

Udian Care Limited - Rose Lodge Rest Home

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 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:	Udian Care Limited
Premises audited:	Roselodge Resthome
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 December 2022 End date: 13 December 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:	13

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

Udian Care Limited - Rose Lodge Rest Home provides rest home level care to a maximum of 14 residents.

This planned certification audit was conducted against the New Zealand Standard, Ngā Paerewa health and disability services standard 8134:2021 and the provider's contracts with Te Whatu Ora – Te Taka Tumai Auckland. The audit process included the review of policies and procedures, the review of residents' and staff records, observations, and interviews with residents, their family/ whānau, management, staff and a general practitioner.

The facility manager (FM) is appropriately qualified for the position and is experienced working in the sector. The FM is also responsible for another aged care related service and spends appropriate time at each facility. The FM is well supported by two registered nurses at this facility, who job-share the clinical role.

This audit did not identify any areas requiring 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.

Open disclosure and communication between staff, residents and family/ whānau is promoted and confirmed to be effective. An interpreter service is accessible when needed. Complaints and compliments are managed effectively. There have been no external complaints received. A complaints register is maintained by the facility manager.

Rose Lodge Rest Home (RLRH) works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. This was confirmed at resident interview.

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

RLRH supports a Māori world view of health in service delivery through education, tikanga guidelines and access to cultural advice/support for residents and families/whānau. The registered nurses collect data that reflects the diversity of the residents and staff.

Residents and their families/whānau are informed of their rights according to the Code of Health and Disability Services Consumer Rights (the Code) and these are upheld. The rights are displayed at the entrance of the facility in English and te reo Māori. Personal identity, independence, privacy, and dignity are respected. Residents are free from abuse.

Residents and families/whānau receive information in an easily understood format and feel listened to and included when making decision about care. There are good systems in place around open communication and open disclosure. Interpreter services are provided as needed. Family/whānau and legal representative are involved in decision making that complies with the law. Advocacy directives are followed when required.

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 facility manager and the 'silent' business partner provide effective governance. Udian Care Limited owns two aged care facilities. The FM is experienced in the aged care sector, and both are appropriately qualified.

There are well established quality and risk management systems which meet the requirements of these standards. Risk management systems are fully implemented. All adverse events are reliably reported and investigated. There have been no essential notifications to HealthCERT or other agencies.

Staff are managed well according to policy and good employer practices. New staff have been recruited in ways that ensure their suitability for the position. Orientation to the service and its policies and procedures, including emergency management systems, is provided to all new staff. Ongoing staff education is planned. Staff attendance at all education is monitored. Staff competency assessments and performance appraisals are occurring.

There are adequate staff allocated on all shifts to meet the needs of the residents. Two registered nurses (RNs) cover the week and this exceeds contractual requirements.

Residents' information is accurately recorded, securely stored and was not accessible to unauthorised people. Up-to-date, legible and relevant residents' records are maintained in using integrated hard copy records.

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.

There is a person-centred approach to care for residents and family/whānau from the beginning to the end of their journey at Rose Lodge Rest Home (RLRH). An admission pack is provided to the residents and family/whānau on admission with relevant information.

The facility works in partnership with the residents and their family/whānau to assess, plan, implement, and evaluate care. Care plans are resident-directed, based on individual needs, and changed as required. Residents' files reviewed demonstrated that residents are assessed, and appropriate care is provided and evaluated by the registered nurse with input from other members of the team, in a timely manner. All changes are documented accordingly.

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

The facility has an approved food safety programme. The menu is seasonal, summer and winter and has a monthly cycle and is reviewed by the dietitian every two years. It is appropriate for aged residential care. Individual residents' needs, including preferences, allergies, modified meals, and cultural needs are identified and met.

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.

The building has a current warrant of fitness. All medical equipment is serviced and calibrated annually. Hot water temperatures are monitored.

All bedrooms are for the use of a single occupant. The furniture fittings and building layout are appropriate to meet the needs of older people. Rooms are personalised. Communal areas are easily accessed.

