

Residential Management Limited - Terence Kennedy House

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:	Residential Management Limited
Premises audited:	Terence Kennedy House
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 October 2022 End date: 7 October 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:	35

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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

Terence Kennedy House is certified to provide hospital (geriatric and medical), and rest home levels of care for up to 45 residents. There were 35 residents on the days of audit. This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora – Health New Zealand - Waitematā. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a general practitioner.

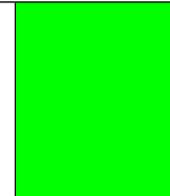
The hospital manager is appropriately qualified and experienced and is supported by a clinical manager. There are quality systems and processes available. Feedback from residents and families was very positive about the care and the services provided. An induction and orientation programme are in place to provide new staff with appropriate knowledge and skills to deliver care. An ongoing in-service education programme is in place.

The service has addressed the two previous certification audit findings relating to implementation of care, and self-administration management.

This audit identified improvement required around the implementation of the quality framework and registered nurse coverage.

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.

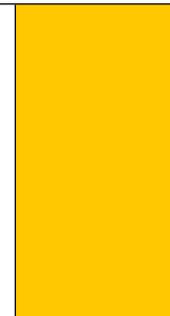
The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The management are committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. The service listens and respects the voices of the residents and effectively communicate with them about their choices.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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 medium or high risk and/or unattained and of low risk.

The governance body ensures equity through addressing barriers in service delivery in their business plan. The service delivery supports diversity, inclusion, and equality for all residents.

The service has a quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Internal audits, meetings and education occur as planned. Staff are competent to provide and deliver high quality healthcare for Māori, with corrective actions as indicated.

There is a staffing and rostering policy documented and the service invest in opportunities to develop their staff. Staff receive adequate orientation to their specific roles.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

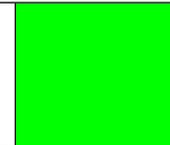
The service facilitates opportunities for Māori to participate in te ao Māori.

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

The service plans to explore and implement menu options culturally specific to te ao Māori.

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.

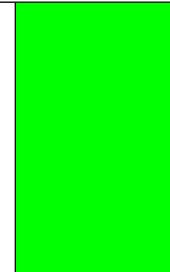


Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated. The environment is inclusive of peoples' cultures and supports cultural practices. There is an approved fire evacuation scheme. Security of the facility is managed to ensure safety of residents.

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.

There is a comprehensive infection control programme. Policies include a pandemic plan. There are sufficient number of personal protective equipment available. Staff receive education related to the implementation of their policies and pandemic plan.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practices through meetings, and education sessions. Covid-19 response plans are in place and the service has access to PPE supplies. There have been four outbreaks reported since the previous audit.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the clinical manager. The facility was restraint free at the time of audit and encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	18	0	1	1	0	0
Criteria	0	51	0	1	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>There is a cultural safe care policy that describes the Māori perspectives of health and a commitment to the Treaty of Waitangi in the business plan of 2022. The hospital manager confirmed that the service supports a Māori workforce through an equitable recruitment process. There are staff identifying as Māori (or having whānau connections).</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>The service plans to partner with a Pacific organisation (or leader who identifies as Pasifika) with guidance from their Pacific staff. Collaboration with these relationships will assist with the development and implementation of a Pacific health plan. There are staff and residents who identify 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>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Residents receive information on The Code at residents' meetings. The service is recognising Māori mana Motuhake through actively engaging residents and whānau in determining their own health goals. Terence Kennedy House have reviewed their policies and service delivery to ensure inclusiveness to reflect residents' voices, perceptions, understandings, and experiences.</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>The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>Staff and residents were introduced to the kaumātua and participated in a Māori blessing. The Rongoa Māori Practitioner visited the facility as part of the cultural training and to further develop and establish a relationship with the service provider. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</p> <p>Interviews with seven staff (one registered nurse, four healthcare assistants (HCAs), one activities coordinator, and one cook) confirmed their understanding of tikanga best practice, with examples provided.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. External support for staff is available through a contracted service.</p> <p>A strengths-based and holistic model is prioritised through policies to ensure wellbeing outcomes for Māori residents. At the time of the audit, there were residents with Māori whānau. Care planning in the electronic resident management system has a Māori health care plan and is based on the four cornerstones of Te Whare Tapa Whā.</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. 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. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. The health and disability advocacy information, complaints management process and the Code of Rights are available in te reo Māori. The hospital manager and clinical manager interviewed stated they have a good understanding of including whānau in decision making. The care plans reviewed evidenced whānau and resident input to care planning and decision making.</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. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and</p>	<p>FA</p>	<p>The complaints procedure is equitable and provided to all residents and relatives on entry to the service. The hospital manager maintains a complaints file. Documentation is on file and includes a formal acknowledgement, investigation, and resolution documentation in accordance with guidelines set by the Health and Disability Commissioner (HDC) and in accordance with the organisation's own</p>

