

# Kumeu Village Aged Care Limited - Kumeu Village

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## Introduction

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

The audit has been conducted by 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:** Kumeu Village Aged Care Limited

**Premises audited:** Kumeu Village

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

**Dates of audit:** Start date: 7 December 2022      End date: 8 December 2022

**Proposed changes to current services (if any):** The service is currently building a dedicated area for palliative care and is in the beginning stages of reconfiguring some of the dual hospital and rest home beds into a secure dementia service for men. Both of these projects were not included in the scope of this audit.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 82

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# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

| Indicator | Description  | Definition  |
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|           | 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

Kumeu Village Aged Care Limited – Kumeu Village provides rest home, hospital and memory assist/secure dementia level of care for up to 101 residents. Kumeu Village is one of three aged care facilities that are owned by one of the directors who has worked in aged related residential care for over 25 years.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau/family members, the owner, managers, and staff. The management team comprising the long-standing clinical nurse manager, the quality manager (employed in April 2022), the director human resources (employed for approximately 18 months), the lifestyle engagement manager and the quality and compliance manager (contracted in April 2022) work across all three services and were interviewed during the audit. A new role has recently been developed called resident relationship manager.

The service is in the early stage of working to reconfigure services by adding dedicated palliative care beds and turning one household into a secure dementia unit for men only. Both these projects were not included in the scope of this audit.

This certification audit has identified six improvements are required in relation to staffing, staff training, assessments and care planning, evaluating effectiveness of pro re nata medications used, fire evacuation training records, monitoring residents with restraints in use and the aspects of restraint programme review. At the time this audit was undertaken, there was a significant national health workforce shortage.

## Ō tatou motika | Our rights

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| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs. |  | Subsections applicable to this service fully attained. |
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The Māori Health plan guides staff practices to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. Staff understood the principles of Te Tiriti o Waitangi and Māori Mana Motuhake.

Policy states a commitment to employ staff representative of the ethnic groupings of residents. Policies, procedures and a model of care will guide staff in the provision of culturally appropriate services for Pasifika residents.

Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. The residents confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, residents, and families is promoted and was confirmed to be effective. Interpreter services are provided as needed. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies, including external Māori cultural entities who are mana whenua.

Processes are in place to resolve complaints promptly and effectively with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

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| Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |
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The governing body assumes accountability for delivering a high-quality service. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of

quality improvement data and identifying trends to make improvements. Actual and potential hazards and risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and managed using current good practice. Staff are provided with ongoing education.

Staffing is adjusted to meet the changing resident needs. There is at least one registered nurse on duty on morning and afternoon shifts. There is a minimum of six care partners on duty and the clinical nurse manager is on call at night.

## Ngā huarahi ki te ora | Pathways to wellbeing

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| Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. |  | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |
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Residents are assessed before entry by the Needs Assessments and Service Coordination (NASC) team to confirm their level of care. The registered nurses (RNs) are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Twenty-four-hour activity care plans are in place. Residents and family/whānau expressed satisfaction with the activities programme.

The organisation uses an electronic medicine management system for e-prescribing, dispensing, and administration of medications. The general practitioner (GP) is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day.

Residents are referred or transferred to other health services as required.



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

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

Some subsections applicable to this service partially attained and of low risk.

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Clinical equipment has been tested as required. Residual current devices are checked three monthly. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. There are secure external areas for residents requiring memory assist/secure dementia level of care who are living in the villa and memory assist unit. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. A fire drill is conducted six monthly. Staff, residents and family/whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. 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.

The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A trained infection prevention coordinator leads the programme. Specialist infection prevention advice is accessed when needed.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There have been infection outbreaks reported since the last audit that were managed effectively.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service.

## Here taratahi | Restraint and seclusion

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| Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained. |  | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |
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Kumeu village is following the policy of governance and the management team towards ensuring elimination of restraint is encouraged and maintained and the safety of residents is always promoted. There were five residents using three different types of restraint at the time of audit. An assessment, approval, and monitoring process is in place. 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                           | 23                  | 0  | 2                                    | 4  | 0                                      | 0  |
| Criteria          | 0                           | 162                 | 0  | 2                                    | 5  | 0                                      | 0  |

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

| Subsection with desired outcome  | Attainment Rating | Audit Evidence   |
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| <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>A cultural safety and Māori health plan has been developed. This includes working collaboratively to embrace, support and encourage a Māori worldview of health and provide high quality, effective and equitable services for Māori framed by acknowledging Te Tiriti O Waitangi (TTOW). Enacting TTOW within all its work, recognising Māori and supporting Māori in their aspirations is explicit. The document provides guidance for staff on culturally appropriate care, and references the principles of partnership, participation and protection, and holistic concepts of health (pae ora).</p> <p>Staff, managers and the owner have completed education related to the provision of culturally appropriate care. Residents and whānau interviewed were satisfied their care needs (including cultural needs) were being met. There are residents and staff that identify as Māori. Whānau of residents identifying as Māori were interviewed and confirmed being satisfied the residents cultural needs were being met.</p> <p>The quality manager started in April 2022 and has held discussions</p> |

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|   |    | <p>with a representative at the local marae to support the management team, residents and whānau and staff as and when required to ensure the needs of Māori residents are met. Two conversations have been held to date with further meetings planned to occur in the near future. The quality manager has recently attended a two-day training programme on cultural safety and equity.</p> <p>Analysis has been undertaken of the local Kumeu population, ethnicity and age range to help plan for future resident needs.</p> <p>Policy states a commitment to employ staff representative of the ethnic groupings of residents to better meet their cultural needs and provide culturally safe services through greater understanding and respect of cultural preferences and differences. The owner stated there are challenges recruiting staff at the time of audit, so ensuring there are sufficient staff to provide safe service delivery is the current priority, rather than staff ethnicity. However, where there is opportunity and suitable applicants, consideration will be given to employing staff to reflect the ethnicity of current residents. There are currently staff employed that identify as Māori including at senior level.</p> |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | FA | <p>A number of policies and procedures are available to guide staff in the care of Pacific peoples. This references the Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and other documents that have been published. The provision of equitable services that are underpinned by the Pacific people's worldview policy notes 'to improve the health outcomes of Pasifika people, expert advice will be sought if not available from the resident and whānau'. Residents will be encouraged to participate in cultural activities in the community and community groups will be invited to share their culture and knowledge with the care home.</p> <p>Residents have the opportunity to identify individual spiritual, cultural and other needs as part of the care planning process. There are currently residents that identify as Pasifika. The management team advised the family/ whānau of any resident that identifies as Pasifika are consulted to ensure any individual needs and supports for the</p>   |

