

# Brujen Investment Trust - Kenderdine Park

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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:** Brujen Investment Trust

**Premises audited:** Kenderdine Park

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

**Dates of audit:** Start date: 13 December 2022 End date: 14 December 2022

**Proposed changes to current services (if any):** At time of audit the CEO/owner requested a rest home bedroom be certified as dual purpose.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 34



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

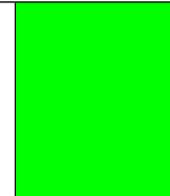
Kenderdine Park provides rest home and hospital level care for up to 35 residents. The service is operated by the Brujen Investment Trust. The facility is family owned, operated and managed by family members. Residents and families spoke very fondly about the care provided and Kenderdine Park.

This certification audit was conducted against the Nga Paerewa health and Disability Services Standards and the provider's contract with Te Whatu Ora (Counties Manakau). The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau, management, staff, Tikanga Kaiwhakahaere (Cultural advisor) and a general practitioner.

There were no areas requiring improvement identified at this audit. Strengths of the service, resulting in continuous improvement rating includes the environment and community engagement.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

Kenderdine Park provides Māori with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake. Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. Pacific people are provided with services that recognise their worldviews and are culturally safe.

Policies are in place to support residents' rights, communication, complaints management and protection from abuse. Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld.

Residents' personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment.

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

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if needed. Residents and family members are informed of the complaints process during admission, confirmed by residents and families during interview.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The Chief executive officer (CEO)/owner assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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 provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

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

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

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The entry to service process is efficiently managed. There is a paper-based system for entry to services. Residents are assessed before entry to the service to confirm their level of care. When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau.

The registered nurses (RN) are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised, based on comprehensive information and accommodate any new problems that may arise. Interventions are appropriate and evaluated by the RNs as per policy requirement.

The service provides planned activities that meet 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. Residents and family/ whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. The organisation uses an electronic system in prescribing, dispensing, and administration of medications. The general practitioner (GP) is responsible for all medication reviews. There are policies and procedures that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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Kenderdine Park meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

At the time of audit, the CEO/owner requested that a current rest home approved bedroom be approved as dual purpose. An assessment found that this bedroom is unsuitable to meet the requirements of a dual-purpose setting.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A suitably qualified clinical nurse manager leads the programme.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through education and training.

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

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

Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There was one resident using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. 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	29	0	0	0	0	0
Criteria	2	170	0	0	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Kenderdine Park has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Mana motuhake is respected. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. The CEO/owner interviewed confirmed that there was one resident out of six residents that ethnicity was recorded as Māori that identified as Māori and one staff member. The CEO/owner aims to employ staff representative of the residents and the community and Māori applying for job vacancies, would be employed if appropriate for the applied role.</p> <p>A Māori health plan has been developed incorporating the cornerstones of Te Whare Tapa Wha model along with input from a local Tikanga Kaiwhakahaere (Cultural Adviser) and is used for residents who identify as Māori.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Policies and procedures have been provided by the contracted quality consultant to guide staff in the care of Pacific peoples such as Fa'afaletui, Fonofale, Tivaevae, Kakala and Fonua models. Residents interviewed felt their worldview, cultural and spiritual beliefs were embraced. There are two residents and two staff that identify as Pasifika. The CEO/owner advised they will seek local Pasifika community support moving forward.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</p> <p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>The Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed in the dining room. The Code was available in English and Māori language. Advocacy leaflets are readily available and accessible in different languages.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service during the admission process and were provided with opportunities to discuss and clarify their rights. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>The service recognises Māori mana motuhake by utilising the cultural</p>

		<p>safety assessment and use of the Māori health care plan. Residents, family/whānau or their representative of choice were involved in the assessment process to determine residents' 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>	<p>FA</p>	<p>Residents and families confirmed they received services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices. Staff were observed to maintain privacy throughout the audit. Resident, family/whānau and staff interviews, and observation confirmed that privacy is respected: staff knock on bedroom and bathroom doors prior to entering, ensure that doors are shut when personal cares are being provided and residents are suitably dressed when taken to the bathroom. Interviews and observations also confirmed that staff maintain confidentiality and are discrete, holding conversations of a personal nature in private.</p> <p>Care plans included documentation related to the resident's abilities, and strategies to maximise independence. Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan. Staff described how they support residents to choose what they want to do. Residents stated they had choices and were supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. Staff were observed to use person-centred and respectful language with residents.</p> <p>A sexuality and intimacy policy are in place with training part of the education completed. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Resident's spiritual needs are identified, church services are held, and spiritual support is available. Residents and whānau confirmed that they receive services in a manner that</p>

		<p>has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Culturally appropriate activities have been introduced such as celebrating Waitangi Day and Matariki. Interviews with staff confirmed their understanding of the cultural needs of Māori, including in death and dying as well as the importance of involving family/whānau in the delivery of care. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. A tikanga and te reo resources are available on the education platform.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually.</p> <p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation. Residents confirmed that they are treated fairly.</p> <p>There are related policies for healthcare staff to maintain professional boundaries ensuring the finances of residents are protected within the scope of the service. Residents' property is labelled on admission.</p>

		<p>The clinical nurse manager (CNM) stated that any observed or reported racism, abuse or exploitation would be addressed promptly. Safeguards are in place to protect residents from abuse and revictimization; these include the complaints management processes, residents' meetings and satisfaction surveys.</p> <p>A strengths-based and holistic model of care using Te Whare Tapa Wha is utilised to ensure wellbeing outcomes for Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/family/whānau on admission. Three monthly resident meetings identify feedback from residents and consequent follow up by the service. Residents and family/whānau interviewed confirmed they know what is happening within the facility and felt informed regarding events/changes related to Covid-19 through emails.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. The accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with family/whānau. Residents and family members interviewed stated they were kept well informed about any changes to their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was also supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p>

		<p>Interpreter services are used where indicated. At the time of the audit, there were residents who did not speak English. Appropriate supports were in place. Staff have completed annual education related to communication with residents with a speech impairment and cognitive disabilities.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and public hospital (e.g., dietitian, speech and language therapist, geriatric nurse specialist, older adult mental health mental health and wound nurse specialist). The delivery of care includes a multidisciplinary team and residents/family/whānau provide consent and are communicated with regarding services involved.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Informed consent policies provide relevant guidance to staff. Residents and/or their legal representative are provided with the information necessary to make informed decisions. Best practice tikanga guidelines in relation to consent and the Code are used in obtaining consent. Informed consent forms are available in nine languages including Māori, Samoan, Tongan, Cook Island and Niuean.</p> <p>Registered nurses and health care assistants interviewed understood the principles and practice of informed consent. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented, as relevant, in the resident's record. Staff were observed to gain consent for day-to-day care.</p> <p>The service has resuscitation protocol policy in place. Resuscitation treatment plans and advance directives were available in residents' records. A medical decision was made by the general practitioner</p>

		<p>(GP) for resuscitation treatment plans for residents who were unable to provide consent in consultation with family/whānau and EPOAs.</p> <p>Residents confirmed being provided with information and being involved in making decisions about their care. The clinical nurse manager (CNM) reported that residents can be offered a support person through the advocacy services when required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that would lead to improvements. This meets the requirements of the Code.</p> <p>Residents interviewed understood their right to make a complaint and knew how to do so. They informed they felt free and comfortable about raising any issue of concern. There is a DVD available in Māori discussing complaints and the code of rights. Posters were observed throughout the facility informing residents of their code of rights in English, Māori and sign language.</p> <p>There have been two complaints since the previous audit that relate to care and staff speaking another language while caring for a resident. The register reviewed evidenced this and the process was discussed. The CEO/owner and facility manager take equal responsibility as complaint's officers.</p> <p>There has been one complaint received from the Health and Disability Commissioner (HDC) and Te Whatu Ora (Counties Manukau) in February 2022 relating to the same family and regarding care. Te Whatu Ora (Counties Manukau) closed out the complaint on the 4 March 2022 with no corrective actions required. Kenderdine Park is awaiting the outcome from the HDC.</p>

		<p>The complaints management system has not been reviewed to ensure this works effectively for Māori. The CEO/owner advised that the Tikanga Kaiwhakahaere (Cultural Advisor) would be invited/offered to support a resident and/or their whānau if requested.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Kenderdine Park provides aged related residential care at rest home and hospital level of care. The CEO/owner has owned the care home since it was built in 1995.</p> <p>The new facility manager (FM) commenced their role on the 3 March 2021. The prior facility manager of 14 years retired, and their last day was 6 May 2021. There is a new clinical nurse manager (CNM) who commenced their role on the 28 November 2022. The previous (CNM) resigned and left on the 5 September 2022. In the interim a registered nurse from Kenderdine Park Hospital took on this senior role. The facility manager reports to the CEO/owner and is responsible for the day to day running of the care home, human resource and business management.</p> <p>Members of the senior management team confirmed their knowledge of the sector, regulatory and reporting requirements and meet training requirements and education hours, The CEO/owner is an elected member of the National DHB Age Related Care Steering group.</p> <p>Policies and procedures have been provided by an external consultant. These documents reflect and have references that relate to equity and outcomes for Māori. Kenderdine Park residents and staff are supported by a Tikanga Kaiwhakahaere (Cultural Advisor) on a regular basis and is invited/offered to support a resident and/or their whānau if requested and provides staff training.</p> <p>There are five registered nurses and the clinical nurse manager who</p>

		<p>are interRAI trained.</p> <p>The CEO/owner, Facility manager, Activities co-ordinator/axillary, a senior Health care assistant and registered nurse have all completed external Te Tiriti and cultural safety training which has included equity. The Facility manager has also completed Foundations of Māori Health. The remaining staff have completed cultural safety in 2022.</p> <p>Improving outcomes and achieving equity for Māori and reviewing barriers for equitable access to services for Māori have not been evaluated.</p> <p>The CEO/owner (governing body) of Kenderdine Park 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>-identifying the purpose, value, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals.</li> <li>-demonstrating leadership and commitment to quality and risk management.</li> </ul> <p>The Facility manager reports to the CEO/owner (governing body) and is responsible for service provision. This person attends regular forums in the age care sector and ongoing education in management and the clinical care of older people.</p> <p>Kenderdine Park have introduced a Tikanga Kaiwhakahaere (Cultural</p>
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		<p>Advisor) on a regular basis and is invited/offered to support a resident and/or their whānau if requested and provides staff training. One of these staff training opportunities which is available to all staff is to enrol in Te Wananga o Aotearoa He Papa Tikanga Home based Learning programme of which five current staff are currently completing their level three and about to commence their level four papers. The Tikanga Kaiwhakahaere when interviewed confirmed that there is a noted 'a real change in the way that tikanga Māori has been implemented'. Staff interviewed advised that they really enjoyed the programme. The facility manager interviewed confirmed they will encourage and continue to support all staff to participate in this course.</p> <p>The service has Aged Related Residential care (ARRC) contracts with Te Whatu Ora (Counties Manukau) for rest home, hospital and respite level of care. Contracts include Aged Residential Care, Ministry of Health (MOH) Disability Support Services, Long term Support – Chronic Health Conditions – Residential, Community Residential Respite services and one individual contract supporting Mental health services. On the days of audit there was 13 residents receiving rest home level of care and 21 residents receiving hospital level of care. One of the thirteen (13) residents assessed as requiring rest home level of care had an individual contract. Two of the 13 residents requiring rest home level of care (aged 45 and 57) and one resident requiring hospital level of care (aged 64) were admitted under the Long-term Support – Chronic Health Conditions. There are no residents admitted as requiring respite care or admitted as boarders.</p> <p>The CEO/owner and facility manager confirmed a commitment that supports services for tangata whaikaha. The CEO/owner and facility manager have an open-door policy and are available to residents and families at any time.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Kenderdine Park has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections. Residents, whānau and staff contribute to quality improvement occurs through resident meetings, day to day communication and resident/whanau surveys.</p> <p>The resident satisfaction survey was completed on the 26 November 2022. Thirty-four (34) surveys were sent out to residents and five were returned. Hundred percent were happy overall, however two comments were made about missing laundry. Meeting minutes dated 7 December 2022 evidenced discussion around this topic and interventions now in place.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Progress against quality outcomes is evaluated. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>Health and safety systems are being implemented according to the health and safety policy and interviews with the health and safety representative and CEO/owner. The health and safety register were last reviewed in November 2022. The health and safety representative has recently completed health and safety training in December 2021.</p> <p>The CEO/owner and health and safety representative (activities co-ordinator/auxiliary staff member) described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Reports observed evidenced this.</p>
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		<p>Staff are advised of quality and risk information via the staff meetings, shift handover discussions and the communication book. Staff interviewed confirmed they are informed of relevant information including infection prevention and control, training topics, hazards, system and process changes and new and amended policy or procedures. While there is satisfaction with services provided there is not yet a critical analysis of organizational practices at the service/operations level aimed to improved health equity.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>There has been three section 31's. Two reports related to change in notification of senior staff and one related to a power outage on the 6 October 2022.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage for all residents. All senior health care assistants are medication competent.</p> <p>The CEO/owner (not included in the roster) works Monday to Friday alongside the facility manager, Monday to Friday 9.00am - 4.30pm. The clinical nurse manager works Monday to Friday 8.30am to 4.30pm and provides an on-call after-hours service.</p>

		<p>On a morning shift there is a registered nurse from 7.45am - 4.15pm, a senior health care assistant who works a nine hour shift Monday to Sunday</p> <p>(6am to 3pm) and works alongside four health care assistants. Two staff work 7.00am-3.00pm and one staff works an 8.00am- 4.00pm and 6.00am-11.00am.</p> <p>Supporting a registered nurse on an afternoon shift from 4.00pm - 12.15am are three senior caregivers who work 4.00pm-12.00am, 3.00pm-11.00pm and 4.30pm-8.30pm. On the night shift there is a registered nurse from 12.00am - 8.30am and one health care assistant from 12.00am - 8.00am.</p> <p>There is a domestic laundry/housekeeping staff member who works Monday to Sunday 8.30am thru to 3.00pm. A cook who works Monday – Sunday 8.00am - 5.00pm with the support of a kitchen hand staff member 4.15pm - 7.45pm.</p> <p>There is a supporting activities co-ordinator/auxiliary staff member who covers Monday to Friday 8.30 am to 4.00 pm and covers the role of health and safety representative.</p> <p>There are seven care staff who have attained level four qualifications, four staff with level three qualifications and two staff with equivalent qualifications. Regarding the longevity of staff, there are five staff who have been at Kenderdine Park Hospital for five years, 10 staff who have been employed between 13 and 20 years and five staff that have been employed between 22 and 26 years. The GP has supported Kenderdine Park for 22 years along with the podiatrist who has supported the service for 24 years.</p>
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		<p>Continuing education is planned on an annual basis including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the Te Whatu Ora (Counties Manukau). Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace. The facility manager has developed and presented to all staff a wellness resource which includes a local directory of help phone numbers for the young and older person, whanau, friends and specific issues. There is also a list of Māori health providers. The facility manager interviewed is committed to ensuring that all staff, residents and whanau have external resources available if required and continues to maintain an open-door policy.</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>	<p>FA</p>	<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. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs) where required. Orientation and induction programmes are fully utilised, and staff confirmed their usefulness and felt well supported. Staff performance is reviewed and discussed at regular intervals.</p> <p>Staff interviewed confirmed they felt well supported, especially in relation to the national COVID 19 pandemic and commented that Kenderdine Park provides a homely family environment of which they feel part of. Any incidents are discussed, and all staff are encouraged to contribute. If any incidents occurred these were discussed with all staff involved. Ethnicity data is recorded and used</p>

		in line with health information standards.
<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>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consent was obtained for the collection of health information for all residents. Residents' information was stored securely in the nurses' station behind locked doors. This includes InterRAI assessment information entered into an electronic database. Records were legible with the name and designation of the person making the entry identifiable. Archived records are held securely on-site and are readily retrievable.</p> <p>Kenderdine Park 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 between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Assessment confirming the appropriate level of care and NASC authorisation was held in files reviewed. Enquiries are managed by the facility manager with the support of the clinical team to assess suitability for entry.</p> <p>Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements.</p>

		<p>The entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Enquiry records are maintained. Work is in progress to implement routine analysis of entry and decline rates including specific rates for Māori. Support for Māori individuals and whānau can be accessed if required. The service has access to a Māori cultural advisor through community.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation. The initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate. Information is documented using validated nursing assessment tools such as pain scale, falls risk, skin integrity, and nutritional screening, to identify any deficits and to inform care planning.</p> <p>All residents have current interRAI assessments completed within three weeks of an admission by one of six trained interRAI assessors on site which included the clinical nurse manager. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, and the NASC assessments served as a basis for care planning. Residents' and family/whānau or enduring power of attorney (EPOA) where appropriate, were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>The care plans sampled reflected identified residents' strengths, goals</p>

	<p>and aspirations aligned with their values and beliefs documented. Care plans were person centred, developed with the residents and their legal representatives or family where appropriate and includes wellbeing, community participation, meeting physical needs and health needs of residents. Where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Any family/whānau goals and aspirations identified were addressed in the care plan.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. All staff, having read any changes to care plans, are required to sign alongside the change in acknowledgement. Any changes noted were reported to the RNs, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. Appropriate equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p> <p>Cultural guidelines are used to ensure tikanga and kaupapa Māori perspectives permeate the assessment process. The Māori health</p>
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		<p>care plan sampled for review included Māori healing methodologies, such as karakia, mirimiri and rongoā. Resident's preferred cultural customs, values and beliefs were included using Te Whare Tapa Wha model of care. The care planning process support residents who identify as Māori and whānau to identify their own pae ora. The staff confirmed they understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision is acknowledged in the Māori and Pacific people's policy and the CNM reported that these will be eliminated as required.</p> <p>Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed three monthly and more frequently as determined by the resident's condition where required. Medical records were evidenced in sampled records. On call services are provided as required. GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is excellent.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The trained activities coordinator who is also an axillary staff member, provides an activities programme that supports residents to maintain and develop their interests. A weekly activities planner was sighted. The activities provided are suitable for residents ages and stages of life.</p> <p>A copy of the weekly activities plan was posted on the notice board in the hallway.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated daily and as part of the formal six-monthly care plan review. Activities reflected residents' goals, ordinary patterns of life and included normal community</p>

		<p>activities. Individual, group activities and regular events and van trips are offered.</p> <p>The axillary staff member visits each resident daily and for residents that are bed bound and/or choose not to come out of their bedrooms, one to one activities and daily conversation is provided. Gender specific activities are offered.</p> <p>Cultural events celebrated include Diwali (festival of lights), Waitangi Day and Matariki day. Other opportunities facilitated for Māori to participate in te ao Māori include Māori language week observation, kapahaka performances from local schools and Tai Chi exercises in the morning for a moving group. Residents and families/whānau are involved in evaluating and improving the programme through residents' meetings and satisfaction surveys. This was evident in the records sampled. Residents interviewed confirmed they find the programme interactive.</p> <p>Criterion 3.3.2 is rated continuous improvement for the project around resident engagement with the community while residents were isolated from the community due to Covid.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities are documented on the medication chart and in the resident's record.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures are checked daily, and medication room temperatures are monitored</p>

	<p>weekly. Medications are stored securely in accordance with requirements.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Standing orders are used, were current and comply with guidelines. There were no resident self-administering medications at the time of audit. The registered nurse (RN) interviewed was able to demonstrate knowledge on self-medication administration.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. The RN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the CNM or RN. RNs interviewed demonstrated knowledge on management of adverse event. The service has policies and procedures on management of adverse events.</p> <p>Residents interviewed stated that medication reviews and changes are discussed with them. Ten medication charts were reviewed. The medication policy describes use of over-the-counter medications and traditional Māori medications. Interviews with RNs confirmed that where over the counter or alternative medications were being used,</p>
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		they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau.
<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 food is prepared on site by chefs and is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 28 October 2022. The menu follows summer and winter pattern in a four-weekly cycle.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with a food safety plan and registration issued by Ministry for Primary Industries. The current food control plan will expire on 14 December 2023. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The dietary forms identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A diet preference forms are completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual diet preference forms were available in the kitchen folder. Evidence of resident satisfaction with meals was verified by resident and family interviews and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p> <p>Māori and Indian cultural theme menu and recipes were available in the kitchen. Māori bread was prepared for residents to celebrate the Māori language week. Indian residents are provided with curry and</p>

		<p>rice for lunch and dinner. Meals were served in the dining rooms. Residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Residents are offered two meal options for each meal and are provided with a choice for an alternative if they do not want what is on the menu.</p> <p>The chef interviewed has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau /EPOA. The service uses the DHB's 'yellow envelope' system to facilitate transfer of residents to and from acute care services.</p> <p>Residents' family reported being kept well informed during the transfer of their relative. The RN reported that an escort is provided for transfers when required. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. All referrals are documented in the progress notes. InterRai reassessments were completed for transfers to another facility. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed and the resident's progress notes.</p> <p>The CNM reported that referral or support to access kaupapa Māori agencies where indicated, or requested, will be offered. Referrals to seek specialist input for non-urgent services are completed by the GP or RNs. Examples of referrals completed were in residents' files</p>

		sampled, including to the palliative care team, wound nurse specialist and radiology.
<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. A current building warrant of fitness with an expiry date 30 November 2023 is on display near the front entrance. Testing and tagging of electrical equipment are current as are the calibration and safety checks of biomedical equipment. Hot water temperatures are safe, and a maintenance schedule is upheld.</p> <p>There is a total of 34 bedrooms. Thirty dual purpose beds and five rest home beds. The five rest home level beds are located in a bedroom with two beds an ensuite on the ground floor and three bedrooms located upstairs which have access to a communal bathroom. Access is via internal stairs and or a lift situated at the front entrance. There are adequate showers and separate toilets that are positioned close to resident's rooms. Eight bedrooms share a toilet. Some rooms have their own ensuite bathrooms. All bedrooms have a sink, wall heater and external window. All bathrooms have grab rails. Each bedroom has access to flowing soap and hand towels. Heat pumps are located in the corridors and main living areas. There is a dining room and three separate lounges. Four rooms including the double room have a Ergolet luna lifter full coverage XY system.</p> <p>Personal protective equipment (PPE) resources were readily available throughout the facility.</p> <p>Residents have access to an external courtyard and back yard which has outside seating and overhead shade. Currently the back yard of the property has a security fence erected due to an external government company providing maintenance to the main railway line. The CEO/owner confirmed that weekly meetings occur with the</p>

		<p>contractor to ensure the safety of the residents.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. Residents and whānau are consulted and involved in the design of any new buildings. Criterion 4.1.1 is rated continuous improvement for the development of creative artwork on the outside fences creating positive emotional outcomes for residents.</p> <p>At the time of audit, the CEO/owner notified Healthcert and requested that a review occur as they would like room 27, currently a double room with two rest home beds changed to dual purpose beds. In assessing the environment at the time of audit even with the support of the Ergolet luna lifter there is not enough room with the two current beds and small ensuite to provide equipment and appropriate safe services for a resident and/or residents that would require hospital level of care.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. This information was last reviewed August 2022. Staff have been trained and knew what to do in an emergency and adequate supplies are easily accessible if required.</p> <p>There is fire evacuation plan that has been approved by the New Zealand Fire Service. The approval letter reviewed was dated 15 December 1998. The last fire drill for staff occurred on the 3 August 2022.</p> <p>A safety audit is completed monthly by the health and safety representative and recorded as last done on the 8 September 2022.</p>

		<p>There is always a staff member on duty with a current first aid certificate.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. All residents' visitors and contractors sign in and out of the facility. Staff ensure that the building is locked in the early evening including windows. This task is acknowledged and signed of in a register as having been completed.</p> <p>The CEO/owner has advised that due to Covid, Kenderdine Park has locked their front door. The door is alarmed and has a call bell attached. The door is opened by turning the internal door handle and a flick open latch at the top of the door. The CEO/owner has advised that locking the front door has been effective in stopping visitors who have arrived and been unwell and at times tested positive for Covid at the door. Interviews with staff confirmed that residents are not stopped from leaving the facility if they so wish. At different times throughout the two days audit the front door was evidenced as latched back and open, residents were observed to leave the premises when they wished. Residents and families interviewed expressed the same and stated that they were happy with the door locked as it kept everyone well.</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</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service and are linked to the quality improvement system and is reviewed and reported on a monthly basis by the Clinical nurse manager in the monthly staff meeting of which the. The CEO/owner and facility manager attend. The CEO/owner is committed to the AMS programme and the reduction of the use of antimicrobial medicines.</p>

<p>participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There have been two COVID-19 infection outbreaks reported since the previous audit. At the time of audit there was one resident that was in isolation as had tested positive for COVID-19. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control coordinator (ICC) is responsible for overseeing and implementing the IP programme at the service level with reporting lines to facility manager and chief executive officer (CEO). The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description.</p> <p>The IPC programme implemented is clearly defined and documented. The IPC programme is reviewed annually.</p> <p>The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The clinical governance team has input into other related clinical policies that impact on health care associated infection (HAI) risk.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IPC resources including personal protective equipment (PPE). The IPC resources were readily accessible to support the pandemic response plan if required.</p> <p>Staff interviewed were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection</p>

		<p>prevention in a manner that meets their needs. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis, as a group in residents' meetings. The service currently has one positive COVID resident. All infection precaution measures are in place. Staff interviewed were aware of infection control precaution to be taken when attending to resident.</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.</p> <p>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.</p> <p>The ICC reported that residents who identify as Māori would be consulted on IPC requirements as needed. In interviews, staff understood these requirements. Educational resources in te reo Māori was available and the ICC reported that these are available for residents who identify as Māori. Residents who identify as Māori expressed satisfaction with the information provided.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally</p>	<p>FA</p>	<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 and expertise.</p>

<p>safe and easy to access, and messages are clear and relevant. 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>The AMS programme was approved by the governance body. 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 with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data includes antibiotic usage.</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>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection control programme.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and actions plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, wounds and multi-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data is included in surveillance records. Results of the surveillance programme are shared with staff in the staff meetings.</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 analysis sighted confirmed the total number of infections, comparison with the previous year and month, reason for increase or decrease and action advised. The CNM monitors the infection events recorded weekly and the FM receives a notification for high-risk infections. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents were advised of any infections identified and</p>

		<p>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 two COVID-19 infection outbreaks reported since the previous audit, and at the time of the audit, there was one COVID positive resident at the facility. All outbreaks were managed effectively with appropriate notification completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances.</p> <p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. Staff who handle chemicals have completed appropriate education and training for safe chemical handling. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide the relevant training for staff. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical room and staff interviewed knew what to do should any chemical spill/event occur. Cleaning products were in labelled bottles. Cleaners ensure that the trolley is safely stored when not in use.</p> <p>There was a sufficient amount of PPE available which includes masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The facility was observed to be clean throughout. Laundry is undertaken on site in a dedicated laundry area. Dedicated domestic staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. The cleaners have attended training appropriate to their roles. Regular internal audits to</p>

		<p>monitor environmental cleanliness were completed.</p> <p>Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim of the service. The governance group demonstrated commitment to this. At the time of audit one resident was using a restraint. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator who is the clinical nurse manager has a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The clinical nurse manager, registered nurses and GP are responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA were involved in decision making. Restraint is discussed at each monthly staff meeting.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions,</p>	<p>FA</p>	<p>Assessments for the use of restraint, monitoring and evaluation was documented and included all requirements of the Standard. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary.</p> <p>A restraint register is maintained and reviewed at each monthly staff meeting. A six-monthly report is also completed. This report includes a</p>

<p>and only use approved restraint as the last resort.</p>		<p>full summary/history in respect to any residents using restraint, incidents and staff training and presented and was last completed in August 2022. The register contained enough information to provide an auditable record. The health and safety representative also completes a weekly check of the restraint and bed to ensure there are no issues.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to 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>	<p>FA</p>	<p>All information is discussed and reviewed in staff meetings as evidenced in staff meeting minutes of which the CEO/owner and facility manager attend. Any changes to policies, guidelines, education and processes are implemented if indicated. A Restraint audit was completed in September 2022, no corrective actions were required.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.2</p> <p>People receiving services shall be supported to access their communities of choice where possible.</p>	CI	<p>When in Covid lockdown residents were observed by staff to be excessively watching the news, withdrawing from social activities with many of the residents emotionally upset not been able to be with their loved ones. The facility manager wanted to ensure that the residents were provided with an environment that would provide a positive impact on the mental health of residents who reside at Kenderdine Park, with particular emphasis on minimizing the emotional distress of residents during effects of a global pandemic. A social media call was placed to the community to write and draw pictures for the residents to cheer them up as they were not at the time able to receive visitors or practice celebrations due to lock down. Many schools were closed during this time but held online classes that students attended from their homes with their families. As a result, Kenderdine Park residents received over 150 pictures and letters from the students. Staff reported that residents having read or been read these</p>	<p>Kenderdine Parks Covid Isolation Mental health and Resident Engagement implementation is rated as continuous improvement due to increased resident satisfaction.</p>

		<p>letters were observed to be less agitated, residents increased their want to be active in activities again with residents verbally expressing their excitement in receiving the letters. These pictures are up on the walls throughout the facility with students and residents from Kenderdine Park continuing to correspond.</p>	
<p>Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	CI	<p>The facility manager surveyed the residents by asking what they would like to see out their bedroom windows and in their outside environment. The result of this was the development of eight marine grade panels sized 4m x 2m custom artwork commissioned by a local artist. These murals hang on the external fences and are infused with Māori and Polynesian patterns that were created in consultation with the residents, staff and artist. Residents can access these artworks visually from their bedroom windows or by accessing the courtyard. Staff have observed an increase in residents wanting to walk outside thus an increase in exercise all the while hearing residents reminiscing as the artwork has encouraged memories.</p>	<p>Kenderdine Parks enhancement of the outside environment is rated as continuous improvement by demonstrating an increase in resident satisfaction and responses.</p>

End of the report.