<p>their care and support. 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>policy and procedures.</p> <p>There were seven complaints recorded for 2021. One complaint from 2021 was lodged through Te Whatu Ora Health New Zealand - Waitematā and closed off in August 2022, with written acknowledgement that corrective actions related to two recommendations have been met. The corrective actions have been implemented and there were no issues identified in relation to this complaint.</p> <p>Discussions with four residents (two rest home and two hospital) and four relatives (two rest home and two hospital) confirmed they are provided with information on the complaints process. Complaints forms are readily accessible at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they 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>Terence Kennedy House is an aged care facility located in West Auckland and provides rest home and hospital level care for up to 45 residents. There are 45 dual purpose rest home and hospital level beds. On the day of the audit there were 35 residents. There were five rest home level residents, and thirty hospital level residents, including one resident admitted under an Accident Compensation Corporation (ACC) contract. All other residents were under the age-related residential care (ARRC) contract. Terence Kennedy House is the trading name of Residential Management Limited, a privately owned company with four directors. There is a general manager that provides operational oversight for Terence Kennedy House and one other aged care site under its governance.</p> <p>A clinical manager, a company human resource person and general manager support the hospital manager (non- clinical).</p> <p>There is a 2022 business plan with a documented mission and philosophy that outlines business and quality objectives for the period. Objectives were reviewed and signed off by the general manager for 2021. The general manager works in partnership with mana whenua</p>

		<p>through staff contacts in business planning and service development to improve outcomes and to achieve equity for Māori. Barriers are identified and addressed for Māori and tāngata whaikaha to provide equitable service delivery. The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha.</p> <p>The general manager has demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending similar training as Terence Kennedy House 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 service has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule; however, where corrective actions are identified to improve service delivery, they are not always signed off when resolved or discussed at staff meetings. Clinical indicator data is collected, analysed, and discussed at staff meetings.</p> <p>Resident/family satisfaction are completed annually. The surveys completed in December 2021 reflect overall satisfaction of the service.</p> <p>The service improves health equity through critical analysis of the organisation's practices, and through a review process of their mission, philosophy, and annual business planning. Training has been provided around health literature resources and support to ensure all staff are adequately equipped to deliver high quality health care for Māori.</p> <p>The clinical manager and registered nurses evaluate interventions for individual residents. Each incident/accident is documented on the electronic system. Accident/incident forms reviewed for August and September 2022 indicated that the forms are completed in full, signed off by the clinical manager and documented opportunities to minimise risk. Incident and accident data is collated monthly and reported in the staff meetings.</p> <p>Health and safety meetings occur as part of the quality meetings. Hazards are documented and addressed. Staff received education</p>