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|  |    | <p>resident are identified and met.</p> <p>Policy states an aim to employ staff representative of the residents. There are staff employed who identify as Pasifika, including at senior or management level.</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>All staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in Māori, English and sign language.</p> <p>There were residents and staff who identified as Māori. The clinical nurse manager (CNM), quality manager (QM) and registered nurses (RNs) reported that the service recognises Māori mana motuhake (self-determination) of residents, family/ whānau, or their representatives in its updated cultural safety policy. The assessment process includes the resident's wishes and support needs.</p> |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>  | FA | <p>Residents are supported in a way that is inclusive and respects their identity and experiences. Family/whānau and residents, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and 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.</p> <p>The CNM reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility in the hospital and rest</p>   |

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|  |    | <p>home wings. While residents in the memory support unit and vineyard villa have access to walk freely in the secure spacious garden area.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have an individual room, although some rooms can be used for the care of a 'couple' if required. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas and by knocking on the doors before entering.</p> <p>All staff have completed cultural training as part of orientation and annually. The CNM and QM reported that te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to 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> | FA | <p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents reported that their property and finances are respected. Professional boundaries are maintained. The CNM reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The CNM and GP stated that there have been no reported alleged</p> |



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|  |    | <p>episodes of abuse, neglect, or discrimination towards residents. There were no documented incidents of abuse or neglect in the records sampled.</p> <p>The Māori cultural policy in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for any Māori residents admitted to the service. This was further reiterated by the QM who reported that all outcomes are managed and documented in consultation with residents, enduring power of attorney, (EPOA)/whānau/family and Māori health organisations and practitioners.</p>  |
| <p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p> | FA | <p>Residents and whānau reported that communication was open and effective, and they felt listened too. EPOA/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services through Te Whatu Ora Health New Zealand - Waitematā if required. Staff can provide interpretation as and when needed and use family members as appropriate. The CNM reported that any non-subsidised residents who are admitted to the service are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> |

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|  |    | <p>The CNM reported that verbal and non-verbal communication cards, simple sign language, use of EPOA/whānau/family to translate and regular use of hearing aids by residents when required is encouraged.</p>   |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | FA | <p>Staff interviewed understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative signed on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Consent for residents in the memory assist unit and the vineyard villa (the villa) were signed by the residents' legal representatives. Resuscitation treatment plans were signed by residents who are competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent. The CNM reported that the GP discusses the resuscitation treatment plan with the resident, where applicable, or with the resident's family/whānau as verified in interviews with residents, their family/whānau and the GP. Staff were observed to gain consent for daily cares.</p> <p>Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person is involved for example family/whānau, with the resident's consent. Information about the nominated residents' representative of choice, next of kin, or enduring power of attorney (EPOA) is provided on admission. Residents in the memory assist unit and the villa had activated EPOAs in their files. Communication records verified inclusion of support people where applicable. The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent.</p> |

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| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | FA | <p>A fair, transparent and equitable complaint management system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and Whānau understood their right to make a complaint and knew how to do so. They informed they feel free and comfortable about raising any issue of concern.</p> <p>There have been 18 complaints received in 2022 to date. Documentation showed the five sampled complaints have been acknowledged, investigated, and followed up in a timely manner with one exception which is noted below. There were no open complaints at audit. Four complaints have been received via the Health and Disability Commissioner's (HDC) or independent advocacy service since the last audit. The information requested by the HDC has been provided. One of these complaints was also sent to Te Whatu Ora – Health New Zealand Waitematā and the progress in addressing the issues raised was followed up during audit. Aspects related to pressure injury management / wound care are still areas requiring improvement and this is raised in 3.2.5.</p> <p>The quality manager is responsible for complaints management. There were residents that identify as Māori. In the event of a complaint from a Māori resident or whānau member, the service will ask how the resident/ whānau wanted the complaint investigation and follow up process to occur and would seek the assistance of a te reo Māori interpreter if this is required or an external Māori Health service if applicable. The quality manager advised the care home is considering translating the complaints form into te reo Māori.</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>  | FA | <p>Kumeu Village provides aged related residential care (ARRC) at hospital, rest home and secure dementia/memory assist level of care. Kumeu Village has two directors with one working in the service and</p>  |

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| <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>the other a ‘silent partner’. They have owned the care home since before it opened and has over 25 years in the ARRC sector having opened seven different facilities in this time. In addition to Kumeu Village, the owner has two other care homes in Auckland that provide secure dementia level care. The owner comes on site most days and is available via phone, text or email when not on site.</p> <p>The owner is responsible for strategic direction, redevelopment and reconfiguration of services, building design or renovation and financial oversight. The clinical nurse manager (CNM) is appropriately experienced and is responsible for ensuring the day-to-day care needs of the residents are being met. The CNM has a current annual practising certificate, appropriate aged related residential care (ARRC) experience, interRAI competency and has been in the role since before the facility opened. The CNM has attended over eight hours of education in the past year. The CNM is supported by the registered nurses, the quality manager (employed in March 2022), the quality and compliance manager (contracted April 2022), the director human resources, marketing and information technology (employed approximately 18 months), the kitchen manager, the administration manager and the lifestyle engagement manager. The CNM is assisted by the other members of the management team in relation to quality and risk, staffing, human resources, health and safety and staffing training. A new role (resident relationship manager) has recently been created to enhance communication processes with residents and their family / whānau. These roles work across the three ARRC facilities currently owned by the Kumeu Village owner.</p> <p>Kumeu Village operates using the Eden Alternative Principals of care. The service has achieved eight of the 10 principals and is working towards achieving the final two principals. Process has been delayed due to the impact of Covid 19 and staffing challenges. The Eden Alternative Principals have been linked with the Te Tiriti o Waitangi principals in an easy to reference poster located on the wall throughout the care home.</p> |
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|  |  | <p>Policies and procedures have been developed with current references including those related to equity and outcomes for Māori. The quality manager is working with a representative at the local marae to develop ongoing processes for advice and support in the event this is needed, and to ensure appropriate services are provided to Māori and their whānau (refer to 1.1). There have been no concerns raised about the cultural appropriateness of care provided to residents including those that identify as Māori.</p> <p>The owner interviewed has attended training on Te Tiriti, equity, and cultural safety. Improving outcomes and achieving equity for Māori have not been evaluated as yet. The owner advised being unaware of any barriers for Māori residents to access services. However, will review information from the cultural training programme the quality manager has recently completed.</p> <p>The owner and CNM confirmed a continuing commitment to ensure that the residents receiving services and their whānau continue to actively participate in all aspects of planning, implementation, monitoring, and evaluation of their individualised services/care. This includes reviewing services for tāngata whaikaha via the care planning and review process and environment audits.</p> <p>The owner of Kumeu Village assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> <li>• defining a governance and leadership structure, including clinical governance, that is appropriate to the size and complexity of the organisation</li> <li>• appointing an experienced and suitably qualified person to manage the services</li> <li>• identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals</li> </ul> |
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|  |  | <ul style="list-style-type: none"> <li>demonstrating leadership and commitment to quality and risk management</li> </ul> <p>The CNM and the owner confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency within their fields and have contracted the quality and compliance manager who has extensive experience in the sector to assist.</p> <p>The service has Aged Related Residential Care (ARRC) contracts with Te Whatu Ora – Health New Zealand Waitematā for hospital level, rest home level, and secure dementia level of care as well as long-term care chronic health conditions (LTC-CHC) and primary options acute care (POAC). There is also a contract with Accident Compensation Corporation (ACC). On the days of audit there are 82 residents receiving care. This included 31 residents receiving ARRC secure dementia level care, two at rest home level of care and the remaining 49 at hospital level care. One of the hospital level care residents is under the age of 65 years of age, two are receiving long term care funded by ACC, one resident is receiving short term care funded by ACC, and one resident was receiving hospital level care services under the POAC contract.</p> <p>As part of the risk management strategy, the owner has applied to Te Whatu Ora – Health New Zealand Waitematā to reconfigure the current beds. There are currently 101 certified beds, including 36 beds for resident's requiring dementia/memory assist level care (located in the villa and memory assist unit), 63 dual purpose beds for the provision of rest home and hospital level care including 10 rooms that can have two residents (couples) up to a maximum of 101 residents. The dual-purpose beds are grouped into four households called Kiwi, Fantail, Tui and Tuatara.</p> <p>The owner is currently building two palliative care suites in the building area previously used for the pool, gymnasium and office area. These are under construction and were not included in this audit. An application has also been made to the funder and</p> |
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|  |    | HealthCert to reconfigure 24 dual purpose beds and create these into a 20 long term bed secure dementia service for men only, plus a respite care bed and a day care area. The overall plan is to have 58 dementia/memory assist level of care beds and 42 dual purpose (hospital and rest home) level care beds. This is in the early stages of planning and changes were not included in this audit.  |
| <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> | FA | <p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints, internal and external audit activities, resident and family/whānau satisfaction surveys, monitoring of resident outcomes, policies and procedures, health and safety reviews and clinical and non-clinical incident management. The quality manager is responsible for implementation of the quality and risk system with the assistance of the CNM, quality and compliance manager and other members of the management team. The quality goals are documented and progress to achieve these monitored over time. In addition, a range of indicators are monitored monthly via the clinical governance report. Indicators are grouped in clinical, financial, staff and operational indicators with targets noted. The current indicator data is compared with the preceding three months (average) and for the previous year. The CNM advised this data is used to help direct quality improvement initiatives, staff education and evaluate key aspects of care.</p> <p>A resident/relative satisfaction survey was undertaken in May 2022 with residents and relatives being offered the opportunity of providing feedback. While there was satisfaction with many aspects of service, communication and missing clothes related to laundry processes were a concern to some respondents. Actions have been put in place. This includes the establishment of the resident relationship manager role, with an appointment to this role in October 2022.</p> |

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|  |  | <p>Resident meetings have not occurred in 2022 due to Covid 19. The management team advised residents and whānau can provide feedback at any time to any of them.</p> <p>There are a range of internal audits, which are undertaken using template audit forms. Due to circumstances, not all planned audits have been completed in 2022; however, those related to resident safety and services have been prioritised and completed. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>Organisational policies, procedures and associated documentation reviewed covered all necessary aspects of the service and contractual requirements. These have been developed by an external consultant and updated to meet the Ngā Paerewa standards. These documents have been reviewed since April 2022 and localised to reflect Kumeu Village needs by the quality and compliance manager where applicable. Policies are available for staff electronically. One paper copy of all policy manuals was held in the main office area.</p> <p>Health and safety systems are being implemented according to the health and safety policy. This is overseen by the enrolled nurse who is also the health and safety (H&amp;S) officer. The H&amp;S officer provides orientation to all staff on H&amp;S.</p> <p>Organisation business risks are identified, and mitigation strategies implemented for aspects within the owner's control. Kumeu Village has not yet included potential inequities in the organisational risk management and review processes. A process will be implemented for this.</p> <p>Staff are advised of quality and risk information via staff meetings,</p> |
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|   |                        | <p>shift handover discussions, the communication book, electronic notifications and notices on the staff notice board. Staff confirmed they are informed of relevant information including incidents and accidents, infections, training topics, hazards, system and process changes and new and amended policy or procedures. There is not yet a critical analysis of organisational practices at the service/operations level aimed to improve health equity within Kumeu Village.</p> <p>Staff document adverse and near miss events. The service complies with the National Adverse Event Reporting Policy. A sample of incidents/accidents recorded in the electronic system were reviewed and showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner with the exception of two sampled events that related to residents with a pressure injury. This is included in the area for improvement raised in 3.2.5 and links with 1.8.</p> <p>The quality manager is responsible for oversight of the incident management process. The CNM is responsible for essential notification reporting requirements and can detail the type of events that must be reported and to whom. The events notified included three Covid-19 clusters/outbreak, a gastroenteritis outbreak and the RN shortage with the service unable to roster a RN on duty at night time since mid-July 2022. A meeting was reported to be held with Te Whatu Ora – Health New Zealand Waitematā portfolio manager and some contingency plans put in place (refer to 2.3.1).</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.<br/>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved</p> | <p>PA<br/>Moderate</p> | <p>There is a policy and process for determining staffing and skill mix. There is a national health workforce shortage and this has had an impact at Kumeu Village. Despite comprehensive measures, delays in the recruitment of registered nurses have resulted in the service not having a registered nurse on duty overnight in variance to ARRC</p>  |

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| <p>through the use of health equity and quality improvement tools.<br/>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>contract requirements. Instead, the CNM is on call and the care partners working at night were given additional training. Records verifying the night shift care partners have completed the associated additional competencies were not available. These are two areas requiring improvement.</p> <p>There is an education programme in place that is relevant to the service setting and ARRC contract requirements. Staff are provided with relevant ongoing training applicable to their role and records of attendance are maintained. There is at least one staff member (usually more) on duty at all times with a current first aid certificate.</p> <p>Ten staff working at Kumeu Village have an industry approved qualification in dementia care. This includes five out of the 20 staff currently working within the memory assist unit and the Villa. Another eight staff have been enrolled and enrolment applications are in the process of being completed for another four staff. The management team are aware of the need to ensure staff working in these two units complete an industry approved qualification within 18 months of employment and are working towards this.</p> <p>The members of the management team work within all three care homes in this group. The CNM advised with the recent recruitment of a registered nurse and house manager who is responsible for the day-to-day services in the other two care homes, the CNM and QM are reverting to a more supportive/advisory role.</p> <p>Staff have been provided with training on Te Tiriti and cultural safety. Work has commenced to develop the competencies of healthcare and support workers to meet the needs of people equitably, to include high quality Māori health information in the education programme provided and invest in the development of staff health equity expertise. Information is being sourced from published peer review journals to help inform staff training activities. The registered</p> |
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|  |    | <p>nurses and management team have completed a cultural competency, and this process is being rolled out to all care partners and other staff.</p> <p>There are a range of activities being undertaken to support staff wellbeing. This includes team building activities, the staff indoor netball team and a new water cooler has been purchased. A new cafeteria area is being built and electrolyte supplements have been purchased to help staff stay hydrated over summer.</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>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. These included comprehensive and applicable position descriptions and current employment contracts. Records of professional qualifications for employed and contracted registered health professionals are on file and annual practising certificates (APC's) are checked for currency each year. Police vetting is occurring.</p> <p>Orientation and induction programmes are implemented, and staff confirmed their usefulness and applicability and felt well supported. New care staff have up to five days (depending on their past experience), where they are allocated to work with a senior staff member working in the household the new staff member is expected to work in. This helps the new employee learn the household activities, and to be introduced to the residents and their care needs. Designated time is given on the first day for induction with the health and safety officer and other managers. Key information related to the facility, policies, quality and risk programme, human resource topics, emergency response, security and information on Kumeu Village and the Eden Alternative Principals are discussed. The management team advised additional orientation time is provided if required. A</p> |

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|   |    | <p>generic and role specific workbook is completed.</p> <p>Staff performance is reviewed and discussed annually with records reviewed confirming this is occurring. Ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements and kept securely.</p> <p>Staff advised they have been provided with good support in relation to the national Covid-19 pandemic and impacts within the care home and local community.</p>  |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p> | FA | <p>Residents' files and the information associated with residents and staff are retained in electronic and hard copies. Staff have their own logins and passwords. There are security and backup processes in place for electronic information related to the running of Kumeu Village. Backup database systems for the clinical records, InterRAI assessments and medicine management system are held by the software provider. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, and timely including staff signatures, designation, and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p> <p>Kumeu Village is not responsible for National Health Index registration of people receiving services.</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</p>  | FA | <p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice, where appropriate, local</p>   |

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| <p>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>communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home, hospital, and dementia level of care were in place. Residents assessed as requiring dementia level of care were admitted with consent from EPOAs and documents sighted verified that EPOAs consented to referral and specialist services. Evidence of specialist referral to the service was sighted.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. Family/whānau were updated where there was a delay to entry to service. This was observed on the days of the audit and in inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The CNM reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is being implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>   | <p>PA<br/>Moderate</p> | <p>The service uses assessment tools that included consideration of residents' lived experiences, cultural needs, values, and beliefs.</p>   |

