

# Presbyterian Support Central - Kandahar Home

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Presbyterian Support Central

**Premises audited:** Kandahar Home

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

**Dates of audit:** Start date: 15 November 2022 End date: 16 November 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:** 50

# 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   |
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|   | 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  |
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| 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

Kandahar Home is part of the Presbyterian Support Central (PSC) organisation. The service provides rest home and hospital level of care (medical and geriatric) for up to 63 residents. On the day of the audit there were 50 residents. All residents were on the aged-related care contract.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health - New Zealand Wairarapa. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, and management.

The service continues to make environmental improvements. There have been no changes to the services provided since the last audit.

An experienced business operations manager and clinical nurse manager oversees the day-to-day operations of Kandahar Home.

There are systems being implemented that are structured to provide appropriate quality care for residents. An orientation and in-service training programme continue to be implemented that provides staff with appropriate knowledge and skills to deliver care. Residents and family advised that the staff provide a caring and respectful environment.

This audit has identified an improvement required related to the implementation of the roster and activities programme.

## 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.

Kandahar Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery to Pacific peoples. The service works to provide high-quality and effective services and care for residents.

Kandahar Home provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences.

The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family are kept informed.

The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

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| Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Some subsections applicable to this service partially attained and of low risk. |
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The business plan includes a mission statement and operational objectives.

The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of quality indicator data were all documented as taking place as scheduled, with corrective actions as indicated to improve service delivery. There are various meetings where key issues related to service delivery are discussed.

There is a staffing and skill mix policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff complete annual competencies to ensure an effective, efficient, and skilled workforce.

Health and safety management systems are in place. Hazards are identified to ensure a safe workplace. Staff wellbeing is prioritised by ensuring a positive and supportive workplace.

The service ensures the collection, storage, archiving and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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| 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 low risk. |
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

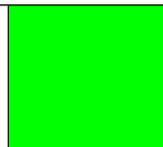
Discharge and transfers are coordinated and planned. Medication policies reflect legislative requirements and guidelines. Registered nurses are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The recreation team leader provides an activity programme. The programme includes outings, entertainment and meaningful activities that provides for individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

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

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



Subsections applicable to this service fully attained.

There is a current building warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are single occupancy and have a hand basin. There are rooms with ensuite facilities. Residents' rooms are personalised to their taste.

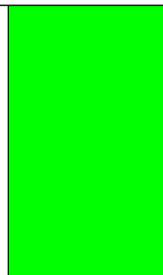
Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly.

Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty and on outings with a current first aid certificate.

The building is secure at night to ensure the safety of residents and staff.

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

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



Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has a robust outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There have been two outbreaks since the last audit, and these have been well documented. There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

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| Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained. |  | Subsections applicable to this service fully attained. |
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the clinical nurse manager. Restraint is considered as a last resort only after all other options were explored. There is currently one resident requiring restraint. Staff are trained in restraint minimisation and challenging behaviour management.

## 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                           | 27                  | 0  | 2                                    | 0  | 0                                      | 0  |
| Criteria          | 0                           | 174                 | 0  | 2                                    | 0  | 0                                      | 0  |

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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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> | <p>FA</p>         | <p>The Enliven Māori Health Model is documented for the service. The plan was developed in partnership with Whanganui kaumatua. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and incorporates the Māori Health Strategy, Te Whare Tapa Whā and the Eden Alternative principles.</p> <p>At the time of the audit there were Māori staff employed. A Māori staff member interviewed stated they are involved in providing cultural training related to Māori worldview to other staff members. Kandahar Home evidence commitment to equal access to professional development for staff including Māori in their strategic plan.</p> <p>There were residents that identify as Māori at the time of the audit. Residents and whānau are involved in providing input into the resident’s care planning, their activities, choices and needs. The service have links with Rangitāne iwi, Ngati Kahungunu Iwi and Papawae marae.</p> <p>The Enliven Cultural Advisory Group (CAG) was established in 2018</p> |

