

Tainui Home Trust Board - Tainui Resthome

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Tainui Home Trust Board
Premises audited:	Tainui Resthome
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 November 2022 End date: 29 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:	55

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Tainui Rest home provides rest home and hospital level care for up to 60 residents in the Taranaki region. The facility is operated by Tainui Home Trust Board which owns nearby retirement villages. On the day of audit 55 beds were occupied.

The chief executive officer is responsible for management of the facility and is supported by the clinical nurse manager.

This unannounced surveillance audit process included review of residents' and aspects of staff files, observations and interviews with residents, family/whānau, managers, staff, and a nurse practitioner.

Strengths of the service include the dedication of the staff, quality improvements, staff positive comments towards management, respect shown to the residents and a clean and homely environment.

Improvements have been made to clinical governance, orientation documentation, ongoing staff training, staffing levels, aspects of care planning and responsibilities relating to infection prevention and control addressing those areas requiring improvement at the previous audit.

No areas were identified that require improvement.

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.

Processes are in place to ensure residents admitted to Tainui Rest Home who identified as Māori would be treated equitably and that their self-sovereignty/mana motuhake would be supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori is incorporated in daily practices.

Residents and relatives confirmed that they are always treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

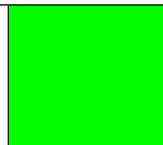
Tainui Rest Home works collaboratively to support and encourage a Māori world view of health in service delivery. Māori will be provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples will be provided with services that recognise their worldviews and are culturally safe.

Complaints are resolved promptly and effectively in collaboration with all parties involved. Residents and family members are informed about the complaints process at the time of admission. A complaints register is maintained and demonstrates complaints are resolved promptly and effectively.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

The quality management system is focused on improving service delivery and care. Residents, staff, and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends, and leads to improvements.

Actual and potential risks are identified and mitigated.

The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When residents are admitted to Tainui Rest Home to receive care, a person-centred and family/whānau-centred approach is adopted. Tainui Rest Home conducts routine analysis of entry and decline rates. This will include specific data for entry and decline rates for Māori. Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.

Care plans are individualised and demonstrate an approach that supports wellbeing outcomes for Māori.

The activity programme offers a range of activities and incorporates the cultural requirements of the residents. All activity plans are completed in consultation with EPOA/whānau/family and residents noting their activities of interest. Residents and EPOA/whānau/family expressed satisfaction with the activities programme in place.

Medicines are safely managed and administered by staff who are competent to do so. All residents and their whānau, are supported to understand their medications.

The food service meets the nutritional needs of the residents with special cultural needs catered for. The food services offered by Tainui Rest Home can provide Māori and their whanau with menu options that are culturally specific to te ao Māori.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The environment is inclusive of people's cultures. Security is maintained.

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

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

Subsections applicable to this service fully attained.

Tainui Rest Home ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The programme is co-ordinated by an infection control co-ordinator. There is a pandemic plan in place which is evaluated periodically.

Surveillance of infections is undertaken, and results are monitored and shared with all staff. Action plans are implemented as and when required

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint free environment. This is supported by the governing body and policies and procedures.

There were no residents using restraints at the time of audit.

Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	0	0	0	0
Criteria	0	57	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Tainui Home Trust Board is committed to creating employment opportunities for Māori through actively recruiting and retaining a Māori health workforce across all organisational roles. There were staff who identified as Māori on the day of the audit.</p> <p>There were no residents at the time of audit who identified as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>There were no residents in Tainui at the time of audit who identified as Pasifika.</p> <p>Tainui has a Pacific peoples’ cultural policy that was developed with input from the wider Pasifika community. It includes Pacific models of care and guides staff to deliver safe services to Pasifika people.</p> <p>The Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>Action Plan was sighted and is available for reference.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Service Consumer Rights (the Code) is available and displayed in English and Māori throughout the facility. There were no residents at Tainui Rest Home (Tainui) at the time of audit who identified as Māori. If a resident who identified as Māori was to be admitted, Tainui has large rooms available to accommodate the needs of the resident and their whānau. Processes are in place to ensure they will be supported to know and understand their rights and that their mana motuhake would be recognised and respected. A senior staff member at Tainui, who identifies as Māori, is available to support family/whānau and staff if required.</p> <p>Enduring Power of Attorney (EPOA)/whānau/family or their representative of choice are consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by the cultural responsiveness for Māori residents' policy when required for residents who identify as Māori.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The admission process at Tainui ensures that residents and family/whānau participate in determining their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan. The Board of Trustees at Tainui includes representation from the Catholic, Methodist, and Anglican churches. There are two chaplains employed at Tainui, and church services are available to residents daily.</p> <p>Residents' privacy, dignity, confidentiality, and preferred level of interdependence are respected. The clinical nurse manager (CNM) reported that residents are supported to maintain their independence. Residents were able to move freely within and around the facility, and</p>

