

# Tairua Residential Care Limited - Tairua Residential Care

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## Introduction

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

The audit has been conducted by HealthShare 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:** Tairua Residential Care Limited

**Premises audited:** Tairua Residential Care

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

**Dates of audit:** Start date: 30 November 2022 End date: 1 December 2022

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 37

# 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

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

## General overview of the audit

Tairua Residential Care can provide for up to 44 residents requiring either rest home or hospital (medical or geriatric) level of care. On the days of the audit, there were 37 residents. The nurse manager (owner) is responsible for organisational management, clinical oversight and leadership.

There have been no significant changes since the last certification audit, however the provider had an unannounced spot audit arranged by their funder (Te Whatu Ora Waikato region) in May 2022. This resulted in the purchase of a new quality and risk management system and some additional resourcing.

This transitional surveillance audit was conducted against a sub-set of the Ngā paerewa Health and disability services standard NZS 8134:2021 and the provider's agreement with Te Whatu Ora. The audit process included a sample of resident and staff files, observations, and interviews with residents, family/whānau, the nurse manager, staff and the general practitioner. Previously identified improvements required from the last certification audit, and the spot audit were also included in this audit.

Eleven of the previously identified areas of improvement from the last certification audit had been addressed. Eight remain open. This audit resulted in some newly identified areas of improvement. These relate to staff orientation, calibration of medical equipment, medication management and the provision of multi-disciplinary input.

## Ō tatou motika | Our rights

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Policies and procedures provide guidelines regarding consumer rights legislation. Services were provided equitably for tangata whaikaha/people with a disability. Residents and whānau confirmed that they were treated with respect. Information was openly shared, and informed choices respected. Residents were encouraged to give free and open feedback and provided opportunities to make their own health-care choices with the support of family/ whānau where appropriate. The complaints process is equitable, accessible, and managed in a respectful manner.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service are partially attained and of low risk.</p>
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Organisational performance was monitored. The new quality and risk management programme was being implemented. Risks were identified, with documented controls. Quality related data was gathered and analysed. Adverse events were managed as per policy requirements. There was always enough suitably qualified staff on duty. Staff competencies were defined.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Holistic resident centred care was provided. Resident assessments informed care plan development. Care-plans were implemented with input from the resident and the family/ whānau, and interventions that contributed to achieving the resident's goals. Care-plans were reviewed as required. The activity programme supported the residents to maintain physical, social, and cultural dimensions of their wellbeing. Medications were stored appropriately. The food service catered for the residents' dietary needs and cultural requirements. The discharge and/or transfer of residents was being safely managed.

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

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of low risk.</p>
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The facility was safe and fit for purpose. There was a current building warrant of fitness and approved fire evacuation scheme. The required security arrangements were in place. There had been no changes to the facility since the last audit.

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

<p>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.</p>		<p>Subsections applicable to this service are fully attained.</p>
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A pandemic plan was in place and had been tested. Infection prevention policies acknowledged the spirit of Te Tiriti o Waitangi. Surveillance data was collated and documented. Communication between staff and residents was appropriate to the resident's cultural wellbeing.

## Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The governing body was committed to minimising the use of restraint. The nurse manager oversaw the use of restraint and presented the data at staff meetings. There were ten hospital level residents using a restraint at the time of the audit.

## 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	15	0	3	5	0	0
Criteria	0	40	0	3	9	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>	FA	<p>There were policies and procedures covering equal employment opportunities. The recruitment process was equitable. At the time of the audit there were no staff who identified as Māori; however, the organisation had previously had a Māori staff member who supported the in-service education programme with training regarding cultural awareness. There were many other cultures and ethnicities represented across the staffing team, including tangata whaikaha people with a disability.</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>	Not Applicable	<p>Cultural safety policies included Pacific Peoples. The policy referred to current health strategies, Pasifika world views and gaining expert advice. There were no staff or residents who identified as Pasifika.</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>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>Not Applicable</p>	<p>Observations during the audit confirmed that the care was provided to residents in a manner that respected their cultural heritage. Interviews with staff confirmed they were aware of the resident's cultural background and acknowledged this during interactions with the residents.</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>Te reo Māori was respected and displayed throughout the facility. There was signage in te reo and residents' personal areas reflected their cultural identity. The activity programme promoted cultural diversity and Māori traditions and celebrations were included. For example, Matariki. Tangata whaikaha needs were identified and the nurse manager provided examples of how these needs were addressed. Residents and family/whānau assured the auditors that they were treated with respect and that their individual cultural and spiritual needs were being addressed in a safe and sensitive manner.</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>Care plans documented in the clinical record reflected that the model of care provided to residents represented their physical, social, cultural, and emotional needs. Residents and family interviewed confirmed that the provision of care met their needs and contributed to maintenance of their health and wellbeing.</p> <p>The nurse manager and staff interviewed discussed racism and advised of the signs and behaviours that contribute to racism. The nurse manager advised that observation and review of processes and behaviours occurred to avoid the occurrence of racism. Racism</p>