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|   |           | <p>with the goal of improving the environment, policies and practices to better support Māori health and wellbeing. The group is committed to involve whānau, Māori staff, and elders in the co-creation of policies and resources. These activities saw an increase in the number of Māori residents in Enliven Homes. The work of the cultural advisory group includes identifying support needs for Māori and Pasifika staff.</p> <p>The business operations manager described an established relationship with local kaumatua. The Oranga Kaumatua Wellness Map supports cultural, spiritual, and emotional needs. The Health Quality and Safety Commission have recognised this document. Self-determination, cultural values and beliefs of Māori residents and whanau are documented in the resident care plan. All staff have access to relevant Tikanga guidelines. Te Reo Māori is encouraged to be used in general conversations, orally and written in email greetings.</p>   |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | <p>FA</p> | <p>The organisation have developed a comprehensive Pacific health plan. The existing plan addresses the Ngā Paerewa Health and Disability Services Standard. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights is available in Tongan and Samoan when required.</p> <p>There were no Pasifika residents on the day of the audit. On admission, ethnicity information and Pacific people’s cultural beliefs and practices that may affect the way in which care is delivered, is documented. The service captures ethnicity data electronically. The resident’s whānau are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>There are Pasifika staff employed at Kandahar Home. The service is actively recruiting new staff. The business operations manager stated there is a commitment in the business plan to foster links with the Pasifika community through the work of the Enliven Cultural Advisory Group and their own Pasifika staff linkage. The work of the Cultural</p> |

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|  |    | Advisory Group includes identifying support needs for Māori and Pasifika staff.   |
| <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>Details relating to the Code are included in the information that is provided to new residents and their relatives. The business operations manager, clinical nurse manager or registered nurses discuss aspects of the Code with residents and their relatives on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the six-monthly resident/family meetings. Eleven residents (six rest home and five hospital) and six relatives (three rest home and three hospital) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links with Kaupapa Māori health provider delivering a range of whānau ora services. Church services are held weekly and a chaplain is available once a week.</p> <p>Staff receive education in relation to the Health and Disability Commissioner (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The Māori Health Strategy adopted by Presbyterian Support Central (PSC) sets the overarching framework to guide the service to achieve the best health outcomes for Māori. Tino rangatiratanga is acknowledged within the strategic plan to ensure and promote independent Māori decision-making. PSC have also adopted the four</p> |

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|   |           | <p>pathways of the original He Korowai Oranga framework as part of their care planning process that reflects Māori mana Motuhake.</p> <p>Interviews with twenty staff (ten healthcare assistants, four registered nurses (RNs), one enrolled nurse, one recreation team leader, an administrator, cook, laundry assistant and maintenance coordinator) could describe how they uphold residents' rights in relation to their roles. Documentation reviewed identified that the service is resident centred.</p>   |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | <p>FA</p> | <p>Healthcare assistants and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>Residents have control over and choice over activities they participate in, however this is limited for hospital residents (link 3.3.1).</p> <p>PSC Kandahar Home annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2021 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no married couples in the facility at the day of the audit. The care plans had documented interventions for staff to follow to maintain and support intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relative interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with</p> |

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|  |           | <p>relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. Te Whare Tapa Whā policy includes spiritual needs.</p> <p>Te reo Māori is celebrated during Māori language week. A Tikanga Māori flip chart is available for staff to use as a resource. Activities boards with te reo Māori is in place in various locations throughout the facility. Te reo Māori and tikanga Māori is promoted through the availability of resource tools and leadership commitment to make te reo me ngā tikanga Māori more visible within the organisation. Staff are supported with te reo pronunciation.</p> <p>Comprehensive cultural awareness training is provided bi-annually and covers Te Tiriti o Waitangi, Māori world view (te ao Māori) and tikanga Māori.</p>  |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.<br/> Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.<br/> As service providers: We ensure the people using our services are safe and protected from abuse.</p> | <p>FA</p> | <p>A resident's rights policy is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at PSC Kandahar Home are expected to uphold. PSC Kandahar Home policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff learned about institutional racism, how to recognise this and how to identify clinical bias.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews</p> |

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|  |           | <p>with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. There are policies documented on how to deal with residents' finances and property.</p> <p>There are short term and long-term objectives in the PSC Engagement with Tāngata Whenua policy that provides a framework and guide to improving Māori health and leadership commitment to address inequities. PSC have also adopted the four pathways of the original He Korowai Oranga framework as part of their care planning process, that improves wellbeing for Māori.</p>   |
| <p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p> | <p>FA</p> | <p>Information is provided to residents/relatives on admission. Three-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Ten accident/incident forms reviewed identified relatives are kept informed, this was confirmed through the interviews with relatives.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there was one resident who did not speak English. The family assist as interpreters and staff use cue cards.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora specialist services (including physiotherapist, clinical nurse specialist for wound care, diabetic nurse, geriatrician, older adult mental health service,</p> |

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|  |    | <p>hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>There are various regular newsletters distributed to families and residents to keep them informed on matters within the facility and organisation and includes Enliven weekly news, family news and Enliven monthly newsletter.</p>   |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | FA | <p>There are policies around informed consent. Eight resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance care planning policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where required. Certificates of mental incapacity signed by the GP were also on file where appropriate.</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>  | FA | <p>The complaints procedure is provided to residents and relatives on entry to the service. The business operations manager maintains a record of all complaints, both verbal and written, by using a complaint</p>   |