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| <p>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>Residents' care is undertaken by appropriately trained and skilled staff that include the nursing team and care staff. The exceptions are noted in 2.3.1 and 2.3.4. Staff has been trained in pain and pressure injury management, clinical reasoning, repositioning, food/fluid, and weight monitoring. Cultural assessments were completed by the nursing team who have completed appropriate cultural training.</p> <p>Twenty-four-hour behaviour management strategies for residents in the memory assist unit and the villa were completed and regularly reviewed to reflect residents' changing needs. These strategies were documented on the electronic record management system.</p> <p>All residents reviewed had assessments completed including behaviour, fall risk, nutritional requirements, continence, skin, cultural, and pressure injury assessments. The GP visits the service four times a week and is available on call when required. Medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed and interview conducted with the GP. Residents' medical admission and reviews were completed. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The CNM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes the GP, registered nurses, care staff, physiotherapist (PT) when required, podiatrist, and other members of the allied health team, residents, and family/ whānau.</p> |
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|  |  | <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the nursing team as evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes. A range of equipment and resources were available, such as air mattresses, hoists, and hospital beds, suited to the levels of care provided and the residents' needs. The CNM reported that a register for air mattresses and airbeds was in place. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The cultural policy in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the cultural policy. Any barriers that prevent tangata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. This includes residents with a disability. The staff confirmed they understood the process to support residents and whānau.</p> <p>There were 55 overdue interRAI assessments with timeframes ranging from 8-194 days. Long term, activities care plans and residents' dietary profiles were not being evaluated following completion of interRAI assessments. Long-term care plans were not sufficiently detailed to address identified resident care needs. Two residents with pressure injuries did not have documented evidence of timely evaluations and follow up.</p> <p>Two out of three sampled residents with restraint in use did not have sufficient detail in their long-term care plans related to this.</p> |
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| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | FA | <p>Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by two diversional therapists (DTs) and two life enhancement staff. The activities cover the memory assist unit, the vineyard villa, hospital and rest home level of care residents. The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These were completed within two weeks of admission in consultation with the family and residents. A monthly planner is developed, and each resident is given a copy of the planner that include a monthly birthday list. Daily activities were noted on the white board to remind residents and staff.</p> <p>The activity programme is formulated by the life enhancement team in consultation with the management team, registered nurses, EPOAs, residents, and care partners. The activities are varied and appropriate for people assessed as requiring rest-home, hospital, and dementia/memory assist level of care. Twenty-four-hour behaviour management plans reflected residents' preferred activities of choice and are evaluated every six months or as necessary. Activity care plans were not being evaluated in conjunction with interRAI assessments (refer to 3.2.5). Activity progress notes and activity attendance checklists were written daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. There are regular outings/drives, for all residents (as appropriate) however, there were limitations during Covid-19 lockdowns.</p> <p>The Eden Alternative Philosophy continues to be incorporated into all services focus on life enhancement in totality including a strong focus on animal interaction, health, fitness, and overall wellbeing. The service has well maintained secure outside areas for residents to walk around and gives them a chance to feed and pat the animals.</p> |
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|   |                        | <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals and Māori language week.</p> <p>EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</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>PA<br/>Moderate</p> | <p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. A safe system for medicine management (an electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required.</p> <p>The RN was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards. There were no vaccines stored onsite.</p> |

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|  |    | <p>There were residents self-administering medicines. Appropriate processes were in place to ensure this was managed in a safe manner. The CNM reported that despite having the electronic medication management system the service had current standing orders in use and these were being reviewed annually. The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. This was reiterated by the nursing team and GP in interviews conducted.</p> <p>An improvement around documenting effectiveness of PRN medication is required.</p>   |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | FA | <p>The kitchen service complies with current food safety legislation and guidelines. All food and baking is prepared and cooked on site. The food is prepared on site by the kitchen manager, three chefs and is in line with recognised nutritional guidelines for older people. There was an approved food control plan which expires on 8 February 2024. The menu was reviewed by a registered dietitian on 17 April 2021. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. However, ongoing review of nutritional plans were not being evaluated in a timely manner (refer to 3.2.5). All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and stocked.</p> |

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|   |    | <p>Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained, and these are recorded on the electronic management system. All decanted food had records of use by dates recorded on the containers and no expired items were sighted.</p> <p>EPOA/whānau/family and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori also, 'boil ups', hangi, and pork were included on the menu, and these are offered to Māori residents when required.</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>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The CNM reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan will be developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent GP, a written request is required for the file to be transferred.</p> |

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|  |    | <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and EPOA/family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</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> | FA | <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. The preventative maintenance programme ensures the interior and exterior of the facility are maintained, and all equipment is maintained, serviced and safe. The planned maintenance schedule includes residual current device (RCD) monitoring, resident equipment checks, calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for a rotating sample of resident areas. These were sighted and all temperatures were within normal limits. There is a lift that goes between the Villa and the main hospital/rest home floor. This is linked to the security system and requires fob access/or pin code to use. The facility vehicle has a current registration, warrant of fitness and has a hoist that is reported to be serviced.</p> <p>The environment in the care home and the Villa is comfortable and accessible, promoting independence and safe mobility. The memory assist unit and the Villa was secure with 'fob' entry or passcode into the building. In the Villa, residents have a wrist band that allows them into their own bedroom. Staff can access all rooms. The bedroom doors open easily by residents from the inside. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups, smaller spaces for resident/family/whānau engagement were available in both buildings. Each area has open plan lounge and dining facilities which are also used for activities.</p> |

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|  |  | <p>Furniture or a partial wall is used to create smaller spaces within the bigger lounge and dining rooms.</p> <p>No concerns have been raised about the cultural appropriateness of the previous or current care home facilities. A process to access cultural advice for the proposed renovations and reconfiguring of services has yet to occur.</p> <p>External areas are planted and landscaped with appropriate seating and shade. The internal courtyard in the memory assist unit and the farmyard and garden area in the Villa is secure. Staff are employed to care for the farmyard pets currently including pigs, rabbits and goats.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the care facility and rooms in the hospital and rest home households have an ensuite toilet between two bedrooms. There are separate toilet facilities for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells or can connect to sensor mats / motion sensing equipment.</p> <p>Residents' rooms are spacious and allow room for the use of mobility aids and moving and handling equipment. Rooms are personalised according to the resident's preference. All rooms have an external window which can be opened for ventilation and/or doors that open to the outside. There is appropriate ventilation and heating throughout the facility.</p> <p>Corridors are wide enough for the safe use of mobility aids and there are handrails in place in the care facility. Residents were observed moving freely with mobility aids around the care facility during the audit.</p> <p>Residents and family/whānau were happy with the environment,</p> |
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|   |        | including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.   |
| <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> | PA Low | <p>Plans and policies are in place for civil defence emergencies and described procedures to follow. Adequate supplies for use in the event of a civil emergency meet the National Emergency Management Agency recommendations for the region. There is a generator on site and this is tested monthly. Staff have been provided with training on what to do in an emergency. Water tanks on site are linked to town supply. Two water tanks are designated for the fire safety systems.</p> <p>The fire evacuation plan (EV-2018-348599-02) was approved by Fire and Emergency New Zealand on 25 June 2018. Fire evacuation drills occur six monthly, with the most recent fire drill on 8 August 2022. However, no records are retained to identify the names of staff present at each drill and whether all staff have completed fire evacuation training annually. This is included in the area for improvement raised in 2.3.4. The management team note the doors in the memory assist unit and the Villa are unlocked in the event of the fire alarm activating. A register is maintained by the administrator of all current residents and their location.</p> <p>Appropriate security arrangements are in place. This includes security cameras in use in external and public areas. Cameras are also present inside the bedrooms in the Villa but are only 'live' at the EPOAs request. There is external signage that alerts visitors that cameras are in use. Archived images are only accessible by designated managers. Staff described the security processes and checks undertaken. These are appropriate to the service setting.</p> |

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|  |    | <p>There are appropriate call bells systems in place that includes the use of motion sensor devices. These light outside the applicable room and alert to central ceiling panels. The call bells ring within each unit (e.g., the Villa, memory assist unit or the hospital/rest home area), however the emergency bells is reported to alert across the facility.</p> <p>Residents and whānau are informed of relevant security and emergency arrangements.</p>  |
| <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 Infection prevention (IP) and antimicrobial stewardship (AMS) programmes are led by the clinical nurse manager. Infection prevention and control and antimicrobial stewardship policies and procedures have been recently reviewed, are appropriate for Kumeu Village and the owner confirmed have been endorsed by them. The IP programme and policies and procedures link to the quality improvement system and are reviewed and reported regularly. Details of the inclusion of infection prevention within the infection surveillance and clinical outcomes reports are noted within the quality and risk programme This includes reports on significant infection events.</p> <p>Expertise and advice are sought from the general practitioner, Te Whatu Ora Waitematā infection control team and experts from the local public health unit as and when required. The owner attends the management team meetings where infection control issues are discussed.</p> <p>A pandemic/infectious diseases response plan is documented and has been tested with the recent Covid-19 outbreaks and Norovirus outbreak, with advice provided by the public health service implemented. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> |

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| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | FA | <p>The CNM oversees and coordinates the implementation of the (IPC) programme. Infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The CNM has completed external education on infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents. There is a defined and documented IPC programme implemented that was developed with input from external IPC services. The IPC programme was approved by the quality and compliance manager and is linked to the quality improvement programme. The IPC programme was current. IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient IPC resources including personal protective equipment (PPE) were available on the days of the audit. IPC resources were readily accessible to support the pandemic response plan if required. The infection control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> |



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|   |    | <p>The infection control coordinator liaises with the quality compliance manager and quality manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Te What Ora- Health New Zealand. CNM stated that the infection control coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body. These are some of the culturally safe practices in IP observed, and thus acknowledge the spirit of Te Tiriti. The CNM reported that residents who identify as Māori will be consulted on IP requirements as needed. In interviews, staff understood these requirements.</p> <p>The service is working towards sourcing educational resources in te reo Māori.</p> |
| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p> | FA | <p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance</p>  |

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| <p>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>   |    | <p>and expertise. The AMS programme was approved by the quality compliance manager. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The annual IP and AMS review and the infection control and hand washing audit include the antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects.</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 surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | FA | <p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Work is in progress to include ethnicity data in surveillance records.</p> <p>Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other sister similar facilities.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/ whānau. There were four infection outbreaks</p> |

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|  |    | reported since the previous audit. These were managed appropriately with appropriate notification completed.  |
| <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> | FA | <p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There are designated cleaners (housekeepers). Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The housekeepers have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits. These did not reveal any significant issues.</p> <p>Personal laundry and bed linen is washed off-site or by family members or residents if requested while personal laundry from the villa is washed onsite. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the resident in named baskets. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All care partners have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The care partners and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident interviews confirmed satisfaction with cleaning and laundry processes.</p> |

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| <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>The owner has signed a policy statement on 20 April 2022 that Kumeu Village 'governance, management team and the medical practitioner have made a commitment to ensure elimination of restraint is encouraged and monitored and safety for resident's is always promoted'.</p> <p>The quality manager is the restraint coordinator. The owner advised being consulted about the use of restraint for any resident and in the event restraint is used, the least restrictive method is utilised.</p> <p>According to the restraint register and the quality manager/restraint coordinator, there were five residents with restraints in use. Two residents are using a T belt , two residents using bed rails as a restraint and one resident has environmental restraint in use at the time of audit. Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff receive ongoing training in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, following appropriate assessments. While some aspects related to restraint is being monitored, there is limited analysis of progress towards eliminating the use of restraint and trends over time. Documentation reviewed confirmed whānau/EPOA were involved in decision making, along with the general practitioner.</p> |
| <p>Subsection 6.2: Safe restraint</p>  | PA | <p>The CNM and the quality manager/restraint coordinator informed that any restraint use is a last resort after alternatives have been</p>   |

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| <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p> | <p>Moderate</p> | <p>explored. Examples of alternatives tried were discussed and these are noted in the individual resident pre restraint use assessment process. This assessment is initially undertaken by a registered nurse, or the CNM and discussed with the QM/restraint coordinator. The process includes a GP review and assessment. Whānau/EPOA are involved, and the assessment form and consent forms completed.</p> <p>The electronic record of three residents with restraint in use was reviewed at audit. Two of the three sampled residents did not have sufficient information on the use of restraint in their care plan. This is included in the area for improvement raised in 3.2.5. Despite this staff caring for the residents could detail the requirements as these had been communicated to them via other methods. Residents are required to be monitored at least two hourly. This is not consistently documented as occurring in the sampled records and is an area requiring improvement.</p> <p>The restraint committee reviews all residents with restraints in use, and the type of restraint on a monthly basis with consideration of why it is being used and is it still necessary. Ongoing reviews of restraint are also to be included in the six monthly interRAI re assessments and the six-monthly care plan reviews, or when a person's condition changes. InterRAI assessments are overdue including a sampled resident with restraints in use (refer to 3.2.5 for the number of overdue InterRAI assessments)</p> <p>Access to advocacy is facilitated as necessary, which is usually a family member. A restraint register contains enough information to provide an auditable record and is reviewed monthly.</p> <p>There has not been any emergency restraint in use and person centred debrief therefore not required. Processes are in place if required.</p> |
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| <p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p> | PA Low | <p>The use of restraint is reviewed for applicable residents on a monthly basis. A six-monthly quality review of restraint programme is detailed in policy. This has not occurred. The current review process does not explicitly include adverse outcomes / incidents and restraint use trends.</p> |

## Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome   | Attainment Rating         | Audit Evidence   | Audit Finding  | Corrective action required and timeframe for completion (days)                 |
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| <p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p> | <p>PA</p> <p>Moderate</p> | <p>There is a documented process for determining staffing levels and skill mixes to provide clinically safe care, 24 hours a day, seven days a week (24/7). A cultural competency assessment, that includes equity as a topic has been developed and is being completed by staff.</p> <p>Rosters are adjusted in response to resident numbers and level of care required and when residents' needs change. The CNM and quality manager (who is also a RN) work weekdays and are on call when not on site. There is usually two other RN's or an RN and an enrolled nurse (EN) on duty on morning and afternoon shifts. On the occasions where this cannot occur, there is one RN and an additional senior care partner (with</p> | <p>There is not a registered nurse on duty at all times as required to meet the providers agreed related residential care contract, and this has been the situation since mid-July 2022 when there is not a registered nurse on duty at night. Instead, the clinical nurse manager is on call.</p> | <p>Ensure there is a registered nurse on duty at all times.</p> <p>90 days</p> |

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|  |  | <p>medicine competency) on duty instead. Due to RN vacancies, there is not a registered nurse on duty on site at night. This has been the case for episodes in June 2022 and consistently since mid-July 2022. Care partners working at night have been provided with additional training by the CNM on topics including pain assessment, wound assessment, and neurological monitoring. However, not all staff have completed the written competency requirements. This is included in the area for improvement raised in 2.3.4.</p> <p>In the event of unplanned care partners absences effort is made to obtain an alternative staff member. This has occurred in the sampled rosters with rare exception.</p> <p>There is currently a minimum of six care partners on duty at night and the CNM is on call.</p> <p>The management team noted there have been recruitment challenges, and recruitment for RN and care partner roles is an ongoing continuous process. There are currently two RN full time equivalent roles vacant; however, two RNs have been recruited and will commence in February 2023. A senior RN is currently on long term leave.</p> <p>Staff are rostered to work in designated</p> |  |  |
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|   |                           | <p>households/areas for continuity of care.</p> <p>There are designated staff allocated for catering with the kitchen manager and three cooks sharing the responsibilities over the week, two diversional therapists and two life enhancement team members (working 149 hours over all services including on the weekend), maintenance/facility management (one full time equivalent), a part time gardener, and sufficient housekeeping staff (cleaning and laundry services). All laundry is washed and processed off site with the exception of the Villa, where residents personal linen is washed by the care partners. The housekeeping staff oversee the transition points. Two animal carers are responsible for ensuring the pets and farm animals are cared for over the week including weekends.</p> <p>There are 21 staff with a current first aid certificate including the registered nurses. There is always at least one staff member on duty with a current first aid certificate. Applicable staff have completed medicine competency requirements.</p> |   |  |
| <p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and</p> | <p>PA</p> <p>Moderate</p> | <p>Education is planned and provided to staff and records of attendance or completion are maintained. Much of the education is eLearning based, however in person</p>   | <p>Only two of the care partners that normally work at night have evidence they have completed the additional training and competency</p> | <p>Ensure all applicable care partners have completed the additional training and competency programme</p> |

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| record ongoing learning and development for health care and support workers so that they can provide high-quality safe services. |    | <p>sessions are held for staff that don't have access to technology or have challenges learning via this route or where there is a practical component to the training. The topics planned are designed to meet contractual requirements, to assist staff gaining an industry approved qualification and to meet these standards. Multiple topics are covered within a three-month period. The lifestyle engagement manager, the quality manager and the director human resources advised the education programme will be reviewed and streamlined for 2023.</p> <p>While training is occurring and this includes six monthly fire drills, there are no records maintained of the staff who attended these fire drills or who have completed annual fire evacuation/safety training. The need for all staff to complete annual fire safety training is noted in the mandatory training programme sighted. This is raised as an area for improvement in 4.2.3.</p> <p>Care partners working at night have been provided with additional one on one training by the CNM on topics including wound management, assessment and neurological monitoring post resident fall and pain assessment and management. However, only two of the applicable care partners have completed the written/theory components.</p> | <p>assessment requirements for when the RN is not on site but rather on call.</p> <p>Records are not available to verify that all staff have completed fire safety/evacuation training in the past 12 months.</p> | <p>for when they are working without a RN on site.</p> <p>Ensure all staff attend fire safety/evacuation training annually and records are retained to verify this.</p> <p>90 days</p> |
| Criterion 3.2.5  | PA | All 10 residents' files sampled identified that initial assessments and initial care  | (i) Ten interRAI assessments were overdue for review with overdue   | (i) Ensure all interRAI assessments are  |

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| <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p> | <p>Moderate</p> | <p>plans were resident centred, and these were completed on admission. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. The long-term care plans sampled reflected identified residents' strengths, goals, and aspirations aligned with their values and beliefs documented. Evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations.</p> <p>There were 55 residents with overdue interRAI assessments with overdue periods ranging from 8 to 194 days. Long term, activities care plans and dietary profiles were not reviewed following completion of interRAI assessments. Long-term care plans were not sufficiently detailed to address identified resident care needs. Two residents with pressure injuries did not have documented evidence of timely evaluations and follow up. The CNM reported that this was due to shortage of interRAI trained registered nurses at the service and only three RNs out of five were interRAI trained. The CNM reported that the service was actively working towards completing all overdue interRAI assessments. Resident, family/whānau/EPOA, and GP involvement is encouraged. Not completing all required assessments, had a potential of not managing residents' identified needs as required.</p> | <p>times frames ranging from 8 to 194 days.</p> <p>(ii) Not all long term, activities care plans and dietary profiles were reviewed following interRAI assessments or were not sufficiently detailed to address identified resident care needs, including the use of restraint.</p> <p>(iii) Two out of two residents with pressure injuries did not have documented evidence of timely evaluation occurring and follow up.</p> | <p>completed as per policy and Te Whatu Ora - Waitematā contractual requirements.</p> <p>(ii) Ensure all care plans and dietary profiles are completed in a timely manner and care plans have sufficient detail to address all residents' individual care needs including restraint.</p> <p>(iii) Ensure residents with pressure injuries have documented evidence of timely intervention and evaluations.</p> <p>90 days</p> |
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|  |                | Two out of three residents with restraint in use did not have sufficient detail about the restraint use in their care plans. Despite this, care partners could detail the care these residents required as the information had been communicated verbally to them.   |  |   |
| <p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p> | PA<br>Moderate | <p>The GP completes three monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications, including, over the counter medications and supplements. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range.</p> <p>Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit. Outcomes of PRN medications were not being consistently documented. The area requiring improvement have the potential of not managing residents' medication in a safe and effective manner.</p> | Effectiveness of PRN medication outcomes were not consistently documented. | <p>Ensure the effectiveness of PRN medications is consistently documented.</p> <p>90 days</p> |
| Criterion 4.2.3  | PA Low         | While training is occurring and this includes six monthly fire drills, there are   | Records of attendance are not maintained to verify all staff have          | Ensure records are maintained to demonstrate  |

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| Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.              |                | no records maintained of the staff who attended these fire drills or who have completed annual fire evacuation/safety training. The need for all staff to complete annual fire safety training is noted in the mandatory training programme sighted. Records of attendance are not being maintained. This is linked to 2.3.4. Staff interviewed could describe the organisations security, emergency and fire safety processes. Staff are provided with training related to security. There is at least one staff member on duty at all times with a current first aid certificate. Refer to 2.3.1. | completed annual fire drill / fire safety training.  | all staff attend fire safety / evacuation training on an annual basis.<br><br>180 days  |
| Criterion 6.2.2<br>The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.                                    | PA<br>Moderate | Staff are required to document that a check of the resident with restraint in use is conducted at least every two hours or sooner if detailed in the resident's care plan. While there were staff documenting regular monitoring, there were gaps in the monitoring documentation in the three applicable resident files sampled.   | The use and release of restraint and monitoring of applicable residents when restraints are in use are not consistently documented in the sampled records.   | Ensure monitoring of residents occurs as detailed in the resident's care plan or at least two hourly and appropriate records maintained.<br><br>90 days   |
| Criterion 6.3.1<br>Service providers shall conduct comprehensive reviews at least six-monthly of all restraint practices used by the service, including:<br>(a) That a human rights-based approach underpins the review process; | PA Low         | Restraint use is discussed at the management meeting and the monthly restraint meeting. All restraint use is reviewed, including the resident, type of restraint and rationale, whether appropriate consent has been obtained and whether restraint is still indicated or there can be a 'trial removal'. The November 2022 restraint committee recommended trial removal for four  | The six-monthly quality review of restraint as detailed in policy has not occurred. The current review of restraint does not explicitly include adverse outcomes/incidents and restraint use trends over time. | Ensure the restraint review process ensures that any adverse events associated with the use of restraint are identified, and that restraint use trends are monitored over time.<br><br>180 days |

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| <p>(b) The extent of restraint, the types of restraint being used, and any trends;</p> <p>(c) Mitigating and managing the risk to people and health care and support workers;</p> <p>(d) Progress towards eliminating restraint and development of alternatives to using restraint;</p> <p>(e) Adverse outcomes;</p> <p>(f) Compliance with policies and procedures, and whether changes are required;</p> <p>(g) Whether the approved restraint is necessary; safe; of an appropriate duration; and in accordance with the person's and health care and support workers' feedback and current evidenced-based best practice;</p> <p>(h) If the person's care or support plans identified alternative techniques to restraint;</p> <p>(i) The person and whānau, perspectives are documented as part of the comprehensive review;</p> <p>(j) Consideration of the role of whānau at the onset and evaluation of restraint;</p> <p>(k) Data collection and analysis (including identifying changes to care</p> |  | <p>residents with bed rails or T belts in use. The management team advised this has been successful.</p> <p>The restraint policy includes a template for a quality review of restraint that is to be undertaken six monthly. This has not occurred. The restraint review process that is occurring does not explicitly include monitoring for adverse outcomes/incidents and restraint use trends over time.</p> |  |  |
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| or support plans and documenting and analysing learnings from each event);<br>(l) Service provider initiatives and approaches support a restraint-free environment;<br>(m) The outcome of the review is reported to the governance body. |  |  |  |  |
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# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.