		was not observed by staff, residents, or visitors during the audit.
<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>The previously identified area requiring improvement (HDSS 8184:2008 criteria 1.1.9.1, now criteria 1.6.3) had been addressed.</p> <p>Communication occurred between the provider, the resident and family/whānau, with several examples of this observed during the audit. Communication was observed to occur in face-to-face meetings and via the telephone. Incident forms and clinical records sampled provided evidence that families/ whānau were notified of incidents and/or changes in a resident's condition where appropriate. This was confirmed during interviews with family/ whānau.</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>	PA Moderate	<p>Clinical records and interviews with family/whānau confirmed that family/ whānau were included and involved in the decision making, care, and treatment of the resident as appropriate. Records sampled contained documents related to the provision of care and informed consent relevant to the service type. Four of five records sampled had signed consents that related to outings, information sharing, photographs and routine care and treatment. The previously identified area of improvement (HDSS 8134:2008 criteria 1.1.10.4, now criteria 1.7.5) relating to informed consent remains open.</p> <p>The nurse manager discussed the resuscitation policy and advised that it was discussed with residents and family/ whānau on admission. If the resident had not signed a resuscitation status while competent, the policy was to attempt resuscitation, unless the GP advises at the time that resuscitation was medically futile. The nurse manager explained the 'at a glance' resuscitation identification system that was used in the service. The previously identified area of improvement (HDSS 8134:2008 criteria 1.1.10.7, now criteria 1.7.7) relating to advanced directives remains open.</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>The complaints management policy and procedure aligned with consumer rights legislation. The process was equitable and respected individual values and beliefs. The complaints process was explained to residents as part of the admission process. There were complaint forms available at the main entrance to the building. The nurse manager managed resident complaints. Staff, residents and families/whānau had a good understanding of the complaints process. Family/whānau and residents stated that they have not had to complain formally and that any suggestions were treated seriously, with improvements/changes made when appropriate. Minutes of resident meetings confirmed that residents were able to voice any day-to-day concerns, which were then followed up by the nurse manager. There had been no formal complaints received from residents/ whānau or external authorities since the last audit. Previous areas requiring improvement (HDSS 8134:2008 criterion 1.1.13.1 and 1.1.13.3) had been sufficiently addressed. An up-to-date resident complaints register had been maintained and a complainant had been provided with written information and progress of their complaint investigation. In-service staff education had also been provided by a local representative of the Health and Disability Commission.</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>There had been no changes in governance/ownership since the last audit. The nurse manager was the sole owner and was a registered nurse. The nurse manager provided examples of how they achieved equitable services for tangata whaikaha people with a disability. Examples included the provision of additional resources and flexible services to meet tangata whaikaha needs. There were no residents or staff who identified as Māori; however, policies and procedures were available to ensure the needs of Māori residents would be addressed equitably and reduce any perceived barriers. All staff had attended in-service training on embracing diversity.</p> <p>The service provides for residents requiring rest home or hospital level of care for up to 44 residents. There were 25 residents requiring rest home level of care (32 beds identified as being available for residents requiring rest home level of care), and 12 residents</p>

		<p>requiring hospital level care (13 available beds). There was one resident under 65 years (funded by the Ministry of Health), one respite resident and two residents under packages of care. All other residents were under an age-related residential care contract funded by Te Whatu Ora.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Te Whatu Ora Waikato requested an urgent spot audit be completed in May 2022. The scope of the audit was to determine whether the provider was able to address their previous corrective actions following the certification audit and assess whether further assistance was required. The audit also focused on the provider's preparedness for the Omicron outbreak.</p> <p>Following the Te Whatu Ora spot audit, the organisation had purchased a new quality and risk management system. The system was developed by an external consultant and met the requirements of this standard. A quality assurance/risk plan had been documented with goals, accountabilities, timeframes and measures to report against. Activities within the quality and risk management programme included health and safety, adverse event reporting, infection prevention and restraint minimisation. The nurse manager reported that current organisational risks were a direct result of the Covid-19 pandemic. There had been two Covid outbreaks which were managed with the resourcing available and followed the current pandemic plan. There was a financial management system and all financial records had been reviewed annually by a chartered accountant. The required insurances were current and included business interruption. Succession planning was in place for the replacement of the nurse manager in the event of a temporary absence.</p> <p>The previous areas requiring improvement had been addressed and were being implemented at the time of the audit. Policies and procedures were now current (previous criteria 1.2.3.3). Most new policies and procedures had been introduced to staff and old versions removed from circulation. Staff meetings were occurring regularly and included discussions regarding all quality related activities. Attendance records were maintained, and staff were now being</p>

		<p>required to sign the meeting minutes once they had reviewed them (previous criteria 1.2.3.6). The internal audit programme had been reviewed and internal audits were being completed against the schedule. Internal audits were being delegated to various members of staff. Corrective actions were documented and communicated (previous criteria 1.2.3.7 and 1.2.3.8). Resident satisfaction surveys were completed in May 2022. Results have been collated and a template developed with graphs for staff to easily see the results. Surveys sampled confirmed general satisfaction with the services provided. The nurse manager was the health and safety officer. Health and safety policies reflected current legislation. Adverse events were now being documented using a new incident form which contained additional data for better analysis. The nurse manager was reviewing these as they come in and signing them off. Adverse events sampled confirmed that the required actions had been completed, including neurological observations following an unwitnessed fall (previous criteria 1.2.4.3). There was evidence that causative factors were being identified and actions implemented to mitigate risk. There was evidence families/whānau were notified. There had been a reduction in the number of events over the last few months due to additional strategies and the discharges of two residents. Events were collated and shared at staff meetings. The nurse manager understood their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority was notified where required. There had been two notifiable events since the last audit including Section 31 reports to the Ministry of Health (MOH) regarding a stage three pressure injury and the lack of registered nurses.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>FA</p>	<p>There had been no changes to the roster since the last audit. The process for determining staffing levels and skill mix considered the layout of the facility and differing levels of care needed. The nurse manager developed staff rosters. Rosters confirmed there was enough staff in each area to meet minimum requirements as specified in the age-related residential care agreement. The nurse manager had managed to recruit overseas nurses who were applying for New Zealand registration at the time of the audit.</p>

<p>services.</p>		<p>The nurse manager was on duty Monday to Friday, available on call and lived on site. Te Whatu Ora spot audit identified some concerns regarding the hours the nurse manager was working due to having to cover a range of shifts on the roster. This situation was a result of the pandemic and was being addressed at the time of the time of the audit with the recruitment of new nurses. In the meantime, the nurse manager continued to work additional hours, with the support of another two nurses. This ensured 24-hour nursing cover Care givers were rostered onto one of three shifts and allocated to hospital or rest home wings. There were five caregivers on duty in the morning, three in the afternoon as well as a short-shift and one overnight. Acuity and numbers of residents was considered when rostering staff. Rosters confirmed that there was always a replacement staff member when a rostered staff member was on leave, unwell or having to isolate. There was a staff member on duty on each shift, with a current first aid certificate.</p> <p>The required competencies were defined. Most caregivers had either a level three or four qualification in health and wellbeing. Senior staff had the required medication competencies (refer area of improvement in criterion 3.4.3). There was one registered nurse who was interRAI competent. Additional mandatory competencies were addressed. For example, oxygen therapy, wound care, syringe drivers, managing challenging behaviours, manual handling and hoists. The nurse manager had met the professional development hours required for maintaining a current practicing certificate which was approved by the nursing council.</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</p>	<p>PA Low</p>	<p>Policies regarding human resources aligned with current employment legislation. The nurse manager implemented equal employment opportunities by employing staff who had a disability. Staff files sampled confirmed that professional qualifications were validated, including scope of practice. Staff information sampled was current, accurate and maintained as confidential in accordance with Health Information Standards Organisation (HISO) requirements. Staff ethnicity was recorded.</p>

culturally safe, respectful, quality care and services.		An improvement is required regarding the orientation process.
<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>	PA Low	The nurse manager advised that persons eligible for the service were not declined admission unless a bed was unavailable. Ethnicity data was recorded pertaining to all residents admitted to the service. The previously identified area requiring improvement (HDSS 8134:2008 criteria 1.3.1.4, now 3.1.2) remains open.
<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>	PA Moderate	<p>A registered nurse completed resident assessments and developed the care plans for residents. This was completed in partnership with a senior care giver, the resident and their family/whānau as appropriate. Resident records sampled included documentation of discussions that had been held with the resident, family/whānau, GP, care givers, registered nurses and the activities coordinator. Staff interviewed confirmed that a handover took place between shifts that communicated issues or concerns regarding residents. Handover was supported by a handover communication book. Staff were observed during the audit to work as a team and be aiding residents and other staff as they needed. The previously identified area of improvement (HDSS 8134:2008 1.3.3.4) had been addressed.</p> <p>Resident assessments were holistic and included physical aspects of the residents' health status, including for example, skin integrity, pain and falls risk. The cultural, spiritual and emotional aspects of the person's health were also assessed and documented, for example, sleep patterns, behaviour and religion. Short term care plans were developed for residents with an acute condition for example a wound</p>

		<p>and these were signed off when the condition had resolved. The previously identified area of improvement (HDS 8134:2008 1.3.3.3, now 3.2.1) regarding interRAI assessments remains open.</p> <p>The progress notes documented the resident's daily activities and any observed changes in the residents' health status or behaviour. The nurse manager and care givers interviewed stated that changes in a resident's behaviour were considered an early warning sign of a deterioration. In situations when the resident displayed signs or symptoms of illness or changes in behaviour, the senior care giver notified a registered nurse. The registered nurse completed an assessment of the resident and documented the subsequent care interventions, and/or assessments to be completed. The GP was notified if required, according to the resident's condition and the resident's response to the interventions. Monthly vital signs and the weight of residents was being documented.</p> <p>Clinical records sampled were integrated including, for example, interRAI reports, the admission agreement, laboratory reports, a copy of the Enduring Power of Attorney (EPOA) and activities attendance records. The previously identified area of improvement (HDSS 8134:2008 1.3.5.2, now 3.2.5) remains open.</p> <p>The clinical records, the nurse manager and the GP confirmed that residents were seen and assessed by the GP every three months. If the resident's condition changed between three monthly reviews the GP was notified and reviewed the resident sooner, evidence of this was seen in records sampled.</p> <p>The facility design supported tāngata whaikaha to access the service by having wide corridors, ramps and handrails in all areas. Resident bedroom doors were painted a variety of bright colours to aid identification of individual rooms. Toilets and bathrooms included identification signs in English and te reo. Staff were available to provide information to residents and their family/whānau as required. The GP advised that care provided was appropriate and safe to the residents.</p>
<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>FA</p>	<p>The service employs two activities co-ordinators. One co-ordinator delivers the programme for the rest home residents, and the other</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>		<p>provides a programme for the hospital residents. The co-ordinator for the rest home programme was interviewed and described how the programme was developed to meet the cultural and spiritual needs of the residents as per their individual wishes and beliefs. The co-ordinator described cultural events that were celebrated such as Māori language week and Matariki. The staff member advised that there was limited access to Māori communities within the area, however the co-ordinator was able to contact a kaumatua if required.</p> <p>Clinical records sampled and the activities programme verified that there was a range of activities available to meet the physical, mental and cultural needs of residents.</p> <p>Residents and whānau confirmed satisfaction with the programme, and stated it enhanced their well-being. Minutes of resident meetings and annual surveys verified satisfaction with the programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>Medication management policies and procedures align with legislation, standards and guidelines. These provide information for each stage of medication management and appropriate support, advice, and treatment for Māori.</p> <p>The medication management system, including the prescribing and administration records were paper based. Medication was dispensed and delivered by a contracted pharmacy using a prepacked system. The pharmacy disposed of unwanted medications. A registered nurse checked medications upon delivery. The GP was interviewed and confirmed that the medication management system implemented at the service was appropriate.</p> <p>There were two medication trolleys, one for the rest home and one for the hospital wing. Both trolleys were kept in a locked cupboard. The cupboard and the medication fridge, located in the cupboard were temperature monitored. During the audit no medications were observed to be out of date. Eye drops, ointments and creams had a documented opening date.</p> <p>Standing orders were not used in this service. There was one resident who self-administered an inhaler, the GP was interviewed</p>

		<p>and stated that a discussion had occurred between the resident and the GP, and that the GP was satisfied the resident was competent to self-administer the medication. The resident was interviewed and discussed the medication administered by staff, and the medication self-administered. The resident advised the indications for use, frequency and maximum dosage, and the expected duration of the course. The resident stored the medication securely.</p> <p>Medication allergies and sensitivities were consistently recorded on the medication chart and reflected the notation in the resident's clinical file.</p> <p>There was evidence that residents were provided liquid medications when required. The GP stated where a resident requires crushed medications, liquid alternatives were prescribed, or if an alternative was not suitable the GP documents the medication is to be crushed on the resident's medication file. Staff interviewed stated they did not crush medications unless it had been approved by the GP. The previously identified area requiring improvement (HDSS 8134:2008 1.3.12.6) had been addressed.</p> <p>The previously identified area of improvement (HDSS 8134:2008 1.3.12.3) regarding staff competencies remains open.</p> <p>A registered nurse and/or the GP discussed prescribed medications, with the resident and family/whānau as appropriate. The discussion supported the resident's understanding of the indication and possible side-effects of their medication. Residents and their family/whānau confirmed that their medications were explained.</p> <p>Additional improvements are required regarding controlled drugs and medication reviews.</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</p>	<p>PA Moderate</p>	<p>The cook discussed how the menu, food preparation, cooking and serving is undertaken with consideration of the resident's cultural values and beliefs, including Māori. Staff advised that family/whānau at times bring food with cultural/spiritual significance to a resident/s, and residents go out with family/whānau for meals/kai and celebrations. Residents and family/whānau interviewed spoke</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>positively of the food service and stated it meet their nutritional, cultural and spiritual values and beliefs.</p> <p>All fridges that stored food were temperature monitored and records sighted confirmed these were within acceptable parameters. The previously identified area requiring improvement (HDSS 8134:2008; 1.3.13.5) relating to fridge temperature monitoring is now closed however an additional improvement is required regarding food temperatures at the point of serving. The previously identified area of improvement (HDSS 8134:2008; 1.3.13.5) regarding a food control plan remains open.</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>The nurse manager discussed the implemented transfer/discharge policy/process. A discharge was planned with the resident and family/whānau because the resident's health status had changed, and appropriate care was no longer able to be provided. Discussion regarding the resident's current care requirements and ongoing care options were held with the family/whānau. A registered nurse completed an interRAI assessment that reflected the current care needs of the resident. The assessment was provided to the needs assessment service. The resident and the family/whānau choose a new service provider if required. Upon discharge Tairua residential care provided relevant information to the new service provider. The GP confirmed involvement in the assessment and discharge process by frequent review of the residents' health status and on-going medication reviews.</p> <p>Acute transfers to the public hospital had occurred when there was a sudden change in the resident's health status and the registered nurse and/or the GP determined the resident required specialised care. A standardised aged residential care transfer form, designed by Te Whatu Ora-Waikato, was completed to ensure the required information was provided to the public hospital. A copy of the medication chart also accompanied the resident to the specialist service.</p> <p>A clinical file sampled confirmed that a resident's acute transfer out of the service and subsequent return to the service was documented</p>

		<p>and included an assessment and risk mitigation strategy. The resident and family/whānau were aware of and involved in the planning of the transfer, and this was confirmed during family/whānau interview.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>There had been no changes to the facility since the last audit. The building warrant of fitness was displayed and expires on 22 September 2023. The nurse manager and staff (including maintenance staff) had input into the health and safety system through discussions at staff meetings, hazard reporting and through discussions with the nurse manager. A hazard register is maintained. Daily maintenance requests were addressed. There was an annual maintenance plan, which included six monthly building compliance checks. The nurse manager reported there were no plans to design new buildings, however if required there were policies and procedures regarding the inclusion of Māori input should the situation change. Residents' personal areas reflect their cultural identity and there were numerous signs throughout the facility written in te reo.</p> <p>The previously identified area requiring improvement from the last certification audit had been addressed. Chemicals were now stored in a secure location in the sluice room which had a new door installed to ensure the door automatically closed once opened. A lock had also been fitted.</p> <p>Areas of concern identified during Te Whatu Ora spot audit were also followed up. These included concerns regarding the storage of equipment, insufficient dining area in the hospital wing and the management of some environmental hazards. The provider had addressed the concerns and identified hazards. Equipment was now stored safely in the corridors and did not create any hazards, hospital residents who were able to, could join the rest home residents in the large dining room and any noisy, or dust producing, maintenance was completed outside.</p> <p>A new improvement has been identified regarding the calibration of medication equipment.</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>	FA	<p>There is an approved fire evacuation scheme in place and six-monthly fire drills have been completed. Smoke alarms, a sprinkler system, evacuation notices and exit signs are in place. The service has a visitors' book at reception for all visitors, including contractors, to sign in and out. Access by public is limited to the main entrance. Covid-19 sign-in is mandatory for visitors and staff. The building is secure after-hours.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The pandemic plan was current and had been developed in line with national guidelines. The plan had been tested and implemented. Sufficient supplies of personal protective equipment (PPE) were observed during the audit. Educational resources were provided to residents and family/whānau in verbal format. A new suite of infection control policies and procedures were recently introduced to the service that acknowledged Te Tiriti o Waitangi.</p> <p>Te Whatu Ora spot audit identified some concerns regarding the provider's preparedness for the Omicron outbreak. Mask wearing was now mandatory for all staff at all times, the nurse manager and staff were up to date with current pandemic information, the effectiveness of cleaning and laundry processes were included in the internal audit schedule, training had been provided on donning and doffing of personal protective equipment (PPE), there were sufficient supplies of PPE, the visitor's policy had been updated and there was a process for assessing residents who displayed Covid-19 symptoms.</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>	FA	<p>The surveillance programme was implemented and appropriate to the service type and size. Standard definitions were used relating to the type of infection acquired. The nurse manager managed the surveillance programme.</p> <p>Residents who developed an infection were informed of this and</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>family/whānau were advised. The process was culturally appropriate, and included verbal information being provided to the resident and family/ whānau by the GP and/or registered nurse. Written information was provided as appropriate. Residents, and family/whānau interviewed confirmed that they received information in a timely manner that was respectful of their cultural values and needs.</p> <p>The service has had two outbreaks of Covid-19 this year. One outbreak was in April and affected 18 residents. The second outbreak was in July and affected 11 residents. The pandemic plan was implemented. Records sighted were maintained of the results of the resident's rapid antigen tests, including the dates of positive and negative results. Residents were isolated in their bedrooms. During the July outbreak eligible residents were prescribed an appropriate antiviral medication from the GP.</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>The previously identified area of improvement (HDSS 8134:2008 criteria 1.4.1.1, now criteria 5.5.1) has been addressed. Chemicals were now securely stored in a sluice room.</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>FA</p>	<p>The nurse manager was the restraint officer and stated that restraint was used only when required to ensure the safety of the resident. The nurse manager maintained a restraint register; however, this did not include all restraints in use on the day/s of the audit (refer to criteria 6.2.4). The number of residents and the type of restraints in use were discussed at staff meetings, and this was confirmed during</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>staff interviews. There were ten residents using restraint during the audit. All restraints in use, were being used in the hospital wing.</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, and only use approved restraint as the last resort.</p>	<p>PA Moderate</p>	<p>The monitoring documentation that records when the restraint was placed on and taken off the resident was viewed. The monitoring records sighted confirmed that the form documented the time the restraint (bedrails) were in place and removed. This applied to all residents on a restraint. The restraint monitoring form and the progress notes documented the person-centred cares provided to the person while the restraint was in use, for example, changes of position, and the provision of food and / or fluids. The previous finding relating to documentation of the time the restraint was put on and taken off and evidence of times monitored. This addresses the previously identified area of improvement HDSS 8134:2008 2.2.4.2 (ii). The previously identified area of improvement in HDSS 8134:2008 criteria 2.2.4.2 (i) (now 6.2.4) remains open.</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)
<p>Criterion 1.7.5</p> <p>I shall give informed consent in accordance with the Code of Health and Disability Services Consumers' Rights and operating policies.</p>	PA Moderate	There was a consent process which required all residents to sign consents in relation to outings, information sharing, photographs and routine care and treatment. Signed consents were sighted except for one resident who had been admitted one month prior to the audit.	Not all the required consents had been signed by the resident.	<p>Ensure all residents have signed the required consents.</p> <p>60 days</p>
<p>Criterion 1.7.7</p> <p>My advance directives (written or oral) shall be followed wherever possible.</p>	PA Moderate	The informed consent policy specified residents were to have a resuscitation consent form signed by a competent resident. Four of five resident records documented the resident's resuscitation status, and these had been signed by the resident and the general practitioner (GP). The file that did not have the resuscitation status documented was a resident who had been admitted one month previously. The file contained no evidence the GP had seen the	Resuscitation status was not consistently documented in resident files.	<p>Ensure resuscitation status is documented in all resident files.</p> <p>60 days</p>

		resident or discussed resuscitation status since admission.		
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	The orientation process covered the scope of the organisation. Additional orientation activities were identified per position. There was a staff orientation checklist which was required to be signed off by the nurse manager. Staff confirmed implementation of the orientation process and reported they were well prepared for their role; however, orientation records were not consistently sighted in staff files sampled.	Records of staff orientation had not been consistently maintained.	<p>Maintain records of staff orientation.</p> <p>180 days</p>
<p>Criterion 3.1.2</p> <p>There shall be clearly documented processes for determining a person's entry into a service.</p>	PA Low	All clinical records sampled contained an admission agreement, however one of the six files did not have the agreement signed. The resident had been admitted within the past month. The nurse manager stated this was an oversight and planned to have the agreement signed immediately following the audit.	Not all residents had a signed admission agreement.	<p>Ensure all residents have a signed admission agreement</p> <p>60 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Moderate	The clinical records sampled confirmed that interRAI assessments were current in four of six files sampled. One interRAI assessment was overdue by two months, the second one by three months. Five of six long-term holistic care-plans were documented and reflected the resident's health and wellbeing needs. One long-term holistic care plan was overdue by 10 months.	Not all interRAI assessments and long-term holistic care-plans were completed within required timeframes.	<p>Ensure InterRAI assessments and long-term holistic care-plans are completed within required timeframes.</p> <p>90 days</p>
Criterion 3.2.5	PA	There was limited evidence in the progress	Care plans were not	Ensure care plans are

<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>notes and care-plans of collaboration with the multidisciplinary team to develop interventions that improved the residents' aspirations and resilience. There was insufficient evidence to confirm that a multidisciplinary team approach was used when reviewing the care plan, and/or when progress was different to that expected. The nurse manager advised that availability and access to the multidisciplinary team was restricted due to the remote rural location of the facility and the pandemic.</p> <p>One resident had a chronic wound. A wound management plan had been in place more than one year, and the first photos were taken within the past month. A referral had not been made to a wound care nurse.</p> <p>A resident was requiring frequent changes of an indwelling catheter. A urinary management plan had been in place for more than a year. The management plan had not been discussed with the GP, nor had a referral been made to a continence nurse and/or urologist.</p> <p>A resident who required an ability assessment prior to accessing the community independently on their mobility scooter had not been referred to an occupational therapist and was therefore unable to go out on their own.</p>	<p>consistently reviewed using a multi-disciplinary team approach.</p>	<p>reviewed using a multi-disciplinary team approach.</p> <p>180 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>All medications were stored in a safe and appropriate space to ensure safety. Quantities of medication on site was appropriate to the service type and the resident's needs. Controlled medications were stored in a locked safe and records maintained were legible. Although weekly checks were documented six</p>	<p>Six monthly quantity stock take of controlled medications were not documented.</p>	<p>Ensure six monthly quantity stock take of controlled medications is documented.</p> <p>60 days</p>

		monthly quantity stock takes were not documented.		
<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	<p>PA Moderate</p>	<p>Medication charts were legible, with regular, pro re nata (PRN) and short course medications clearly identified. There was evidence in the clinical record the GP had reviewed the resident at least three monthly. The GP and the nurse manager stated medication was reviewed three monthly at the time of the medical review, or more frequently if required. There was documentation in the clinical record to confirm this process, however three-monthly reviews had not been signed on the medication charts. One medication chart had a PRN medication prescribed date in 2018, another chart had medication with a prescribing date in 2020.</p>	<p>Medication charts did not always include documentation of the date of the medication review.</p>	<p>Ensure all medication charts include documentation of the date of the medication review</p> <p>60 days</p>
<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>	<p>PA Moderate</p>	<p>Medication was administered by registered nurses and senior care givers. A medication competency programme had been developed to ensure staff who administer medication were competent to do so.</p> <p>Education records confirmed that registered nurses and some senior care givers had completed the competency programme and assessment, however evidence had not been maintained for all staff who are responsible for administration. This included some caregivers who were rostered to the night shift. These care givers administered pro re nata (PRN) medications.</p> <p>The previously identified area requiring improvement has not been sufficiently</p>	<p>There was insufficient evidence that all staff who administer medication had completed the required competency programme.</p>	<p>Provide evidence that all staff who administer medications have completed the required medication competency.</p> <p>30 days</p>

		addressed.		
<p>Criterion 3.5.5</p> <p>An approved food control plan shall be available as required.</p>	<p>PA Moderate</p>	<p>Although there was evidence that fridge temperatures were now being monitored, there was no evidence that the temperatures of food were being taken at the point of serving.</p> <p>No evidence of a current food control plan was available. The cook was interviewed and was not aware of the food control plan, and the nurse manager confirmed during interview that a food control plan was not available.</p>	<p>The temperature of food was not taken at the point of serving.</p> <p>An approved food control plan was not available.</p>	<p>Take the temperature of cooked meals at the point of serving.</p> <p>Obtain the required food control plan.</p> <p>60 days</p>
<p>Criterion 4.1.1</p> <p>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>	<p>PA Low</p>	<p>The calibration of medication equipment is outstanding and was intended to be completed in January 2022. The process had been delayed due to the pandemic, with the supplier being unavailable. This was confirmed in email correspondence. Calibration had now been confirmed to proceed in March 2023.</p>	<p>The calibration of medical equipment is overdue.</p>	<p>Complete the calibration of medical equipment.</p> <p>180 days</p>
<p>Criterion 6.2.4</p> <p>Each episode of restraint shall be documented on a restraint register and in people's records in sufficient detail to provide an accurate rationale for use, intervention, duration, and outcome of the restraint, and shall include:</p> <p>(a) The type of restraint used;</p> <p>(b) Details of the reasons for initiating the restraint;</p> <p>(c) The decision-making process, including details of de-escalation</p>	<p>PA Moderate</p>	<p>The restraint register was viewed. The residents where a bedside rail restraint was being used had this documented, however one resident also had a fall out chair and a lap-belt being used, and this was not documented on the register. The nurse manager confirmed the use of the lap-belt and fall out chair had been omitted from the register.</p>	<p>The restraint register did not include all restraints being used.</p>	<p>Ensure the register includes all restraints being used.</p> <p>60 days</p>

<p>techniques and alternative interventions that were attempted or considered prior to the use of restraint;</p> <p>(d) If required, details of any advocacy and support offered, provided, or facilitated; NOTE – An advocate may be: whānau, friend, Māori services, Pacific services, interpreter, personal or family advisor, or independent advocate.</p> <p>(e) The outcome of the restraint;</p> <p>(f) Any impact, injury, and trauma on the person as a result of the use of restraint;</p> <p>(g) Observations and monitoring of the person during the restraint;</p> <p>(h) Comments resulting from the evaluation of the restraint;</p> <p>(i) If relevant to the service: a record of the person-centred debrief, including a debrief by someone with lived experience (if appropriate and agreed to by the person). This shall document any support offered after the restraint, particularly where trauma has occurred (for example, psychological or cultural trauma).</p>				
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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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.