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| <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>register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The complaints logged were classified into themes (eg, staff related, property related, quality of care) in the complaint register. One complaint was lodged in 2021 (since the last audit) and two in 2022 (year-to-date). Complaints logged include an investigation, follow up, and replies to the complainant. The timeframes of the complaints process meet the HDC recommendations. Staff are informed of complaints (and any subsequent corrective actions) through various meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly. Residents/relatives making a complaint can involve an independent support person in the process if they choose. The business operations manager explained how the complaints process works equally for Māori. The electronic complaints within the electronic system captures ethnicity data. Families interviewed stated the business operations manager and clinical nurse manager is very approachable and always available to them.</p> |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>Kandahar Home is located in Masterton in the Wairarapa. Presbyterian Support Central oversees fourteen aged care facilities on the North Island. The service provides care for up to 63 residents at rest home and hospital level care (12 rest home only beds, 21 dual-purpose beds and 30 hospital beds). All beds are single occupancy.</p> <p>On day one of the audit, there were 50 residents (33 rest home level, 17 hospital level). All residents were under the age-related residential care agreement (ARRC).</p> <p>There is an Enliven Central business plan (2022-2025) in place with clear business goals to support their Enliven philosophy. The Enliven</p>  |

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|  | <p>principles of care is based on the Eden alternative aim to promote positive ageing. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Whā.</p> <p>Kandahar Home and Kandahar Court business plan (2021-2022) includes a mission statement and operational objectives with site specific goals. The business operations manager reports to the general manager (GM) Enliven and clinical director.</p> <p>There is a Board of eight directors with Pasifika and Māori representation. The roles and responsibility framework for the directors are documented in the Trust Charter. Each member of the Board has its own expertise, and some are appointed by the Presbyterian Church. The Board receives a director's report monthly from the clinical director. Four nurse consultants support the clinical director.</p> <p>The business plan reflects collaboration with Māori and aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There is Māori representation on the Board that provides advice to the Board, in order to further explore and implement solutions on ways to achieve equity and improve outcomes for Māori and tāngata whaikaha.</p> <p>The Board members have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. PSC Enliven Wai Ora learning package and Whānau Ora te reo education and dictionary is available.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, clinical focussed (quality) meetings and quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>The facility manager (FM) position is currently vacant since Mid-October 2022. The FM role is currently overseen by the business operations manager that previously worked as the FM for five years. The business operational manager provides operational support for fourteen homes within the same region. The business operations manager is supported by a clinical nurse manager (in the role for six months), clinical coordinator, administrator and a regional PSC nurse</p> |
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|  |           | <p>consultant.</p> <p>The business operations manager and clinical nurse manager have completed in excess of eight hours of training related to managing an aged care facility and education including: privacy related training; business planning; palliative approach to dementia; Eden associated training; Enliven relevant residential training; cultural awareness training; and health and safety.</p> <p>There is a clinical governance structure in place across PSC. Clinical reporting is provided to the Audit and Risk Committee by the Enliven Clinical Director that covers a variety of subject areas including: Pandemic management, External audits and corrective action summaries, Complaints/Regulatory Body Notifications etc, Outbreaks, Section 31 Reports, Homes with clinical concerns and clinical benchmarking data.</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>PSC Kandahar Home is implementing a quality and risk management programme. The quality and risk management system includes performance monitoring through internal audits and through the collection of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. The nurse consultant provided an example of a report that can be generated for this purpose.</p> <p>There is a monthly and annual meeting schedule available. Senior team, clinical meetings and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. There are weekly huddles and monthly senior team meetings between key staff members from Kandahar Home and Kandahar Court to ensure information is shared. Progress with the quality programme/goals has been monitored and reviewed through the monthly senior team meetings.</p> <p>Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off</p> |

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|  | <p>when achieved. Quality data and trends in data are posted on quality noticeboards, located in the staffroom and two nurses' stations. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Enliven benchmarks against other aged care providers on some clinical indicator data including falls, fractures, polypharmacy, restraint and interRAI assessments information. Quality initiatives including the reductions of polypharmacy is documented and progress monitored and recorded at regular intervals.</p> <p>All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. There is a cultural Mauri Ora orientation competency package that staff completes as part of their mandatory training days.</p> <p>The 2021 resident and family satisfaction surveys indicate that both residents and family have reported satisfaction with the service provided. Results have been communicated to residents in resident meetings (meeting minutes sighted). A documented action plan was developed to improve the meal service and increase recreation hours. This was implemented; however, this audit identified an improvement is required to the implementation of the activities programme (link 3.3.1).</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated with further updates required in order to meet the NSZ 8134:2021 Standard. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. A health and safety team meets quarterly. There are three health and safety representatives and they have completed formal health and safety training. Hazard identification forms and an up-to-date hazard register had been reviewed annually. Health and safety policies are implemented and monitored by the health and safety committee.</p> |
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|  | <p>There are regular manual handling training sessions for staff. The noticeboards keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form in the electronic system. There were minor staff injuries reported in the last 12 months.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted. Strategies implemented to reduce the frequency of falls include intentional rounding, comprehensive handovers and the regular toileting of residents who require assistance, occurs. Mobility and transfer plans are documented, evaluated, and updated when changes occur. The registered nurses will evaluate interventions for individual residents. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in ten accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours, skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs internally with the other PSC homes and externally with other aged residential care groups.</p> <p>Results are discussed in the senior team, clinical and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Neurological observations were recorded as per policy. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical nurse manager and clinical coordinator.</p> <p>Discussions with the business operations manager, clinical nurse manager and PSC nurse consultant evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been eight section 31 notifications completed (from 2021 YTD) to notify HealthCERT around issues relating to changes in key staff, a stage III facility acquired pressure injury, RN unavailability, and HCA shortages. There have been two outbreaks documented which were appropriately notified, debriefed, and managed.</p> |
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| <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.<br/> 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.<br/> As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>PA Low</p> | <p>There is a staffing and skills mix policy that describes rostering requirements. The roster provides appropriate coverage, however, there is an imbalance of skill mix and experience of staff between morning and afternoon shift. The audit was undertaken in a time of a national workforce shortage and this recommendation should be read within this context.</p> <p>The registered nurses and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. Challenges arises when staff call in as unavailable. There are casual shifts that are covered by available healthcare assistants. The service follows a tool/pathway to manage risk related to RN shortages. There is an on-call policy and on call is divided between the clinical nurse manager and clinical coordinator. The clinical coordinator will perform the clinical nurse manager’s role in her absence.</p> <p>At the time of the audit the service had a FM position, 2.0 FTE RN positions (including clinical coordinator), part-time gardener and a housekeeper position vacant with active recruitment strategies in place.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in meeting minutes.</p> <p>The clinical nurse manager and clinical coordinator are available Monday to Friday. The clinical coordinator also oversees the rest home.</p> <p>The roster is divided in two areas:<br/> Hospital- (17 Hospital level residents)<br/> AM: RN 7am-3.30pm supported by three HCA’s two 7am-3.30pm and two from 7am-1.30pm.<br/> PM: RN works from 11pm-7.30pm and supported by two HCAs 3.15pm-11pm.<br/> NIGHT: RN works (also oversees rest home side) from 11pm-7.30am</p> |
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|  | <p>supported by an HCA.</p> <p>An extra RN is rostered on Tuesdays and Thursdays.</p> <p>Rest Home (33 rest home residents)</p> <p>AM: RN works 7am-3.30pm and supported by three HCAs (two 7am-3.30pm and one from 7am-1.30pm).</p> <p>An enrolled nurse is rostered from 7am-3.30pm and works Tuesdays to Saturdays and also carries a patient load (float for the hospital).</p> <p>PM: one RN from hospital oversees afternoon shift and supported by three HCAs 3pm-11pm (one medication competent) and two from 3.15pm-9.30pm (one float for the hospital).</p> <p>NIGHT: two HCAs (one medication competent)- one float for hospital.</p> <p>There are two recreation team members working across the service. There are dedicated maintenance, laundry and cleaning staff on each day.</p> <p>There is an annual education and training schedule being implemented. There are two Enliven trainers implementing the annual three-year rotational compulsory training programme. The education and training schedule lists compulsory training (Enliven essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural awareness training in October 2022. Staff have also completed a cultural competency to reflect their understanding providing safe cultural care, Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>External training opportunities for care staff include training through Te Whatu Ora, hospice, Aged Concern, and the Stroke Foundation.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-four HCAs are employed. PSC Kandahar Home orientation programme ensure core competencies and compulsory knowledge/topics are addressed.</p> |
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|  |  | <p>Twenty-two HCAs have achieved a level three and four NZQA qualification or higher. There is an inhouse Careerforce assessor that support staff to complete the relevant qualifications.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of PPE, cultural safety and moving and handling. A record of completion is maintained on an electronic register.</p> <p>Additional RN/EN specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and interRAI assessment competency. Four RNs (including the clinical manager) are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. RNs complete Enliven professional and clinical training modules including HDC case studies, critical thinking, and reflective practice. All RNs attend relevant quality, staff, RN, restraint, health and safety, and infection control meetings when possible. The PSC intranet has extensive resources (Pae Ora) relating to Māori health equity data and statistics available to staff.</p> <p>Enliven introduced a staff bureau in 2016 to provide cover. Bureau staff are orientated and trained to the same level as home staff.</p> <p>The service encourages all their staff to attend meetings (eg, staff meetings, clinical, senior team meetings). Resident/family meetings are held three-monthly and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted). Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace, including: manual handling; handwashing; hoist training; chemical safety; emergency management including (six-monthly) fire drills; and personal protective equipment (PPE) training. Staff wellness is encouraged through participation in health and wellbeing activities. Local Employee Assistance Programme (EAP) are available to staff that support staff to balance work with life.</p> |
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| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | <p>FA</p> | <p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Nine staff files reviewed (two RNs, one EN, four HCAs, cook and recreation team leader) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment for Māori.</p> <p>Volunteers are used but have been limited over the last two years since Covid. An orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of</p>  | <p>FA</p> | <p>Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and</p>   |

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| <p>personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>   |           | <p>demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</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> | <p>FA</p> | <p>There is an admission and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission or on entry to the service.</p> <p>Eight admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident. All residents in Kandahar Home are under the age-related residential care services agreement (ARRC) contract.</p> <p>The clinical nurse manager is available to answer any questions regarding the admission process. There is no current waiting list, however, a waiting list process is available. The service openly communicates with potential residents and whānau during the admission process and declining entry would be if the service had no beds available or could not provide the level of care required. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service plans to collect ethnicity information at the time of enquiry from individual residents. The service has a plan to combine collection of ethnicity data from all residents, and the analysis of the</p> |

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|  |           | <p>data to identify possible trends of entry and decline rates that is ethnicity focused. The facility has established links with local iwi through a staff member (at Kandahar Court) who is a kaumātua and is acting as the Māori liaison person and is able to consult on matters in order to benefit Māori individuals and 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 whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>FA</p> | <p>Eight files were reviewed for this audit (four hospital and four rest home resident files). Registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in the electronic progress notes. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. Te Whare Tapa Whā is included in all resident's care planning and achievement of equitable outcomes for Māori health are actively pursued.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. All initial assessments and care plans were signed and dated. InterRAI assessments were completed within the stated timeframes of the contract and care plans had been evaluated within the required six-month timeframe. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs. The care plan aligns with the service's Eden model of care. Challenging behaviour is assessed when required. Cultural assessment as part of the "tree of life," information is documented for each resident. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. There are GP visits weekly and more often when required. A GP practice has an after hour on-call service. The clinical manager is available for after-hours calls and advice.</p> |

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|  | <p>When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist who visits as required. Podiatry, dietitian, palliative care, speech language therapist, occupational health therapist, continence advisor and wound care specialist nurse are available as required.</p> <p>Healthcare assistants and registered nurses interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. Progress notes are written daily on the electronic system by healthcare assistants and RNs. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters an RN initiates a review with a GP. Family was notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. There were 15 residents with wounds currently treated and three residents with pressure injuries. Two residents had a stage I pressure injury and one resident had four pressure injuries (one stage II and three stage III). Te Whatu Ora Wairarapa wound specialist reviews the pressure injuries regularly. An electronic wound register is maintained. Incident reports and section 31 notifications were sighted for all pressure injuries.</p> <p>Registered nurses and HCAs interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts including: bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; intentional rounding; and toileting regime. Neurological observations have been completed for</p> |
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|  |        | unwitnessed falls and suspected head injuries according to the organisational policy.  |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.<br/> Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.<br/> 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> | PA Low | <p>The activities are managed by a recreation team lead who has a NZQA Certificate in Diversional Therapy (Level 4). They work full-time Monday to Friday. There is also a part time qualified diversional therapist (DT) in the activities team. Weekend activities are provided by HCAs, a range of resources are available.</p> <p>Both hold current first aid certificates. The care home applies the 10 Eden Alternative Principles which are incorporated into their activities as well as when cares are provided. The programme is planned weekly and includes cultural events (eg, Matariki) and themed events, including summer garden planting, outings, Tai Chi, and puzzles. A monthly calendar is available for residents. There is a weekly Anglican and Presbyterian Church service for residents.</p> <p>The service facilitates opportunities to participate in te reo Māori through Māori phrases incorporated into the activities, and culturally focused activities, including a whānau wall of Māori based activities and photographs of these.</p> <p>Activities are planned to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who are unable to actively participate in communal activities. The four rest home residents' files reviewed had participation and access to activities well documented in the electronic management system. Three of four hospital level residents' files reviewed had few entries of participation or offer of participation to activities over the past three months. On interview the HCA's and the recreation team lead verified that hospital residents had less access to activities that encompassed their preferences and needs.</p> <p>A variety of rest home activities were observed occurring at various times throughout the day of audit. Entertainment and outings are scheduled weekly. There are links with a school and the community.</p> <p>A resident's social and cultural profile is completed within 24 hours of admission and include the resident's past hobbies and present interests, likes and dislikes, career, and family connections. A social and cultural plan called the "Tree of Life," is developed within 21 days</p> |