		<p>outside.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have a private room. Staff were observed respecting residents' personal areas and privacy by knocking on the doors before entry.</p> <p>All staff have completed cultural training that includes Te Tiriti o Waitangi and was culturally inclusive of care. Care staff understand what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. The organisation has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Residents and whānau reported that their values, beliefs, and language is respected in the care planning process.</p> <p>The service could not provide evidence to verify they have specific processes in place to respond to tangata whaikaha needs and enable their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The CNM stated that any observed or reported racism, abuse or exploitation at Tainui is addressed promptly and they are guided by the code of conduct.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. There are monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents.</p> <p>During interview, the CNM stated that a holistic model of health at Tainui is promoted, that encompasses an individualised approach that ensures best outcomes for all. At the time of audit there were no residents at Tainui who identified as Māori, to interview.</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</p>	<p>FA</p>	<p>Three staff including a senior staff member, who identify as Māori, assist staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to</p>

<p>be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>choose and cultural support when a resident had a choice of treatment options available to them. Staff have received training on tikanga best practice.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of The Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>Complaint forms and a box are at reception. The Code is available in te reo Māori and English.</p> <p>A review of the complaints register showed actions taken, through to an agreed resolution, are documented and completed within the timeframes.</p> <p>The CNM is responsible for complaints management and follow up. The CNM reported that verbal complaints are documented if they are not addressed as a concern. Concerns are discussed and resolved. There have been no complaints received from external sources since the previous audit.</p> <p>The CNM reported that a staff member who identified as Māori and speaks te reo would be available to support people if needed.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through providing meaningful inclusion and representation of Māori in governance groups and honouring Te Tiriti o</p>

<p>serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>Waitangi. The chairperson reported that the board members have a strong knowledge of providing health equity. They reported that a board member has knowledge of the Treaty of Waitangi, a cultural awareness, and has links with people who identify as Māori.</p> <p>The CNM reported that Tainui is focused on improving outcomes and achieving equity for Māori and people with disabilities through needs assessments, care planning, communication and family/whānau feedback.</p> <p>Tainui identifies and works to address barriers to equitable service delivery through cultural assessments, care planning training, and advise from external training providers, for example, palliative care services. The CNM reported that a larger room is available for a resident who identifies as Māori to accommodate whānau. The quality assurance coordinator (QAC) reported that an environmental change had been made to a room to allow safe ease of access to meet a resident's needs.</p> <p>An experienced and suitably qualified person supports the chief executive officer (CEO) to manage the service. The CNM reported they had qualified as an enrolled nurse and registered nurse before being appointed as a director of nursing in America. They gained nursing registration again in Australia, and in New Zealand before being appointed as a co-ordinator at a local Taranaki rest home provider. They have been in the role of CNM at Tainui for 12 months. Staff spoke very highly of the support and guidance provided by the CNM.</p> <p>A corrective action at the previous audit (HDSS 2008: 1.2.1.3) has now been addressed.</p> <p>When the CEO is absent, the CNM carries out all the required duties with support from the chairperson.</p> <p>Tainui has contracts with Te Whata Ora Taranaki for aged related residential care services (ARRC), long term chronic health conditions (LTCHC), respite, and enhanced intermediate care assessment treatment (EICAT).</p> <p>On the day of the audit 42 residents were receiving rest home level care, and 13 residents were receiving hospital level care including two residents receiving EICAT care. Tainui has capacity for 60 beds. Four</p>
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		<p>beds are contracted to Te Whatu Ora Taranaki for IECAT care, one bed is respite rest home level, two rooms are deemed rest home level only due to the small size. 53 beds are certified as dual-purpose beds for rest home or hospital level care.</p> <p>The facility provides end-of-life care. No residents were using the LTSCHC for under 65s contract at the time of the audit.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes for example, management of incidents and complaints, audit activities, a regular resident satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, falls and health and safety. The QAC has been in the role for six weeks and is supported by the CNM.</p> <p>Residents, family/whānau and staff contribute to quality improvement through resident, family/whānau and staff meetings.</p> <p>The family/ whānau, and resident surveys were completed during October 2022. The CNM reported residents and family/whānau were satisfied with the care provided.</p> <p>The collation of responses was sighted.</p> <p>Quality improvement initiatives include implementing informal staff training through staff toolbox talks and recording staff training electronically.</p> <p>The management team consisting of the CEO, CNM and operations manager (OM) meet every Monday. Minutes were sighted. Staff meetings are held quarterly. The CNM reported that the OM report and the clinical report are forwarded to the CEO. The CEO collates the information and reports to the Board.</p> <p>Staff document adverse and near miss events. A sample of falls incidents reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>Tainui benchmarks through the aged care industry against relevant</p>

