the GM covers with support of</p>

		<p>registered nurses.</p> <p>Maniototo Health Services Limited provides a 31-bed medical inpatient service including acute, hospital level and rest home care for the elderly. There are 25 rest home and hospital beds plus six acute inpatient beds. On the first day of audit there were 27 beds occupied.</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 annually reviewed and approved quality and risk management plan, outlines the quality and risk framework to promote continuous quality improvement. There are policies and procedures, and associated systems to ensure that the facility meets accepted good practice and adheres to relevant standards, including standards relating to the Health and Disability Services (Safety) Act 2001.</p> <p>There is an implemented annual schedule of internal audits. Areas of non-compliance from the internal audits include the implementation of a corrective action plan with sign off by the CNM when completed.</p> <p>The facility holds monthly meetings for all staff that include quality, health and safety, staff, infection prevention and control with good staff attendance. Meeting minutes evidence that a comprehensive range of subjects are discussed.</p> <p>Annual patient and resident surveys are completed with a corrective action plan put in place to address areas identified as requiring improvement.</p> <p>At interview, through observation and review of resident meetings minutes it was noted that residents/whānau were able to be involved in decision making/choices.</p> <p>Completed hazard identification forms and staff interviews show that hazards are identified. The hazard register sighted is relevant to the service and has been reviewed and updated.</p> <p>The facility follows national adverse reporting policy for internal and external reporting (where required) to reduce preventable harm by supporting system learnings.</p> <p>Notification to HealthCERT under Section 31 was noted for the appointment of the GM.</p>

		<p>High quality health care and equality for Māori is clearly stated within the Māori Health plan.</p> <p>The previous finding regarding corrective action plan documentation is now closed (criterion 1.2.3.8 in the 2008 standard).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>The CNM completes the roster for the facility following safe staffing guidelines and facility policy. Staffing gaps are covered with staff picking up extra hours and the use of agency staff. Rosters reviewed and interview with the CNM revealed that all gaps were covered. Interviews with residents/patients/family/whānau and staff revealed that staff coverage is adequate, and gaps are covered.</p> <p>Cleaning staff are employed to cover the facility five days per week.</p> <p>The GM works three days a week and is available by phone for any queries as required. The CNM works full time and ensures availability after hours by phone if necessary.</p> <p>There are four registered nurses (RN) InterRAI trained and care givers complete Careerforce training in New Zealand Qualification Standards (NZQA) to level four. There is an implemented annual training programme. Annual performance appraisals were completed for staff requiring these. The staff competencies and education scheduled are relevant to the needs of patients and aged care residents.</p> <p>Support systems promote health care and support worker wellbeing, and a positive work environment was confirmed in staff interviews. Employee support services are available.</p> <p>The service collects resident and patient ethnicity data regarding Māori health information.</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</p>	FA	<p>Human resource management practices follow policies and processes which adhere to the principles of good employment practice and the Employment Relations Act 2000. Review of staff records confirmed the organisations policy is consistently implemented and records are maintained. The recruitment processes include police vetting, reference</p>

<p>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>checks and a signed agreement with a job description. Current practising certificates were sighted for all staff and contractors who require these to practice.</p> <p>There is a documented and implemented orientation programme and staff training records show that training is attended. There was recorded evidence of staff receiving an orientation, with a generic component specific to their roles, on induction. Staff confirmed completing induction and stated it was appropriate to their role.</p> <p>Information held about all staff was secure and confidential.</p> <p>The previous finding regarding employment documentation is now closed (criterion 1.2.7.3 in the 2008 standard).</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. 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 clinical nurse manager was interviewed and advised that persons eligible for the residential or medical service are not declined admission unless a bed is unavailable. Ethnicity data is recorded pertaining to all residents/patients admitted to the service. The provider liaises with Te Whatu Ora Southern, Māori health service to ensure services are planned and provided to residents/patients in a manner that benefits Māori individuals and their whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and</p>	FA	<p>Residents in the aged care service and patients in the medical unit had individualised support provided that met their physical, cultural, spiritual, and social dimensions of their wellbeing. Registered nurses were responsible for completing assessments and developing care plans for residents and patients.</p> <p>Clinical records demonstrated that resident and patient assessments were</p>