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|   |           | <p>and reviewed six-monthly. A resident attendance list is maintained for activities, entertainment, and outings. All recreation team members have first aid certificates.</p> <p>Resident meetings are held three-monthly, and family are invited to attend. There is an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Resident and relative surveys also provide feedback on the activity programme and the resident satisfaction survey indicated a request for weekend activities which the recreation team leader addressed. Residents and family members interviewed stated they were happy with the programme.</p>  |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>FA</p> | <p>Medication management policies and processes are available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis and could clearly describe their role regarding medication administration.</p> <p>Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms and locked trolleys. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications including the bulk supply order are checked weekly. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP.</p> <p>Sixteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each chart has a photo identification and allergy status identified. Adverse events are</p> |

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|  |           | <p>reported and investigated. There were no residents self-medicating at the time of the audit. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and relatives are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The registered nurses and clinical nurse manager described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>  |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>FA</p> | <p>The meals at Kandahar Home are all prepared and cooked on site. Kandahar Home employs a dietitian to assist with menu planning, food control plan, policy reviews and dietitian menu reviews. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in evidence, expiring in August 2023.</p> <p>There is a documented policy on nutrition management and a food services manual available in the kitchen. The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or of any residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Individual dietary/ nutritional requirement assessments are carried out on admission and are in the resident's care plan and reviewed on a regular basis. Māori celebrations (eg, Matariki) have Māori food choices for residents, Two meal choices are provided as standard, with residents being able to choose other culturally appropriate options as required. Residents have access to nutritious snacks. On the day of audit, meals were observed to be presented appropriately. Healthcare assistants interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa.</p> |

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|   |    | <p>The cook completes a daily diary and include fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the dining room and a heated box is used for plated meals to be transported to those residents' enjoying meals in their rooms. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and families interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback on a one-to-one basis with the cook, at the resident meetings and through resident surveys.</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> | FA | <p>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident discharge and transfer policies and procedures are documented to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>The residents (if appropriate) and families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services, social support or Kaupapa Māori agencies, where indicated or requested. The clinical nurse manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</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>  | FA | <p>All building and plant comply with legislation. The building warrant of fitness expires in July 2023. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The maintenance coordinator works full time (Monday to Friday). This</p>  |

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| <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>role oversees maintenance of the site, and contractor management. An employed gardener maintains the gardens. Essential contractors such as plumbers and electricians are available 24 hours a day, every day as required. Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted to the service. Checking and calibration of medical equipment, hoists and scales is completed annually. Healthcare assistants interviewed stated they have adequate equipment and space to safely deliver care for rest home and hospital level of care residents.</p> <p>There are two wings, the Falloon and Cunningham wings. There are spacious lounges in each wing and one beside the foyer. There are quieter lounges and other meeting rooms available for whānau/family meetings. There are communal toilets and showers throughout the facility.</p> <p>All resident rooms are single occupancy, and all have a handbasin. Three resident rooms in the Falloon wing have ensuite facilities. The resident rooms have sufficient space to provide cares. Each room and hallway allow for the safe use and manoeuvring of mobility aids. Flowing hand soap, hand sanitiser and paper towels are installed in ensuites and near hand basins.</p> <p>There are handrails in all hallways, in ensuites, and communal bathrooms. All rooms and communal areas allow for safe use of mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. The external areas are well maintained and have attractive gardens. Seating and shade is available.</p> <p>The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in each wing for storage of mobility equipment. One room was observed with a ceiling hoist and these can be installed for residents if required. Residents are able to bring their own possessions into the home and</p> |
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|   |           | <p>are able to furnish their room as desired.</p> <p>The building is appropriately heated and ventilated. There is centralised heating and ceiling vents throughout the facility. There is natural light in the rooms.</p> <p>The facility has a system to enable residents to smoke in a designated area with supervision.</p> <p>The building is not currently engaged in construction. The facility plans to utilise their links with local iwi and their kaumātua to engage in consultation to ensure the designs and environments reflect the aspirations and identity of Māori.</p>   |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | <p>FA</p> | <p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire evacuation drills are held six-monthly. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, there are two mobile generators available that are stored on site. There are adequate supplies in the event of a civil defence emergency including a 6000 litres of water external tank and ceiling water tanks, that comply with regional water storage volume requirements. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available 24/7 and on outings.</p> <p>There are call bells in the residents' rooms, ensuites, communal toilets and lounge/dining room areas. Call display monitors are in corridors. Residents were observed to have their call bells within reach. Residents and families interviewed confirmed that call bells are</p> |