Fire and emergency systems are managed effectively. There is an approved fire evacuation scheme and systems for ensuring that all staff can manage fire and emergency situations. All staff have completed basic first aid and certificates were reviewed. Emergency stores and resources were maintained and checked frequently.

Residents' bedrooms and communal areas are heated in ways that provide comfortable and constant internal temperatures.

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.
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The governing body 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 this aged residential care home.

The management team and staff at Rose Lodge Rest Home (RLRH) ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and needs of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection coordinator is involved in the procurement process, any facility changes, and processes related to the decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents, and family/whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

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.
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Maintaining a restraint free environment is the aim of Rose Lodge Rest Home. At the time of the audit no residents were using a restraint, and this has been the case since the last audit. The owner/FM advised that the use of restraint does not align with the philosophy of care. In the event restraint use is considered, this would be the last resort when all alternatives have been explored and would require discussion with the restraint coordinator, the general practitioner and the resident. No restraints have been used at this facility for four years or more.

Policies and procedures meet the requirements of the standards. Training is provided to all staff. An annual restraint compliance audit is undertaken.

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	0	0	0	0
Criteria	0	163	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>	<p>FA</p>	<p>Rose Lodge Rest Home has a cultural policy – reviewed February 2022. The policy guides staff in providing culturally safe services for Māori residents. Culture, community and cultural safety and pae ora which is the government’s vision for Māori Health, are clearly defined. The holistic concept is followed with the interconnected elements being Mauri ora – healthy individuals, whānau ora – healthy families/whānau and wai ora – healthy environments. Cultural values and beliefs are always considered when Māori residents are living at this home.</p> <p>The owner and registered nurses ensure all identified needs of residents are met. Tikanga Māori principles are clearly defined to guide staff. Care is delivered according to the three Te Tiriti o Waitangi principles of partnership, protection and participation. These principles were understood by staff interviewed. The Code of Rights is displayed in te reo Māori. Interpreter services are available, as defined in the policy reviewed. The service provider is yet to engage with iwi connections or a Māori health provider in the region.</p>

		The owner ensures Māori applicants for positions advertised, are provided every opportunity for all roles and all applications are acknowledged and recorded as part of the human resource management process. Three residents of 14, identify as Māori. No current staff working at this facility identify as Māori.
<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>	FA	<p>The health of Pacific Peoples in Aotearoa is clearly documented to cover equity of all cultures including Tongan, Samoan, Niuean, Fijian, Cook Islands and other countries in the Pacific. Cultural assessment and care plans for residents of each decent are available to implement. Tikanga best practice is acknowledged and respected as well as customs and any traditions. Staff received cultural training on the 15 May 2022. One staff member identifies as Pasifika. One resident on the day of audit identified as Pasifika. The service provider is yet to connect with a Pacific health organisation in the community.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the Code of Health and Disability Service Consumers' Rights (the Code) and were observed caring for residents in accordance with their wishes, promoting independence, and respecting their cultural beliefs, values, protocols, and knowledge.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Service (Advocacy Service) as information was provided in their admission pack. Posters are seen at the entrance of the facility and in the dining room. The Code is also discussed at residents' meetings and was observed in the minutes of those meetings. Residents said they were fully aware of who they can go to if they were not happy about anything, and the residents and family/whānau were satisfied that their needs were being met.</p> <p>The Code was displayed in English and in te reo Māori and was seen</p>