	<p>health performance indicators, for example infections and falls. The QAC reported that the results were below the industry average, especially falls, skin infections, respiratory infections, and medication errors. Graphs were sighted.</p> <p>The CNM reported that Tainui are now using the Health Equity Assessment Tool. The CEO reported that the board of trustees are currently reviewing the strategic plan.</p> <p>The QAC and CNM reported that all policies and procedures were current. Policies sighted covered aspects of the service.</p> <p>Internal audits are completed, for example, falls, cultural safety and beliefs, clinical records, medication, cleaning, laundry, kitchen, infection prevention and control, restraint including restraint competencies, room cleaning on discharge, and pressure injuries.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>The QAC and CNM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, development of mitigation strategies.</p> <p>The 2022 register was sighted and included falls, confidentiality, financial, pandemic, moving and handling, fire, maintenance, and staffing levels.</p> <p>The QAC understood and has complied with essential notification reporting requirements.</p> <p>The CNM reported that three S31 notifications of being short staffed in October 2022 through a covid outbreak have been made to HealthCERT. Tainui is advertising for staff and recruitment is underway. Nine S31 notifications were made in June 2022 relating to a gastroenteritis outbreak. The service went into a 14-day lockdown during the outbreak.</p> <p>The CEO and CNM reported that no coroner's inquests or issues-based audits have been undertaken since the previous audit.</p> <p>Tainui ensures their staff can deliver high quality health care for Māori through for example, training, including cultural safety training, cultural</p>
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		<p>and needs assessments and care planning.</p> <p>Staff reported at interview they are learning and using te reo Māori for example in email greetings.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7).</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. The physical environments are considered as the hospital and rest home areas are separated.</p> <p>A review of four weeks rosters confirmed adequate staff cover is provided, with staff replaced in any unplanned absence. Health care assistants (HCAs) reported there were adequate staff to complete the work allocated to them. The QAC supported this.</p> <p>At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the hospital. Seven days a week, there is at least one RN in the hospital wing on the morning, afternoon and night shifts.</p> <p>One senior HCA or enrolled nurse is in the rest-home on the morning and afternoon shifts. One enrolled nurse is rostered five-night shifts and two senior HCAs are rostered two-night shifts. Three HCAs with a mix of long and short shifts are rostered in the morning in the hospital and rest home wings. Two HCAs are rostered in the hospital, and two HCAs are rostered in the rest home on afternoon shifts. Two HCAs are rostered across the service at night.</p> <p>One HCA is rostered to support the IECAT residents in the morning and one in the afternoon.</p> <p>One HCA is rostered to support the residents in what is known as Sedgewick, which is part of the hospital wing, in the morning and one in the afternoon.</p> <p>One additional HCA is rostered on each of the morning and afternoon shifts to support safe service delivery. HCAs, the QAC and CNM confirmed this. A corrective action at the previous audit (HDSS 2008:</p>

	<p>1.2.8.1) has now been addressed.</p> <p>An afterhours on call system is in place with the CNM and QAC sharing on call 24/7. Both are registered nurses with a current annual practicing certificate.</p> <p>Bureau staff have been used to cover RN shortages. The CNM reported that bureau HCAs were employed on average up to two per shift most days during the covid outbreak in October and that they didn't work alone.</p> <p>One diversional therapist (DT) and one recreational assistant work five mornings per week.</p> <p>Laundry and housekeeping positions are shared and cover 7 days a week. Two staff members share the laundry/ housekeeping position, working 8 hour shifts.</p> <p>Housekeeping has 3 staff members working 5 days a week with a total of 18 hours a week.</p> <p>Related competencies are assessed and support equitable service delivery. They include medication, hand hygiene, and PPE. Records were sighted for five of five staff. Cultural safety competencies have begun and one record was sighted.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Two HCAs reported at interview they have commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora.</p> <p>Training topics included restraint and de-escalation, fire safety, medication, infection prevention and control, Treaty of Waitangi, first aid, manual handling, harassment, exploitation, and professional boundaries. Toolbox training topics included dementia, stress management, diabetes, hand hygiene, pressure injuries and wound care. Attendance sheets were sighted. Tainui has begun recording training electronically. A corrective action at the previous audit (HDSS 2008: 1.2.7.5) has now been addressed.</p> <p>Five of the eight registered nurses are interRAI trained.</p>
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		<p>The provider plans to establish environments that encourage collecting and sharing high-quality Māori health information.</p> <p>The CNM reported that health equity expertise has been sourced through external providers.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>The QAC described the procedure to ensure professional qualifications are validated prior to employment.</p> <p>Practising certificate expiry dates were sighted for the eight registered nurses, the three enrolled nurses, pharmacist, dietitian, two general practitioners, podiatrist, diversional therapist, nurse practitioner and all were within the expiry date.</p> <p>Staff orientation includes all necessary components relevant to the role for example hand hygiene, showering, health and safety, fire safety, moving and handling, medication and civil defence. Staff reported that the orientation process prepared them well for their role.</p> <p>New HCAs described their orientation and are buddied with an experienced staff member for up to four days or longer if required.</p> <p>A sample of five staff records reviewed confirmed staff had completed the orientation programme. A corrective action at the previous audit (HDSS 2008: 1.2.7.4) has now been addressed.</p> <p>Staff paper files are kept secure and confidential.</p> <p>The CNM reported that Tainui has begun has a process to collect, record, and use ethnicity data.</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>	FA	<p>Residents are admitted to Tainui when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Tainui provides.</p> <p>Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements. Tainui conducts routine analysis of entry and decline</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>rates. This includes specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.</p> <p>Tainui has at the time of audit not developed meaningful partnerships with the local Māori community organisations to benefit Māori individuals and whānau. Tainui has not been able to access support from Māori healthcare organisations, Māori healthcare practitioners or traditional Māori healers.</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>Staff at Tainui work in partnership with the resident and family/whānau to support the resident's wellbeing. Six residents' files were reviewed. Two of these were hospital files, and four were files of residents in the rest home. Files included a resident receiving care funded by the Accident Compensation Corporation (ACC), resident with a chronic wound, a resident with a recent admission to Te Whatu Ora Taranaki, a resident on anti-coagulant therapy, a resident who had recent weight loss, a resident recently admitted, and several residents with a range of co-morbidities. There were no residents at Tainui at the time of audit with pressure injuries. Files reviewed verified a care plan is developed by a registered nurse (RN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes met contractual requirements. This was verified by sampling residents' records, from interviews, including with the visiting nurse practitioner (NP), and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. A corrective action at the previous audit (HDSS 2008: 1.3.5.2) identified any change in plan of care required was not consistently updated in the care plan. This has now been</p>