<p>whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>holistic and included for example skin integrity, pain, falls risk, sleep patterns and behaviour.</p> <p>Medical patients' clinical records contained a care-plan that reflected the patient's acute health need and reason for admission. Daily review of the patient's needs had been completed by the GP. The nursing care plan had also been reviewed daily and reflected the GP's review. The progress notes documented the care provided to the patient and confirmed that family/whānau were involved in the review and planning of the patient's care.</p> <p>The records sampled of aged care resident's confirmed that interRAI assessments were current. The resultant care-plans were documented and reflected opportunities to improve the resident's health and wellbeing as identified in the interRAI assessment. The record contained a long-term care-plan and short-term care-plans. Short term care plans were developed for residents with an acute condition for example an infection or skin tear. These were updated regularly and signed off when the condition had resolved.</p> <p>Progress notes, observations during the audit and interview with the residents and their family/whānau confirmed that care-plan interventions had been implemented. Clinical records sampled were integrated including, for example, correspondence from community health providers, interRAI reports, the admission agreement, laboratory reports a copy of the Enduring Power of Attorney (EPoA) and activities attendance records.</p> <p>Progress notes documented the resident's daily activities and any observed changes in the resident's health status or behaviour. The charge nurse manager and staff interviewed stated that changes in a resident's behaviour were considered an early warning sign of a deterioration in the resident's health. Monthly vital signs and the weight of residents was documented. Where progress was different to that expected, or the resident had displayed signs or symptoms of illness, an assessment of the resident was performed by a registered nurse. A short-term care-plan was developed by the registered nurse if appropriate. The GP was notified if required, according to the resident's condition and response to the short-term care-plan. Examples of this were seen in the clinical files.</p> <p>The clinical record, the clinical nurse manager and the medication files confirmed that residents were seen and assessed by the GP every three</p>
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		<p>months. If the resident's condition changed between three monthly reviews the GP was notified and reviewed the resident. Evidence of this was sighted in the clinical record. The GP was unavailable for interview during the audit.</p> <p>There were no Māori residents or patient's receiving care in the service during the audit. Policies, procedures, and interviews with staff and the clinical nurse manager confirmed that the service understood Māori tikanga and customs. Staff discussed how they have implemented the Māori health policies and procedures that enable Māori and whānau to identify their own pae ora outcomes and be involved in the development of their support plan. The facility design supports tāngata whaikaha to access the service by having wide corridors, and handrails in all areas. Visiting hours are flexible to allow family / whanau to visit and support the resident/patient. Staff are available to provide information to residents/patients and their family/whānau as 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.</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 service encouraged the local community kapa haka group to perform to residents within the facility. Residents were taken into the community to participate in activities, including te ao Māori activities when available. A recent planned outing to a community hui had been cancelled due to COVID 19. Cultural events were celebrated such as Te Reo week and Matariki. Residents and whānau confirmed satisfaction with the programme, and stated it enhanced their well-being.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe</p>	PA Moderate	<p>There was an electronic programme for prescribing and recording the administration of medication. The GP prescribes medication for both the residents and patients in the Maniototo health service. Medications for residents were dispensed by the pharmacy using a pre-packaged system. The service held a supply of stock medications for administration to medical patients. A stock medication list was used to monitor the quantity and expiry dates of stock medications. A registered nurse managed the checking, ordering and disposal of stock medications. A contracted pharmacy delivered and disposed of unwanted medications. A registered</p>

<p>practice guidelines.</p>		<p>nurse checked medications upon delivery. Medication administration to the patients in the medical unit was performed by registered nurses.</p> <p>Health care assistants or enrolled nurses administered medications to the residents in the aged care wing/s. All staff that administered medications had completed medication competency training.</p> <p>The medication room was locked, and temperature was 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 legislated requirements. There was a medication fridge that was temperature monitored.</p> <p>Medication charts of the medical patients sampled had been reviewed daily, and the aged care resident's medication records had been reviewed at least three monthly. Not all medication records documented the resident/patient's medication allergy status.</p> <p>The registered nurse and/or GP discuss with the residents/patients and their family/whānau over the counter (OTC) medications that are brought into the service. If following discussion, there is a mutual agreement to continue the OTC medication it is prescribed by the GP.</p> <p>Standing orders and self-administration of medications was not used at this service.</p> <p>Residents, patients and family/whānau, were supported to understand their medications, and this was confirmed by residents and their family/whānau during interviews.</p> <p>Medication incidents are uncommon. If an incident does occur the clinical nurse manager reviews the factors that contributed to the incident and implements a corrective action. The GP was unavailable for interview during the audit.</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</p>	<p>FA</p>	<p>Food is prepared and cooked off site. The menu was viewed, and it was noted that it had been developed with consideration of cultural values and beliefs of all people, including Māori. Options were available to meet individual resident/patient choices. Family and whānau bring food with</p>