		<p>on display at the entrance and dining room of the facility. There are also brochures on the Code, advocacy, and the complaints process in the reception/entrance. Staff undergo training on consumer rights and the Code during their orientation at the commencement of their employment. There is a policy in place that identifies the need for cultural safety and competency for staff.</p> <p>At the time of the audit there were three residents who identified as being 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>Rose Lodge Rest Home provides care for residents that is inclusive and respects their identity and their experiences. Residents interviewed confirmed they are provided with opportunities to identify any individual spiritual, cultural, or other needs they have on admission, and that they receive services in a manner that has regard for their dignity, privacy, sexual orientation, spirituality, and independence.</p> <p>Staff were observed to maintain privacy throughout the audit. Residents were in single and double rooms with access to three communal bathroom and showers, the double rooms had curtains, so privacy is maintained. Residents and family members interviewed confirmed all staff knock on residents' doors prior to entering.</p> <p>Staff members complete cultural competencies as part of mandatory training and RNs have access to the local Te Whatu Ora Te Toka Tumai Auckland kaumatua for advice and support on the provision of culturally appropriate services, where necessary. The activities coordinator (AC) encourages residents with different cultural backgrounds to speak and count in their language during some culturally specific activities.</p> <p>There is signage on the doors and around the facility in te reo Māori.</p> <p>There is regular resident, family/whānau satisfaction surveys which give opportunities for feedback about residents' experiences, including food, activities and staff training.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood Rose Lodge Rest Home’s policy on abuse and neglect, including what to do should there be any signs. Residents and family/whānau reported that their property and space were respected.</p> <p>Staff were aware of the requirements established by RLRH in relation to expected staff behaviours and conduct. Education covers Te Tiriti o Waitangi and the protection of residents from institutional racism. Professional boundaries are maintained.</p> <p>Residents and family members interviewed reported that their cultural identities are respected and have never felt any bias from staff members.</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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. 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>Residents and family/whānau interviewed confirmed that all communication was open and effective with words including ‘informative’ and ‘reassuring’ used to describe staff communication. They confirmed that they received information in a manner that they understood both written and orally. There was evidence of open disclosure. Families/whānau are informed of any adverse events affecting their loved ones in a timely manner and were involved in updates on medical reviews.</p> <p>Staff are aware of how to access interpreter services should this be required. At the time of the audit there were no residents requiring an interpreter.</p> <p>Residents’ notes reviewed, along with interviews with staff, medical professionals, and residents, demonstrated other agencies involved in residents’ care was professional, timely, open, and appropriate.</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</p>	<p>FA</p>	<p>Residents are provided with the information to make informed choices related to their care at Rose Lodge Rest Home. At interview they confirmed that they are asked about their preferences for activities, and their input is sought for their initial care plans, and when these are</p>

<p>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>evaluated.</p> <p>Admission agreements are signed on admission, and included informed consent and authorisation for vehicle transportation, photos, sharing information with loved ones and use of residents' information for newsletters. Where residents are unable to sign admission agreements, there is a process to allow these to be signed by their enduring power of attorney (EPOA).</p> <p>Decisions about resuscitation are made in conjunction with the resident and their general practitioner (GP). All files reviewed included signed documents identifying the residents' status on resuscitation and this is reviewed six monthly. EPOA documents were also included and discussed. All five files reviewed had an EPOA. Two EPOAs were activated at the time of the audit and included the appropriate documentation to support activation. The two residents concerned had intellectual disabilities. Establishing and documenting EPOA requirements for residents unable to consent were understood by the RNs interviewed.</p> <p>Staff members interviewed understood the principles of informed consent. Where advance directives are in place, these are respected.</p> <p>Residents confirmed that they received suitable information during COVID-19 lockdowns, if there was an outbreak with residents or staff, and what was expected of them during that time. At the current national COVID-19 setting, family/whānau can visit at any time, and they return a negative rapid antigen test (RAT) result and wears a mask during their visit. If family/whānau are unable to access these at home, then a RAT will be done on site, prior to visiting.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable</p>	<p>FA</p>	<p>The complaint/compliment management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code of Health and Disability Services Consumers' Rights which is the right to complain and to be taken seriously and to receive a timely response.</p> <p>The Code is displayed in te reo and English at reception. All complaints are responded to in writing. A register is maintained. There</p>