		<p>addressed. The care plans reviewed are fully reflective of residents needs and desired outcomes. Where progress is different to that expected, changes are made to the care provided in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Tainui at the time of audit has not worked with tāngata whaikaha to develop policies and procedures that ensure tāngata whaikaha and whānau participate in Tainui's service development.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The two diversional therapists at Tainui provide an activities programme five days a week that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Although there are no residents in Tainui who identify as Māori at the time of audit, the activities programme has provided opportunities for all residents and whānau to participate in te ao Māori. The local schools Kapa Haka group visits. Māori language week, Matariki and Waitangi Day was celebrated. The diversional therapist lives near several Māori elders, who willingly teach their skills. This has enabled puzzles in te reo and flax flowers to be made by residents. Residents are encouraged to speak te reo, and a range of signage is visible throughout the facility.</p> <p>Residents' meetings occur each month and these enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents/family/whānau are satisfied.</p> <p>Residents and family/whānau participate in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</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>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP/NP review was consistently recorded on the medicine chart. Standing orders are not used at Tainui.</p> <p>Self-administration of medication is facilitated and managed safely. Residents are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</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 food service provided at Tainui is in line with recognised nutritional guidelines for older people and was reviewed by a dietitian in May 2022.</p> <p>Each resident has a nutritional assessment on admission to the facility. The Māori health plan in place included cultural values, beliefs, and protocols around food. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this, and this includes menu options culturally specific to te ao Māori.</p> <p>EPOA/whānau /family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau /family expressed satisfaction with the food options.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. A resident and family/whānau interviewed reported being kept well informed during the recent transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building warrant of fitness expires on 23 February 2023.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they meet legislative requirements.</p> <p>Electrical equipment has been tested as required. Tagging and records were viewed. The maintenance register was sighted. The CNM reported that medical equipment had been replaced and was less than 12 months old.</p> <p>The facility is accessible to meet the mobility and equipment needs of people receiving services. Spaces were culturally inclusive and suited the needs of the resident groups. A chapel is located within the building and two chaplains are employed 20 hours per week. HCAs reported that they respect the residents spiritual and cultural requirements. The Christmas theme was evident throughout the building.</p> <p>The CEO reported that Tainui would consult with Māori in the co-design of the environments for new buildings.</p>
<p>Subsection 4.2: Security of people and workforce</p>	<p>FA</p>	<p>The fire evacuation plan was approved by the New Zealand Fire</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>Service on 3 June 2022.</p> <p>The OM and CNM reported that a trial evacuation was held 17 August 2022. The report for the trial held on 7 July 2022 was sighted. Fire extinguishers, call boxes, floor plans, hose reels, sprinklers, smoke alarms, and fire action notices were sighted. HCAs reported attending fire safety training in July and records confirmed this.</p> <p>Appropriate security arrangements are in place. The CEO reported that doors are locked early evening. The QAC confirmed this. Checks are completed at handover.</p> <p>A security company checks the facility twice through the night.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The previous audit (HDSS 2008: 3.1.1) identified a corrective action being required regarding Tainui not having a designated infection control coordinator, up until a week prior to audit and since January 2020. This has been addressed. There is an infection prevention and control coordinator (IPCC) at Tainui who is responsible for overseeing and implementing the infection prevention (IP) programme with reporting lines to the CNM. The infection prevention and antimicrobial stewardship (AMS) programme are linked to the quality improvement programme that is reviewed and reported on annually. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>A pandemic preparedness plan is in place, and this is reviewed at regular intervals. Sufficient IP resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate, from staff who identify as Maori. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their family/whānau are educated about</p>

		infection prevention in a manner that meets their needs. Staff who speak te reo can provide education to any residents who identify as Māori if needed. If brochures in te reo are required staff are aware how to access these.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections at Tainui is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Tainui uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Data is benchmarked with several other aged care facilities in New Zealand. Results of the surveillance programme are shared with staff. Surveillance data includes ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented.</p> <p>There have been four outbreaks of Covid-19 and one gastro enterology outbreak at Tainui in 2022. Residents affected were isolated in their rooms, the unit was closed, and visiting was restricted. The Regional Public Health Unit (RPH) and Te Whatu Ora Taranaki were informed of the outbreak.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>A restraint free environment is the aim of the service. The governance group is guided by the board members and the CNM.</p> <p>At the time of the audit no residents were using a restraint. Staff confirmed that restraint was not used.</p> <p>The QAC is the restraint coordinator providing support and oversight for any restraint management. They are supported by the CNM. The position description was sighted.</p> <p>Staff confirmed at interview they have been trained in safe restraint practice and de-escalation techniques. Training records sighted</p>

		<p>confirmed this.</p> <p>Any incidents of restraint including aggregated restraint data, the type and frequency of restraint would be reported on the weekly management meeting. None were reported on the reports reviewed.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.