<p>beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>cultural significance to a resident/patient to share together. Residents go out with family/whānau for meals/kai and celebrations as desired. Residents and family/whānau interviewed spoke positively of the food service and stated it meets their cultural and spiritual values and beliefs.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There was a transfer and discharge policy that guided staff member/s facilitating the residents/patients transfer or discharge from the facility. Staff interviewed described the transfer process. Medical patients were transferred to Te Whatu Ora – Health New Zealand Southern when the level of care required was unable to be provided at Maniototo Health Services. The GP telephoned the appropriate medical professional at Te Whatu Ora – Health New Zealand Southern to provide relevant information regarding the patient's condition and needs. Nursing staff ensured a copy of the patient's relevant clinical record, and the medication record accompanied the patient to the public hospital. Transfer for most medical patients occurred via ambulance, however patients with and acute/critical need were retrieved from the Maniototo health services by Te Whatu Ora – Health New Zealand Southern. Family/whānau were kept informed of the transfer process, and this was confirmed during interview with family/whānau.</p> <p>Aged care residents were transferred to Te Whatu Ora – Health New Zealand Southern with an acute health need. Transfer was arranged in collaboration with the resident, family/whānau, GP and public hospital. The service used the national yellow envelope system to ensure relevant information accompanied the resident to the public hospital.</p> <p>A clinical file sampled confirmed that the patient/resident's transfer out of the service and return to the service was documented and included an assessment and risk mitigation strategy, and that a plan was developed in collaboration with the accepting service provider. The resident and family/whānau were aware of and involved in the planning of the transfer.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is</p>	<p>FA</p>	<p>A current building warrant of fitness is displayed in the entrance to the facility, buildings, plant, and equipment comply with relevant legislation.</p>

<p>safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>A maintenance person is employed part time to manage all maintenance across the facility.</p> <p>The facility has a preventative and reactive maintenance schedule in place. This includes monthly maintenance checks of all areas and specified equipment such as hoists and call bells. Staff identify maintenance issues within the maintenance folder. Staff interviews confirmed awareness of the system to manage maintenance issues. The maintenance person records all hot water temperatures and takes responsibility for any anomalies to be rectified.</p> <p>The facility has an annual test and tag programme in place. Evidence of checking and calibration of equipment such as hoists was sighted and remains current.</p> <p>Interview with the GM advised that codesign with MHSL and Māori would be facilitated for any building upgrades or additions.</p> <p>The previous findings relating to maintenance schedule compliance are now closed (criterion 1.4.2.4 in the 2008 standard).</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>An approved fire evacuation system is in place. Interviews with staff and review of documentation confirmed that fire drills are conducted at least six monthly. There is a sprinkler system installed throughout the facility and exit signage displayed. Staff interviews, and training records confirm that fire wardens received fire warden training and staff have undertaken fire training. Staff files and training records demonstrated that orientation and mandatory training includes emergency and disaster procedures and fire safety.</p> <p>There are systems and process in place to ensure resident/patient and staff security.</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</p>	FA	<p>The pandemic plan was current and had been developed in line with national guidelines. The plan had been tested and implemented. A post implementation review of the plan had been discussed at a registered nurse meeting with a consensus no changes were required. Sufficient</p>

<p>infection.  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.  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>supplies of PPE were observed during the audit.</p> <p>Infection control policies and procedures acknowledged Te Tiriti o Waitangi and te whare tapa whā model of care. These policies were observed to be embedded in practice during the audit. All staff had completed Te Tiriti o Waitangi training as verified in education records viewed. The service supported residents and patients to understand the principles of infection control by verbal conversations that included family/whānau. Written information was provided as available. The service had established links with the Māori health unit and the infection prevention team at Te Whatu Ora - Health NZ Southern to support and update the service as new resources became available.</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.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  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>FA</p>	<p>The surveillance programme was documented, and standard definitions were used relating to the type of infection acquired. Data captured was linked to the residents/patients ethnicity data. The clinical nurse manager manages the surveillance programme.</p> <p>Residents who develop an infection are informed of this and family/whānau were advised. The process was culturally appropriate, and included verbal information being provided by the GP and registered nurses. Written information is provided as appropriate. Residents, and family/whānau interviewed confirmed that they received information in a timely manner that was respectful of their cultural values and needs.</p> <p>The service had one outbreak of COVID 19 in July this year. Twenty-one residents tested positive. the pandemic plan was implemented, and residents were isolated in their bedrooms. All residents received a rapid antigen tested (RAT) daily. The medical unit was closed for admissions during this time. The required notifications were made.</p> <p>An outbreak of gastro-enteritis in June affected 10 residents. The outbreak management plan was implemented. Laboratory reports delivered inconclusive reports.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to</p>	<p>FA</p>	<p>The board are committed to the elimination of restraint within the service, and this was reflected in the policy. The clinical nurse manager was the</p>

<p>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>executive leader responsible for ensuring that restraint minimisation and elimination is implemented and maintained. Restraint reports were sighted which identified the type of restraint and the frequency of its use. There were three residents using restraint at the time of the audit. Restraint reports were discussed at staff, registered nurse, health and safety and management meetings; however, they were not submitted to the governing body.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people’s medicinerelated allergies or sensitivities and respond appropriately to adverse events.</p>	<p>PA</p> <p>Moderate</p>	<p>Residents/patients with medication allergies had these documented. Although best practice is to record ‘no known allergies’ on the medication records of residents/patients with no known allergies or sensitivities, this was inconsistently documented in the medication files.</p>	<p>The medicine related allergy or sensitivity status of the resident/patient was inconsistently recorded on the medication record.</p>	<p>Ensure the medicine related allergy or sensitivity status of the resident/patient is recorded on the medication record.</p> <p>60 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.