<p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>has been one complaint since May 2022. This one complaint was followed through, and all requirements were met in a timely manner. There have been no complaints from external agencies. Compliments are fed back to staff at the staff meetings, and this was verified in the meeting minutes reviewed.</p> <p>The owner/facility manager interviewed is responsible for complaints at Rose Lodge Rest Home. The nationwide Health and Disability Advocacy service pamphlets are at reception and are easily accessed.</p> <p>Staff interviewed stated they are fully informed about the complaints procedure and where to locate the forms if needed. Any complaints are used as an opportunity to reflect and for quality improvement. The residents interviewed were pleased with the care and management provided to them individually and understood their right to complaint or to provide feedback as needed.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Rose Lodge Rest Home management has a commitment to ensure full compliance with all legislative requirements, to meet contractual obligations with Te Whatu Ora New Zealand – Te Toka Tumai Auckland. There is an organisational chart to provide team structure. The structure in place is appropriate for the size and nature of the service. The organisation has a mission statement, philosophy, vision and core values and a statement of purpose.</p> <p>The business plan is in place with aims and objectives documented. The procedure outlines how the business plan will be developed and who is responsible. The facility manager (FM) is supported by a business manager (who does not work onsite) for this small aged residential care facility. The service provides equitable services for Māori, as documented in policy and aims to reduce barriers for those that identify as Māori and those with disabilities. A Māori health advisor can be sought if needed and ensures obligations to meet the needs of Māori are met. There are three residents who identify as Māori who have been at this facility for several years, prior to the current ownership. The cultural safety manual is available to guide</p>

		<p>staff. Cultural safety has been completed by the FM and two registered nurses. The FM and two RNs stated they have not completed training on Te Tiriti o Waitangi. Cultural competencies have been completed by the care staff.</p> <p>A quality consultant is contracted to ensure all policies and procedures are developed, implemented and updated appropriately. The two registered nurses who job share the position of clinical manager, cover for the FM when the FM is not available.</p> <p>The FM has contracts with Te Whatu Ora New Zealand – Te Toka Tumai Auckland to provide rest home level care, respite care, long term support chronic health care (LTSCHC) and under 65 years of age residential care. On the day of the audit 12 residents were receiving rest home level care, nil respite care, one LTSCHC and this same resident is also under 65 years.</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>A business and transitional plan was developed in 2022 by the two owners when the facility was purchased. The plan states that the organisation operates an environment in which continuous quality improvement is a core philosophy for the business, the systems, processes, products and services at Rose Lodge Rest Home. The business plan will be next reviewed in February 2023. Service provision is undertaken in such a way as to ensure appropriate levels of quality care are achieved.</p> <p>There is an expectation that all areas of service delivery will meet or exceed the quality initiatives and expectations of residents foremost and family/ whānau. Feedback is sought in the form of an annual survey. Few residents participated in the recent written survey but discussed verbally any requests or areas of improvement when asked. Most of the residents at this facility have no family/whānau or support persons. Three residents identify as Māori and the FM aims to provide and ensure high quality care for these individuals, as for all</p>

		<p>residents. The RNs interviewed ensure a Māori personalised care plan is in place for each resident, identifying any needs/goals and interventions to achieve these set goals.</p> <p>A risk-based approach ensures quality improvements are made as needed to improve service delivery. Any internal and external risks or potential inequalities if any are responded to. This is linked to the health and safety and infection prevention programme. Any incidents are reported by staff. There have been no adverse events or Section 31 notifications completed since ownership commenced February 2022. The FM has a good understanding and knowledge of the reporting obligations for reporting essential notifications to the appropriate agencies.</p> <p>Terms of reference and meeting minutes confirmed adequate reporting occurs on quality matters monthly. The hazard and risk register sighted is current and has been recently reviewed.</p> <p>The quality and risk system reflects the principles of continuous improvement and is understood by the staff interviewed. This includes management and reviews of incidents, complaints and audit activities, monitoring of outcomes, clinical incidents, such as any wounds, medication errors, health and safety issues, maintenance issues, falls and infection prevention outcomes. Relevant corrective actions are developed and implemented as necessary and demonstrated a continuous process of quality improvement is occurring.</p> <p>All policies were current and cover all necessary aspects of the service, contractual requirements and the Ngā Paerewa Standards.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>FA</p>	<p>There is a documented rationale for determining staffing levels and skill mixes to provide safe, person and family-centred services. The FM adjusts levels to meet the changing needs of residents in the service as needed. Two registered nurses work 20 hours per week each to ensure 40 hours a week cover Monday to Sunday. The team leader (HCA) works four days a week in the daytime and another healthcare assistant works the remaining day shifts. There is a healthcare assistant (HCA), on the afternoon shift and night duty seven days a week. The FM works Monday to Friday between two</p>