		<p>related to hazard management and health and safety at orientation and annually.</p> <p>Discussions with the hospital manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 reports had been completed to notify HealthCERT for RN unavailability; unstageable pressure injuries; police investigation related to theft; and a temporary change in clinical manager and hospital manager. There had been four outbreaks documented since the last audit, these were appropriately notified, managed, reported to Public Health and staff were debriefed after each event to discuss lessons learned.</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 services.</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering requirements, required skill mix and changes required to respond to increase or change in acuity of the residents. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. The workforce issues related to registered nurse (RN) shortages on certain shifts has been reported to HealthCERT under section 31. The roster does not currently provide appropriate registered nurse coverage to satisfy the Aged Related Residential Services Care Agreement with Te Whatu Ora – Health New Zealand Waitematā clause D17.4 i-iii.</p> <p>The registered nurses, a selection of healthcare assistants (HCAs) and the activities coordinator hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with HCAs confirmed that their workload is manageable; however, the service struggles to fill all registered nurse shifts. The service is unable to consistently staff approximately seven shifts a week across morning, afternoon, and night shift. The shifts are undertaken by a senior level 4 HCA or by the clinical manager in addition to their full-time role. Out of hours on-call cover is provided by the clinical manager.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident</p>

		<p>meetings. The roster is developed as follows:</p> <p>AM:</p> <p>One RN is rostered from 7 am-3.30 pm (Monday shift covered by a level 4 HCA) who is supported by seven HCAs: 7 am-3 pm x2, 8 am-3 pm x1, 8 am-2.30 pm x1, 8 am-12 pm x1, 7 am-12 pm x2.</p> <p>There is also an extra HCA long shift available when full occupancy is reached.</p> <p>PM:</p> <p>One RN is rostered from 3.15 pm-11.15 pm (Monday, Thursday and Fridays covered by HCA level 4) who is supported by six HCAs: 2.30 pm-11 pm x2, 4 pm-8 pm x3, 5 pm-9 pm x1.</p> <p>There is also an extra HCA long shift available when full.</p> <p>Nocte:</p> <p>One RN is rostered from 11 pm-7.15 am (Monday, Thursday and Friday covered by an HCA level 4) and is supported by two HCAs from 11 pm-7 am.</p> <p>There is an annual education and training schedule; this has been fully implemented for 2021 and being implemented for 2022. The education programme and staff meetings are utilised as forums to discuss high quality Māori health information disparities and provision of equitable services.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-two HCAs are employed. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. Twelve HCAs have achieved a level 4 NZQA qualification, four level 3, and another two are currently enrolled for a further qualification.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of PPE, medication administration (if medication competent) and moving and handling. A record of completion is maintained.</p>
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		<p>Additional RN specific competencies include syringe driver and an interRAI assessment competency. There are three RNs and two are interRAI trained.</p> <p>Resident/family meetings are scheduled monthly, and staffing is an agenda topic at these meetings.</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. Five staff files were selected for review which evidenced the recruitment process is being implemented and includes reference checking, qualifications, and annual practising certificates for RNs. An electronic register is maintained of current practising certificates for all professional staff and contractors.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>The service plans to collect ethnicity data for employees and maintain an employee ethnicity database.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information</p>	FA	<p>The admission policy/ decline to entry policy and procedure guide staff around admission and declining processes, including required documentation. The hospital manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals; however, these do not currently capture ethnicity.</p> <p>The service identifies and implement supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were staff members identifying as Māori. The service engages with local kaumātua in order to further develop meaningful partnerships with Māori communities and organisations to</p>

<p>about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>benefit Māori individuals and whānau. They also work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau as and when the opportunity arises.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed: two rest home, and three hospital level care (including one ACC resident). Initial care plans are developed with the residents/EPOA consent within the required timeframe. They are based on data collected during the initial nursing assessments, which include: dietary needs; pressure injury; falls risk; social history; and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>Resident care plans are developed using an electronic system. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment and completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the RN. The evaluations include the degree of achievement towards meeting desired goals and outcomes. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process. Short-term care plans are developed for acute problems (eg, infections, wounds, and weight loss). There is a Māori health care plan available should any resident identify as Māori, which describes the support required to meet their needs.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. The nursing progress notes are recorded and maintained.</p>

		<p>Residents are seen by the GP for routine three-monthly checks, and as required when their health status changes. The GP visits the facility twice-weekly. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The facility is provided access to an after-hours service by the GP. A physiotherapist visits the facility weekly and reviews residents referred by the clinical manager or RNs. Contact details for family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Incident reports and section 31 notifications were sighted for stage III and above pressure injuries. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. Pressure injury prevention interventions are included in care plans. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls. The previous shortfalls (NZS 8134:2008 criteria 1.3.6.1) around neurological observations, documentation around pressure injury prevention and seeking wound care specialist intervention has been addressed.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff confirmed they receive a comprehensive handover at the beginning of each shift.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and</p>	<p>FA</p>	<p>The service facilitates opportunities for Māori to participate in te ao Māori, through the use of Māori language, dual language signage, movies, entertainers, quizzes, and Māori celebratory events.</p>

<p>activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>Community links include a Māori theatre group.</p> <p>Community visitors include entertainers, church services and pet therapy visits. Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. Residents and family members interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent HCAs) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse and HCAs interviewed could describe their role regarding medication administration. The service currently uses robotics rolls 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.</p> <p>Medications were appropriately stored in the facility medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications are checked in monthly. All eyedrops have been dated on opening. Over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each drug chart has photo identification and allergy status identified. There was one self-medicating resident who had been appropriately assessed, regularly reviewed by the GP, and had safe storage within their room. The previous shortfall (NZS 8134:2008 criteria # 1.3.12.5) has been</p>

		<p>addressed. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurse and clinical manager could describe the process for working in partnership with any future Māori residents and whānau to ensure the appropriate support is in place, advice is 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>The service plans to explore and implement menu options culturally specific to te ao Māori. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. The residents and family members interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Terence Kennedy House, and comply with legislation relevant to the health and disability services being provided. The current building warrant of</p>

<p>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>fitness expires 30 October 2022. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The service has no plans to expand or alter the building; however, they are aware of the need to consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place 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>	FA	<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 requirements.</p> <p>The building is secure after hours. An external company and staff complete security checks at night. Currently under Covid restrictions, visiting is restricted. All visitors must complete a rapid antigen test prior to arrival, or complete one on site and show a negative result before leaving reception.</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 service has an Infection Prevention and Control manual and a pandemic plan which includes a control Covid-19 response plan that provides guidelines and communication pathways in an event of an outbreak. Staff received training in infection control practices and management of an outbreak. There are outbreak kits readily available and sufficient supplies of personal protective equipment. These are checked regularly.</p> <p>The service is working towards incorporating te reo information around infection control for Māori residents and utilise their Māori links to advise around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The service made enquiries to obtain tikanga flip charts and the general manager is in the process to review policies.</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>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at RN and quality/staff meetings. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been four outbreaks since the previous audit (Covid in March, May, and August 2022), followed by a gastroenteritis outbreak in September 2022. The facility followed their pandemic plan. There were clear communication pathways with responsibilities and included daily outbreak meetings with Te Whatu Ora New Zealand - Waitematā and the staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks, and families were kept informed by phone or email. Visiting was restricted.</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>The organisation and the facility are committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical manager. At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the facility quality/staff meetings and to the hospital manager via the clinical manager.</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	<p>The internal audit schedule has been implemented for 2021 and being implemented for 2022. Corrective actions are developed and documented where deficiencies in service delivery had been identified. The person responsible and the timeframes are noted on the corrective action document. However, there was no evidence of sign off that evidence deficiencies were remediated.</p> <p>Clinical indicator data is discussed at staff meetings; however, the internal audit outcomes, results or required corrective actions were not discussed with staff.</p>	<p>(i) There was no documented evidence that corrective actions identified were remediated and signed off.</p> <p>(ii) There was no documented evidence that internal audit outcomes/results and corrective actions required are discussed at staff meetings.</p>	<p>(i). