

Gwynn Holdings Limited - Rata Park Rest Home

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 BSI Group New Zealand Ltd, 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:	Gwynn Holdings Limited
Premises audited:	Rata Park Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 1 November 2022 End date: 1 November 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	19

Executive summary of the audit

Introduction

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

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumaruru | 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

Rata Park is privately owned and provides rest home level care for up to 20 residents. On the day of audit there were 19 residents.

This surveillance audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora- Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, a family member, management, staff, and a general practitioner.

Rata Park is situated in rural Southland and provides a warm homely atmosphere for residents and relatives. Rata Park continues to provide a resident-centred approach to care and accommodates resident routines of daily life. Since the previous audit, the service has implemented an electronic resident management system, and completed refurbishments around the facility. The residents and family member interviewed were very satisfied with all aspects of the care and services provided.

One of the two previous shortfalls around medication competencies has been addressed. There continues to be an improvement required around care plan interventions and activities plans.

This surveillance audit identified further shortfalls around internal audits, education, assessment timeframes, care plan evaluations and photographs on the medication management system.

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.

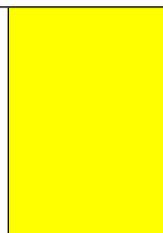


Subsections applicable to this service fully attained.

The organisation is working towards developing relationships with Pacific groups to assist in the development of a Pacific health plan. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented. Rata Park provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations.

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.



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

The business plan includes a mission statement and operational objectives. The service has a quality and risk management system in place that takes a risk-based approach. Meetings are held regularly, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. The staffing policy

aligns with contractual requirements and includes skill mixes. Residents and the family member reported that staffing levels are adequate to meet the needs of the residents.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration.

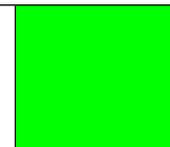
The activity programme includes outings, community outings, and entertainment.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. Electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Food preferences, and dietary requirements of residents are identified at admission. All transfers and referrals for residents are done in partnership with residents and families.

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

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



Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. Medical equipment has been serviced and calibrated annually. The building has an approved evacuation scheme.

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.

Covid-19 response plans are in place and the service has access to personal protective equipment supplies. A pandemic plan is in place. The type of surveillance undertaken is appropriate to the size and complexity of the service. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There has been one outbreak since the previous audit, which was well managed, documented and reported appropriately.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint coordinator is the owner (registered nurse). There were no residents using restraint. Staff receive training around restraint. There are policies and procedures and a restraint log available for staff to refer to should the need arise.

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	1	0	0
Criteria	0	46	0	4	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>On the day of the audit, there were no staff identifying as Māori. The owner discussed ways they support applicants through the employment processes.</p> <p>During interview the owner reported they are open to employing staff who identify as Māori and have had previous employees who have identified as Māori. The facility is currently fully staffed.</p> <p>The Māori Health Action Plan includes developing a Māori health and disability workforce that reflects the Māori population, Māori values and Māori models of practice. The owner has connections with Māori providers and a marae in the local community.</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>	Not Applicable	<p>The owner has connections with a Pacific group in the local area. The policies have been purchased from an external contractor, who is working towards the development of a Pacific health plan. There is a Pacific people’s culture and general ethnicity awareness policy</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>documented to guide staff around providing culturally safe practices for residents who identify as Pasifika. The staff interviewed (two healthcare assistants, the activities coordinator, and the cook), confirmed they have attended training around cultural safety and described how they get to know the residents likes, dislikes and preferences and accommodate these.</p> <p>There are currently no staff or residents who identify as Pasifika on the day of the audit.</p> <p>The owner plans to partner with the Pacific group to provide guidance and to ensure the implementation of the Pacific health plan (once fully developed) focuses on achieving equity and efficient provision of care for Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and is available in te reo Māori. The staff at Rata Park ensure that Māori mana motuhake is recognised for all residents. Interviews with staff, residents and one relative confirmed Māori mana motuhake is recognised for all residents residing in the facility, by involving residents in care planning and supporting residents to make choices around all aspects of their lives. This was evident in the care plans reviewed. All residents and families are involved in care planning and staff interviewed described supporting residents to live their best lives the way residents choose to. This was confirmed during interviews with five residents and one relative and sighted in care plans.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Interviews with staff confirmed their understanding of Tikanga best practice with examples provided in relation to their role. A tikanga Māori flip chart is available for staff to use as a resource. Cultural awareness training is provided annually. Additional, more specific Māori cultural training for staff is planned to be included in the 2023 education planner. The service is working towards promoting te reo and te ao Māori throughout the service, including in the activities programme.</p> <p>The management and staff work in partnership with residents (including those with disabilities) and family/whānau to ensure residents who</p>

		choose to, have the opportunity to participate in te ao Māori. This is also covered in the Māori health plan.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>There are policies in place to prevent any form of discrimination, coercion, harassment, or any other exploitation. There were residents identifying as Māori on the day of the audit; however, both choose not to acknowledge the culture. The staff interviewed report there was a good culture of teamwork and feel supported by the owners.</p> <p>The service promotes a strengths-based model of care by supporting and enabling residents to participate in whatever they choose to do. Care plans focus on residents' strengths and maintaining independence as far as possible.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. Discussions with a family/whānau member confirmed that they are involved in the decision-making process, and in the planning of resident's care. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making, where the resident receiving services wants them to be involved.</p> <p>Additional consents were in place for social media and shared rooms.</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</p>	FA	<p>The owner maintains a record of all complaints electronically. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p>

<p>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>There were no complaints in 2021 and one in 2022 (year-to-date) documented in the electronic complaint register. The complaint included an investigation, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent correlating corrective actions) in the staff meetings (meeting minutes sighted).</p> <p>Interviews with residents and the relative confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility. There have been no complaints received from external agencies since the previous audit.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held (Covid restrictions allowing), and meeting minutes reflected discussions with residents around what is going well and what could be improved. Residents and relatives making a complaint can involve an independent support person in the process if they choose. The residents and relative interviewed all stated they were comfortable voicing any queries with staff or the owners. Due to being a small facility, the owners talk to the residents on a daily basis, and any concerns are addressed immediately.</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>Rata Park Rest Home provides rest home care for up to 20 residents. On the day of audit there were 19 residents, including one resident assessed as hospital level care, one resident on a younger person with a disability contract (YPD) through Accessibility, two residents on mental health contracts, one resident funded by ACC, and one resident on respite. All other residents are on the age-related residential contract (ARRC). The manager applies for a dispensation annually for the hospital resident. There are five shared rooms; all residents sharing rooms have consents in place.</p> <p>The owners (husband and wife) are both registered nurses (RN) and have owned the facility for over ten years. The husband (director) has oversight of the running of the facility. One of the director's is responsible for the day-to-day operations of the service and implementation of the quality programme. He is supported by his wife who assists in the running of the service when available. The owners</p>

		<p>are supported by a team of experienced long standing healthcare assistants. The management team have maintained at least eight hours of professional development in relation to management of a rest home, including infection control and cultural training.</p> <p>The service is set in a rural setting and their philosophy is “Country living, family values”. The service tailors the care to suit residents’ individual needs, and ability, identifying and reducing any barriers to care or information to provide equitable services for all residents. This was evidenced through policy and interview with one of the owners.</p> <p>The service has an annual business plan and quality and risk management plan that include goals that are reviewed annually. The 2022 goals are being implemented. The service is working towards including input from Māori regarding business planning. The Whakamaui; Māori Health Action Plan 2020-2025 has been adopted. This is comprehensive and includes commitment to provision of equitable services for Māori and tāngata whaikaha, as evidenced in resident care plans, policies and confirmed during interviews with the manager and staff.</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>PA Low</p>	<p>The quality management manual includes the quality risk and management plan and service philosophy. An external consultant provides the service with policies and procedures and updates. There is a document control policy that outlines the system implemented, whereby all policies and procedures are reviewed regularly. Documents no longer relevant to the service are removed from the electronic system and archived.</p> <p>There is a 2022 quality improvement calendar documented. The quality programme is reviewed annually (last completed December 2021). The current quality and risk management plan has documented aims and objectives. The internal audit schedule and internal audits are being completed; however, these have not always been completed according to the schedule. Corrective actions have been developed where compliance is less than expected, evidenced full completion, and sign off. Combined quality/staff meetings are held quarterly and evidence discussion of quality outcomes. Staff interviewed, reported they are</p>

		<p>fully informed of all infections and incidents as well as any other issues on a daily basis. Resident meetings are held three-monthly. Data is collated monthly to include wounds, incidents, and infections. Data is benchmarked through the resident management system.</p> <p>The service includes cultural awareness training annually (more specific training around Te Tiriti o Waitangi is planned). Staff report any changes of resident's condition promptly to ensure high quality sharing of health information. The staff interviewed were knowledgeable around providing a culturally safe service. The electronic resident management system includes collation of ethnicity.</p> <p>The resident and relative survey was conducted in 2021 with respondents advising that they were overall very satisfied with the care and service they receive. The manager reported that residents talk to the management team daily and any issues are identified and addressed. This was confirmed in all resident interviews.</p> <p>Rata Park promotes a safe working environment. The owner is the health and safety officer and oversees all health and safety matters, which are discussed at the staff meetings. Contractors have all been inducted to the service. The hazard register is reviewed annually, and new hazards are discussed at the staff meetings and added to the hazard register if required. Information on resident incidents and accidents, as well as staff incidents/accidents, are collated monthly and reported at the staff meetings. Security and safety policies and procedures are in place to ensure a safe environment is provided. Emergency plans ensure appropriate response in an emergency.</p> <p>A sample of 10 electronic incident reports were reviewed. All incidents were reported and followed up by the RN (owner) in a timely manner. Relatives were notified where possible and appropriate. There was timely notification of repeated incidents to the GP, psychiatrist, and other appropriate allied health services. The owner is aware of their responsibilities around section 31 notifications which have been completed for residents with challenging behaviours and medication incidents.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements. The documented rosters reviewed provides sufficient and appropriate coverage for the effective delivery of care and support. The owner reported at present the facility is fully staffed, and they have experienced minimal staff turnover since the previous audit.</p> <p>The owner supports the healthcare assistants with resident cares. All staff are trained in all roles (caregiving, cooking, cleaning, activities) so that staff can fill in for each other when a specific staff member is absent. All staff have current first aid certificates to ensure there is a current first aider on shift 24/7. Interviews with staff and residents identified that staffing is adequate to meet the needs of the residents.</p> <p>The owner is on site each day of the week, and both owners are on call after hours.</p> <p>They are supported by two healthcare assistants on the morning shift, afternoon shift and night shift.</p> <p>Staff are responsible for all cleaning and laundry duties, which they report they have time to complete during their shifts.</p> <p>An annual education planner has been documented which provides the required eight hours training required. Sessions include (but not limited to): abuse and neglect; cultural awareness; minimising falls; continence; nutrition; and pressure injury prevention. However, this has not been fully adhered to.</p> <p>Competencies are completed during orientation, including (but not limited to): hand washing; infection control; Code of Rights; restraint; complaints; privacy; confidentiality; advocacy; health and safety documentation; and hoist training. Staff have current medication competencies in place; the previous shortfall (NZS 8134: 2008 criteria #1.3.12.3) has been met. The owner advised that accessing external training remains difficult for this rural provider. Therefore, staff complete a number of training sessions through self-directed learning and questionnaires. The owner completes training with staff around policies and procedures. The owner maintains interRAI competency, and has access to training sessions through Te Whatu Ora, ARRC meetings and online education platforms.</p>
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		<p>All staff are encouraged to gain qualifications through New Zealand Qualification Authority (NZQA).</p> <p>Staff attend meetings which provides a forum to share health information through quality data collated, and corrective actions identified are discussed.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience, and veracity. A copy of practising certificates is kept. The human resources policies also include orientation, staff training and development. Five staff files were reviewed (healthcare assistants). The director described how reference checks are completed before employment is offered.</p> <p>The service has in place an orientation programme that provides new staff with relevant information for safe work practice. Staff were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service.</p> <p>Staff ethnicity is collated through the electronic system; a report can be obtained through the electronic system.</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</p>	FA	<p>The owner keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals. At present these records do not currently capture ethnicity data.</p> <p>Rata Park identifies and implement supports to benefit Māori and family/whānau. The service has information available for Māori, in English and te reo Māori. There were residents identifying as Māori. The service has a relationship with a kaumātua and Runanka who would be available to provide support for residents and family/whānau where required.</p>

<p>information about the reasons for this decision is documented and communicated to the person and whānau.</p>		
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know 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>PA Low</p>	<p>Five resident files were reviewed, this included one respite and one resident who has a dispensation to live there as a hospital resident. The registered nurse is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>Assessments includes falls, skin, mini nutritional, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. However, not all files had completed risk assessments. Initial interRAI assessments and reassessments had been completed within expected timeframes; however, not all care plans had been completed within expected timeframes and did not always document all interventions to guide staff. The previous audit shortfall NZS 8134:2008 criteria # 1.3.5.2 around interventions remains an area for improvement.</p> <p>The care plan evaluations had been completed within six months; however, did not always evidence resident's progression (or deterioration) around meeting goals. Short-term care plans were utilised for issues such as infections, weight loss, and wounds. The GPs record their medical notes in the integrated resident file.</p> <p>The residents had been assessed by the GP. The GP (interviewed) was complimentary regarding the standard of care, the rapport the staff have with residents and how they treat them as their own family/whānau. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A contracted physiotherapist visits for two - four hours per week. A podiatrist visits regularly and a dietitian, speech language therapist, wound care and continence specialist nurse are available as required</p>

		<p>through Te Whatu Ora Southern. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. This was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by HCAs. The RN adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations are being met. When a resident's condition alters, the RN initiates a review with a GP. Family is notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. Family/whānau contacts are recorded in the electronic resident file.</p> <p>A wound register is maintained. There is access to the local wound nurse specialist; this was evidenced in the clinical records. Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for one resident with a stage I pressure injury. Wound dressings were managed as per the documented wound care plan.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment and bowel management. Continence products are identified for day use, night use, and other management. The service extends this monitoring period as required in order to get an accurate picture of resident need. Care plans reflected the required health monitoring interventions for individual residents.</p> <p>Healthcare assistants and RNs complete monitoring charts, including: bowel chart; blood pressure; restraint monitoring; turning charts; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Neurological observations are completed for unwitnessed falls, or where there is a head injury.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>Not Applicable</p>	<p>Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. The service is working towards ensuring that their staff support Māori residents in meeting their health needs and aspirations in the community and providing more activities to participate in te ao Māori. Rata Park has a wheelchair accessible van and a bus for larger outings.</p> <p>There are residents who are under 65 years at Rata Park. The activity coordinator supports these residents to continue to enjoy ongoing connection with their previous community contacts and activities, which include swimming and going out to cafes. The residents interviewed were complimentary of the activities on offer and stated they have a variety of indoor and outdoor activities they can participate in; however, not all activity care plans reviewed were individualised (link 3.2.3).</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>There are policies available for safe medicine management that meet legislative requirements. The RN and medication competent healthcare assistants administer medications and have been assessed for competency on an annual basis. The previous shortfall (NZS 8134:2008 criteria 1.3.12.3) has been addressed. Education around safe medication administration has been provided.</p> <p>The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. 'As required' medications had appropriate indications for their use and the effectiveness has been recorded. Medications were appropriately stored in a secure cupboard. The temperature of the cupboard is monitored daily, and the temperatures were within acceptable ranges. The medication fridge is no longer keeping items at the appropriate temperatures; therefore, medications are stored in the doors and the main shelving areas of the main kitchen fridge.</p> <p>Eleven electronic medication charts were reviewed. All medication charts reviewed had been reviewed by the GP three-monthly and six of the eleven drug charts had photo identification and allergy status identified. There are no standing orders in use and no vaccines are kept on site. There were no residents self-administering medications.</p>

		<p>All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>The clinical files included documented evidence that residents and their family/whānau are updated about medication changes, including the reason for changing medications and side effects. The RN and healthcare assistants (HCAs) described working in partnership with residents and family/whānau, ensuring appropriate support and advice was timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	Not Applicable	<p>Rata Park is working towards how they can incorporate Māori residents' cultural values and beliefs into menu development and food service provision. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. Residents and family members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are given options to access other health and disability services and social support or kaupapa Māori agencies where indicated or requested as sighted in resident files.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 27 June 2023. Maintenance is undertaken by the owner as necessary and is available on-call after hours. Maintenance request books are located at the nurse's station. These are checked daily and signed off when repairs have been completed. The service has a 52-week annual maintenance plan that includes call bell checks, calibration of medical equipment and weekly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Testing, tagging and calibration of electrical equipment, medical equipment, and one hoist is next due in August 2023. Hot water temperatures are included in the maintenance plan. Temperatures recorded were within expected ranges.</p> <p>Although there are no current plans to expand the building, the organisation is aware of their obligation to ensure designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction that may arise in the future.</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>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. The last fire drill was held July 2022.</p> <p>The building is secure after hours, and staff complete security checks at night.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p>	<p>FA</p>	<p>A pandemic plan is documented and available to staff. Personal protective equipment (PPE) is ordered through the MOH, and stock balance is maintained to support any outbreak. Adequate personal protective equipment (PPE) stocks were sighted and held in a central location in the facility. Extra supplies are available through the Ministry of Health. Personal protective equipment (including eyewear) was sighted in the sluice room/ laundry area. Staff have access to handwashing facilities in resident rooms. Hand sanitiser is available</p>

<p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>throughout the facility. All shared equipment is cleaned between use, and all shared PPE (eye wear) is cleaned appropriately between use.</p> <p>Infection control information and resources in te reo is available online for Māori residents. The Māori health plan and cultural policies guide staff around culturally safe practices and acknowledging the spirit of Te Tiriti in relation to infection control. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</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>Monthly infection data is collected for all infections based on standardised definitions. An individual resident infection log is completed electronically which includes signs and symptoms of infection, treatment, follow up, review, and resolution. Surveillance of all infections is collated monthly through the electronic system, and an analysis is completed. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at quality/staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to staff. Ethnicity data is collated with infection control data using the electronic system.</p> <p>There has been one Covid outbreak in 2022. Logs were maintained, and relatives and residents were updated regularly. The Public Health team were advised and updated appropriately.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint minimisation and safe practice policies and procedures are in place. Policies and procedures include definition of restraint that are congruent with the Ngā Paerewa Standard. The owner (RN) is the restraint coordinator. Rata Park remains restraint free with no residents requiring restraint at the time of the audit. The service is committed to maintaining a restraint-free environment. Staff receive training in restraint minimisation annually. Should restraint be required in the future, all documents, consent, monitoring forms and logs are available on the electronic system.</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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	A documented quality programme includes meetings, collation of data monthly and completion of internal audits and satisfaction surveys. However, internal audits were not evidenced as occurring according to the schedule. A catch-up programme is in place.	There was no evidence of internal audits being completed between April 2021 and July 2022.	<p>Ensure all internal audits are completed according to the schedule.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	There is an education planner with a range of competencies and education sessions included; however, not all training sessions have been held (or questionnaires completed) according to the planner. There was evidence of questionnaires completed for all topics on the planner; however, numbers of completed questionnaires for all topics was very low (less than five). Management continue to encourage staff to complete these.	Questionnaires were completed for all topics on the education planner; however, the number of completed questionnaires for all topics was less than five.	<p>Ensure staff are completing education sessions or questionnaires as required.</p> <p>180 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 Low	All of the resident files reviewed had a care plan in place; however, not all long-term care plans have been developed within contractual timeframes. The respite resident had assessments and a care plan in place.	Two files reviewed did not have long-term care plans developed within 21 days of admission.	<p>Ensure all long-term care plans are completed within 21 days of admission.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <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</p>	PA Low	There is a system in place to include family/whānau in care planning and have the goals and interventions identified in the care plans evaluated six-monthly or as required. However, not all progress notes are documented by the RN as per policy and not all care plan evaluations documented progression towards meeting resident goals.	Three of four long-term care plan evaluations reviewed, did not evidence residents' progress against their individualised goals.	<p>Ensure care plan evaluations include progress against their individualised goals.</p> <p>180 days</p>

changes to the care or support plan.				
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>The medication management system is appropriate to the scope of the service. Rata Park have an implemented electronic medication system. All staff who administer medications have current competencies in place. The safe identification of residents as part of the medication management system does not consistently provide updated photographs. The kitchen fridge has eye drops and other medications are stored in the doors and main areas of the fridge which are accessible to residents as the kitchen area is open to the dining room.</p>	<p>i). Eleven medication charts were reviewed; six of the eleven had out of date photos and the allergy status was not documented.</p> <p>ii). There are medications stored in the kitchen fridge door and this area is accessible to residents.</p>	<p>i). Ensure Photographs in the medication charts are current and allergy status documented on the chart.</p> <p>ii). Ensure the medications in the main fridge are stored in a secure, airtight box.</p> <p>30 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.