<p>services.</p>		<p>small sized aged care facilities, allocating time to each facility. The general practitioner interviewed is available 24 hours a day, seven days a week. One of the two RNs covers the after-hours for clinical calls 24/7 and the FM for staffing or maintenance requirements.</p> <p>All staff have completed first aid training. Five healthcare assistants (HCAs) are employed. One HCA has completed level 4, one level 3 and three level two New Zealand qualifications Authority (NZQA) level training externally. The activities coordinator is enrolled to complete Level 4 diversional therapy.</p> <p>An activities coordinator works Monday to Friday 32 hours a week providing a great variety of activities and outings into the community for residents.</p> <p>The two registered nurses maintain the training records. The staff training plan was reviewed. All staff have completed relevant competencies including cultural and medicine management competencies. On-line learning opportunities are available for staff as well as group sessions held monthly. The organisation is fully committed to ongoing learning for all staff.</p> <p>The FM interviewed reported open communication is encouraged and promoted with sharing of any relevant information about residents as needed, depending on the situation, and this includes quality Māori information and any analysis of any outcomes (e.g.; maintaining ethnicity data and any Māori health advisor input if needed).</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>FA</p>	<p>Policies and procedures that are in line with good employment practice and relevant legislation guide human resource management processes. This includes health professionals employed and contracted. Annual practising certificates were sighted for all health professionals involved with this service and a record is maintained</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. 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>annually.</p> <p>Sighted records were current and well maintained. The recruitment process explained by the FM includes reference checking, ethnicity and police vetting is recorded. A checklist was sighted in all records reviewed. All staff have received a full orientation and staff interviewed reported that the orientation prepared them well for their roles. Since the owner took over the rest home in February 2022 there has only been one new staff member employed.</p> <p>Care staff share the roles of kitchen, laundry and cleaning on a daily-basis due to the size and nature of this aged care facility.</p> <p>Performance is reviewed annually for all staff employed. Should an incident occur, all staff are debriefed and supported by management. Staff interviewed spoke highly of the team and provided positive comments about their employment at this rest home.</p> <p>Ethnicity data is collected, recorded and used in accordance with the Health Information Standards Organisation (HISO) requirements. Personal staff records are stored securely and confidentiality was maintained.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Residents' files are kept in a locked cupboard in an office behind the rest home in line with the relevant legislation and privacy. RLRH maintains documentation in files with clear subheadings and an easy-to-follow format. Clinical notes of residents who have been there for a while is separated into subgroups so it is easy to find care plans, progress notes etc if required. The staff at RLRH are not responsible for issuing NHI numbers, residents are admitted with NHI numbers already allocated.</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>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. In addition, one family member commented about the relief and reassurance they felt with the way the staff at RLRH handled the transfer and admission of their loved one from public hospital to the rest home. Files reviewed met contractual requirements. There are policies in place to show how residents who identify as being Māori, needs are being met; two residents interviewed confirmed their needs are being met. The RN and HCA interviewed that they have access to their local kaumatua and Māori advisers from Te Whatu Ora Te Toka Tumai.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision, this is collated by the rest home manager and reviewed at the end of each year. There are no significant decline rates for residents identifying as Māori due to the demography of where the rest home is. Related data is documented and analysed including decline rates for Māori.</p> <p>The RNs and rest home manager interviewed are familiar with the process for entry and admission. Admission agreements are signed within 10 days of admission and an admission pack is given which includes information about how to make a complaint and/or compliment, and general information about the facility. This was confirmed to be given to the resident in the form of a pamphlet at the time of the closing meeting.</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</p>	<p>FA</p>	<p>The multidisciplinary team works in partnership with the resident and family/whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Rose Lodge Rest Home residents have all been</p>

<p>whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>assessed as needing Rest Home level care. The model of nursing delivery is Health Care Assistant on site 24/7 with 40 part time RN cover to initiate and maintain long- and short-term care plans and InterRAI assessments.</p> <p>Assessment is based on a range of clinical assessments and includes residents and family/whānau input (where necessary). Timeframes for the initial assessment, medical assessment, initial care plan, long term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the GP, and from observations. Long term care plans, short term care plans and interRAI assessments/evaluations were completed by the RNs in a timely manner. Evaluations sighted were individualised and indicated the residents' degree of response to the interventions and progress towards achieving planned outcomes.</p> <p>Management of any specific medical conditions were all documented with evidence of systemic monitoring and regular evaluation of responses to planned care. When progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or their family/whānau. Residents and family/whānau confirmed active involvement in the process.</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 activities coordinator (AC) provides an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life of the residents. Prior to the COVID-19 restrictions, the ACs relied on the support of volunteers; however, there is limited community involvement at present to manage risk. The AC is not a qualified diversional therapist but plans to be enrolled to complete this course early next year.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. There are individual and alternate group activities which do reflect residents' goals and interest, and ordinary pattern of life. All residents are encouraged to participate in activities to recognise other cultures with opportunities for Māori and family/whānau. Other activities include van trips, the walking club, discussion of current affairs, mind, board and card games and church services.</p>

		<p>Residents and family/whānau are involved in evaluating and improving the programme and those interviewed confirmed that 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>Rose Lodge Rest Home has a safe electronic medication management system observed on the first day of the audit. The policy for medication management is current and included all aspects of medicine management in line with the Medicines Care Guide for Aged Residential Care and meets legislative requirements. There is an annual competency programme which ensure all staff involved in medication administration are competent to do so. Medication administration competency forms were sighted.</p> <p>The Medication competent HCA who was observed administering medicines demonstrated good hand hygiene, medicines knowledge, and had a clear understanding of their roles and responsibilities related to each stage of medicine management. Each staff has an individualised logon and password to access the electronic system.</p> <p>Medicines were stored in a locked medication trolley inside the medication room. Other medications were stored in cupboards in the medication room. The temperature of the medicine fridge and medication room was monitored and documented, temperatures were within the recommended ranges. Standing and verbal orders are not used by the service.</p> <p>Controlled medications are not used by this service, but all the medication competent HCAs and RNs interviewed are fully aware of the policies and procedures associated with the management of controlled drugs in line with the Medicines Care Guide for Aged Residential Care.</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>The GP completes three-monthly medication reviews consistently as verified on the electronic medication charts reviewed. Evaluation of pro re nata (PRN) medicines administered were completed</p>

		<p>consistently. Dates were recorded on the commencement and discontinuation of medicines.</p> <p>There were no residents self-administering medication at the time of the audit.</p> <p>Residents, including Māori residents and their family/whānau, are supported to understand their medications and have access to traditional medicines if this is requested.</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 is in line with recognised nutritional guidelines for aged residential care. Recommendations made at that time have been implemented.</p> <p>The kitchen is managed by the rest home manager and HCA who work on the floor who are cooks. Preparations for the following days meals are done by the night HCAs. The HCA working in the kitchen on the day of the audit and the rest home manager confirmed food preferences for Māori are addressed as required. The residents who identified as being Māori did not have any specific dietary requirements and they confirm what is being served is enjoyed and meets their needs. The activities coordinator confirmed that on occasions a family member has done boil ups in the garden which was enjoyed by all.</p> <p>The kitchen service complies with current food safety legislation and guidelines. There is an approved food control plan for the service which expires January 2023. Meals are prepared on site and served in the dining room. The menu was reviewed by a registered dietician on 24th November 2022 and is run on a four monthly seasonal cycle.</p> <p>The kitchen manager is aware of the dietary needs of the residents via their diet profiles. These are developed on admission and include the residents' dietary requirements, likes and dislikes. All alternatives are catered for. A heavier meal is served at lunch and a lighter meal for dinner. The HCA confirmed that there are snacks available 24 hours a day, seven days a week. There is always enough food should residents want more.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well</p>

		<p>stocked. Regular cleaning is undertaken on a documented schedule and all services comply with current legislation and guidelines. Labels and dates were on all containers. All decanted food had records or use by dates recorded on the containers and no items were expired. Thermometer calibrations were completed. Records of temperature monitoring of food, fridges and freezers are maintained and documented.</p> <p>The residents and family/whānau interviewed indicated satisfaction with the food service, including residents with specific diets (e.g., gluten and dairy free).</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>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. Family/whānau reported being kept well informed during the transfer of their relative. Access to Māori support services is arranged if required.</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</p>	FA	<p>A current building warrant of fitness (BWOFF) that expires 29 September 2023 is displayed at reception. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme and buildings, plant and equipment are maintained to an adequate standard. Legislative requirements are met. Thirteen of fourteen (14) rooms were occupied on the day of the audit.</p> <p>The lounge/dining area is combined near reception and is also located close to the kitchen. The process for visitors/contractors to follow is clearly displayed especially with the pandemic requirements in place. Heat pumps are available in the lounge and dining areas. All</p>

<p>belonging, independence, interaction, and function.</p>		<p>resident's rooms have external windows for ventilation.</p> <p>There are adequate toilets and showers for residents and a separate visitor/staff toilet available, which is clearly labelled.</p> <p>There are two decks leading to the garden areas. Shade and seating are provided. The building has been painted externally and internally and new vinyl flooring has been installed and new kitchen cabinet doors were sighted.</p> <p>The owner/FM interviewed was fully informed of seeking consultation/input with a Māori Health Advisor if ever needed, to ensure the design and environment would reflect the identity of Māori. There are three residents in the rest home that identify as Māori and they were pleased with the environment.</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>The current fire evacuation plan was approved by the New Zealand Fire Service on the 13 August 2012. A trial evacuation drill was performed last on the 16 November 2022 with most staff in attendance. The fire drills are undertaken six monthly and are included in the training programme. Staff confirmed their awareness of the emergency procedures when interviewed. All staff have completed basic first aid training and adult cardiopulmonary resuscitation (CPR).</p> <p>Civil defence emergency alternative sources of amenities are available including water, a barbecue, emergency power and lighting. A generator would be hired if the power outage extends over 48 hours. The service has an arrangement should this occur. Torches, blankets, continence supplies and emergency dry foods (for two weeks) are available. Frozen foods are stored appropriately if needed.</p> <p>There is key-pad access to the kitchen for safety purposes.</p> <p>Close circuit television (CCTV) is in operation and signage was reviewed. The screen is visible in the dining room. Staff ensure the facility is locked and check windows and doors between shifts. There is a bell at the entrance of the facility for the after-hours. Safety for residents is paramount.</p> <p>A call bell system is in each resident's room and in all service areas.</p>

		The residents interviewed stated that staff respond quickly to the call bell if they require assistance.
<p>Subsection 5.1: Governance</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>	FA	<p>The FM and RNs interviewed have identified infection prevention (IP) and antimicrobial stewardship (AMS) as integral to the service and has always included infection prevention as part of the quality and risk management programme. AMS is a new requirement, however, responsible use of antimicrobial has always been promoted. The effectiveness of the antimicrobial stewardship (AMS) is to be developed further to meet the requirements of this subsection.</p> <p>Expertise is accessible for guidance for both programmes. Any infection prevention control events and/or trends identified would be addressed by the registered nurses at this service and if required reported appropriately to Public Health and/or HealthCERT</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>	FA	<p>The IPC and AMS programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on at clinical and management level and yearly. The review includes an assessment of the infection control data, training, infection prevention and control audits, policies, and procedures.</p> <p>The role of the IPC coordinator is undertaken by one of the RN who leads a committee of staff, one from each discipline (RN, caregivers, and activities). The IPC coordinator has access to external specialist advice from GPs and Te Whatu Ora Te Toka Tumai Auckland infection specialist where necessary. A documented role description for the IPC coordinator, including roles and responsibilities, is in place.</p> <p>Staff are made aware of current acute infections during daily handovers between each shift, in the progress notes and in staff meetings. There are processes in place to isolate infectious residents as required. Single use items are used for procedures and no equipment is sterilised onsite.</p> <p>Rose Lodge Rest Home provides relevant training for infection control</p>

		<p>like hand hygiene, donning and doffing, pandemic outbreak management. The staff on duty confirmed receiving training on these topics and was able to discuss the benefits of these with me. There were adequate supplies of personal protective equipment (PPE) and bottles of sanitiser throughout the facility. Hand washing audits were completed. The required policies and procedures are documented, and staff are advised not to attend work if they are unwell.</p> <p>There is a pandemic outbreak plan available. Information and resources to support staff with managing COVID-19 were regularly updated and followed the MoH and Te Whatu Ora Te Toka Tumai Auckland guidelines. Visitors are screened prior to visiting and must produce a negative rapid antigen test (RAT) prior to entering the care facility, staff must also present a negative RAT test prior to each shift.</p> <p>There are no plans in place to extend the service/facility on the site which would require input from the IPC coordinator.</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 antimicrobial stewardship programme uses national guidelines provided by an independent consultant that is based on best practice and MoH guidelines. They are personalised to, and appropriate for use in the RLRH.</p> <p>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. It is relevant for the residents being cared for at Rose Lodge Rest Home. Monthly surveillance data is collected and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff during staff meetings and by the RN with staff who did not attend. The data is benchmarked</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>with other external 'like' organisations. RLRH has a sister company and the RN during the audit confirmed that they compare surveillance data with each other.</p> <p>The annual infection control report was reviewed and the RN was able to identify any trends throughout the year, there were plans in place to address those trends with input from the facility manager and HCAs.</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>A clean and hygienic environment supports prevention of infection and transmission of antimicrobial resistant organisms. A cleaning schedule for rest home equipment indicates frequency of cleaning. Cleaning audits are completed regularly, and feedback is sought from residents through the satisfaction survey and internal audit processes.</p> <p>Family/whānau interviewed were complimentary on the cleanliness of the rest home. The cleaning of the facility is currently carried out by the HCAs on duty.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Chemicals are stored safely with bottles labelled correctly. Use of personal protective equipment was relevant to the task and was observed to be in use during the audit. There are designated cleaning and waste rooms which are locked when not in use.</p> <p>Laundry is undertaken onsite and is monitored for effectiveness. Staff involved have completed relevant training and were observed to carry out duties safely. Staff are rostered separately to cover the kitchen.</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>Restraint use is eliminated as much as possible and there is a commitment by management (FM) and staff to ensure this occurs. Restraint is only used as a last resort after all other techniques are applied. Any potential risks that are identified, these are documented in the resident's individual records. Restraint has not been used at this facility for over four years or under the current ownership since February 2022. The restraint register is maintained. Staff have received education/training on restraint elimination, de-escalation</p>

		<p>techniques and this was last provided on 31 August 2022.</p> <p>A full review of all restraint policies, procedures and guidelines occurred in June 2022 with the contracted quality consultant, to meet the requirements of the Nga Paerewa Standard 8134:2021. One of the two registered nurses who cover this rest home, is the restraint coordinator. The RN interviewed had a good understanding of restraint management and elimination. A restraint free environment is encouraged and promoted. Safety for residents is paramount.</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.