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|   |           | <p>answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. External doors are alarmed.</p>   |
| <p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | <p>FA</p> | <p>The clinical nurse manager oversees infection control and prevention across the service with support from the nurse consultant. The job description outlines the responsibility of the role. The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The PSC nurse consultants and IPC committees annually review the infection control programme. Infection control audits are conducted.</p> <p>Infection matters are raised at monthly senior team, clinical and staff meetings. Infection rates are presented at staff meetings and discussed at senior team and clinical meetings. Infection control data is also reviewed by the nurse consultants and benchmarked against other PSC central facilities and externally with other aged care groups. Infection control is part of the business and quality plans. The governing body receives reports on progress quality and business plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection control and AMS on a monthly basis.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Te Whatu Ora for advice and continue with an organisational wide approach to minimise their exposure to Covid-19. Covid-19 screening continues for visitors. Visitors are required to wear masks.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are vaccinated against flu and Covid-19 and all residents have access to anti-viral medication when Covid positive.</p> |

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| <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 designated infection control (IC) coordinator is a registered nurse who is supported by the nurse consultant and clinical nurse manager. During Covid-19 lockdown there were regular zoom meetings with Te Whatu Ora Wairarapa and PSC central support office, which provided a forum for discussion and support related to the Covid response. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed formal post graduate infection control training. There is good external support from the GP, laboratory, and the PSC nurse consultants. There are outbreak kits readily available and a personal protective equipment (PPE) cupboard and storeroom. There are supplies of extra PPE equipment as required. Stock is regularly checked against stock numbers and expiry dates.</p> <p>The infection control policy outlines an approach to antimicrobial stewardship, pandemic planning, infection prevention and control standards and guidelines, and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the PSC consultants and the infection control coordinators from each home. Policies are available to staff. Healthcare assistants and nurses ensure that their interactions with patients is safe from the infection prevention standpoint, through handwashing and the use of aseptic techniques to minimise the risk of HAI.</p> <p>There are policies and procedures in place around reusable and single use equipment and items. The policies acknowledge importance of te reo information around infection control for Māori residents. Information is available and accessible to staff to provide to residents when required. Cultural safe practices and cultural considerations are included in the infection control programme. The clinical nurse manager and clinical consultants are involved in procurement of high-quality consumables including PPE and wound dressing products.</p> <p>All shared equipment is appropriately disinfected between use. Reusable medical equipment is cleaned and disinfected after use and</p> |
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|   |    | <p>prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. The service is working towards how they can incorporate te reo Māori into infection prevention information for Māori residents.</p> <p>There has been additional training and education around Covid-19. Staff, residents, and relatives were informed of any changes by noticeboards, handovers, newsletters, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. The business operations manager stated PSC commitment to include early-stage consultation with the PSC nurse specialists (which includes infection control) for the current requirements of new builds and plant. The clinical nurse manager is currently involved in choosing the appropriate flooring for their sister facility. The infection control policies were developed with Māori participation and reflect culturally safe practice and acknowledge Te Tiriti o Waitangi.</p> |
| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p> | FA | <p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting and staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>  |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>   | FA | <p>Infection surveillance is an integral part of the infection control programme and is described in the PSC infection control manual. Monthly infection data is collected for all infections based on signs,</p>   |

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| <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>   |           | <p>symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection control surveillance is discussed at quality meetings. The service is incorporating ethnicity data into surveillance methods and data captured are easily extracted from the individual electronic system.</p> <p>Internal benchmarking is completed by the infection control coordinator monthly and quarterly external benchmarking is completed by the nurse consultants. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Te Whatu Ora for any community concerns.</p> <p>Since the last audit there has been one gastro outbreak in August 2022, and a Covid exposure event in June 2022, where a number of staff and residents were affected. Outbreak reports and debrief meeting minutes sighted. Both outbreaks have been reported to Public Health. Risk management systems were put in place to minimise the exposure to other residents, staff and public.</p> |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p> | <p>FA</p> | <p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area. The sluice rooms have a sanitiser and handwashing facilities. Goggles are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on site for Kandahar Home. There is a defined dirty to clean space. The laundry is operational seven days a</p>   |

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|  |           | <p>week. Housekeepers are responsible for unpacking the clean laundry and putting linen into linen cupboards and personal laundry into baskets, before returning this to residents' rooms. The linen cupboards were well stocked and linen sighted was in good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The laundry assistant interviewed was knowledgeable around the systems and processes. The infection control coordinator implements environmental infection control audits which are part of the quality schedule of activities.</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 restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints, ensuring the commitment to restraint minimisation and elimination is implemented and maintained. The clinical nurse manager is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation. They are conversant with restraint policies and procedures. Restraint minimisation training for staff, which includes a competency assessment, begins during their orientation, and continues annually.</p> <p>The governance reporting process includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the records for the one resident requiring restraint covers the restraint assessment, consent, monitoring, and evaluation. The GP on interview confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>On the day of the audit, one hospital resident was using a restraint (bed rail).</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively</p> |

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|  |    | involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings.   |
| <p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p> | FA | <p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes and when the restraint will end. A completed assessment template was sighted for the resident using restraint, evidencing assessment, monitoring, evaluation and including GP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP, and staff taking into consideration wairuatanga. Alternatives to restraint include (but not limited to) sensor mats, low beds, fall out mats, de-escalation, and distraction methods. Documentation includes the method approved, when it should be applied, frequency of monitoring and when it should end. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process. The service has not used emergency restraint. Should emergency restraint be required, the registered nurse would debrief the person.</p> <p>Review of documentation and interviews with staff confirmed that restraint monitoring is conducted in line with the organisations policy.</p> <p>A restraint register is maintained and reviewed by the restraint coordinator, who shares the information with staff at the senior team, staff, and clinical meetings.</p> |
| <p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to</p>   | FA | <p>A review of documentation and interview with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraints. The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and</p>  |

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| <p>reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.<br/> As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p> |  | <p>cultural considerations. Staff monitor and report restraint related adverse events while restraint is in use.</p> <p>Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with staff (RNs, an EN and HCAs) confirmed that the use of restraint is only used as a last resort. The restraint committee meets regularly and includes the restraint coordinator, clinical management, and care staff. There is also a restraint committee at head office, that includes all restraint coordinators and clinical lead who discuss restraints.</p> <p>All restraints are reviewed and evaluated as per policy and requirements of the standard. Use of restraints is evaluated monthly or more often according to identified risk. The evaluation includes a review of the process and documentation (including the resident's care plan and risk assessments), future options to eliminate use and the impact and outcomes achieved. Evaluations are discussed at the staff meetings and at the national restraint committee meetings.</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)  |
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| <p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p> | PA Low            | <p>There is a staff rostering and skill mix policy. The policy stated that staff with less than six months experience will be supported by more experienced staff. The business operations manager explained that the roster is created to ensure a preferred work life balance. There were several staff movements. The roster is managed, and changes approved by the clinical nurse manager. Morning staff are all very experienced with several years employment with Kandahar Home.</p> <p>The roster reviewed showed an imbalance of HCA skill mix across morning and afternoon shift. There are several afternoon shifts where the team have four team members that are newly employed with less than six months experience. A RN and senior caregiver with a first aid certificate and medication competency supports them. All staff completed their orientation and annual compulsory training in</p> | <p>The roster showed an imbalance of staff skill mix and experience between morning and afternoon shift.</p> | <p>Ensure the Enliven staff rostering and skill mix policy is implemented to ensure a balance in skill mix and experience across shifts.</p> <p>90 days</p> |

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|  |        | <p>October 2022.</p> <p>The audit was undertaken in a time of a national workforce shortage and this recommendation should be read within this context.</p>   |   |   |
| <p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p> | PA Low | <p>Weekly activities plans are developed for rest home and hospital residents. HCAs are trained in applying Eden Alternative Principles moments of interaction as a component to care when they have contact while applying cares to residents. Rest home residents have documented participation and access to activities, however hospital resident files reviewed had little documented evidence of resident participation of activities over the last three months. On interview, the HCA's and the recreation team lead verified that hospital residents had less opportunity to access activities that encompassed their preferences and needs.</p> | <p>i). Two files had one to two entries per week of offer or participation of activities and the majority of these entries stated the resident had declined activities.</p> <p>ii). One hospital resident had no entries of offer or participation of activities.</p> | <p>i). – ii). Ensure hospital residents have opportunity and equitable access to regular activities and one on one sessions that encompassed their preferences and needs, and there is documented evidence of hospital resident's activity participation or decline.</p> <p>90 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.

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End of the report.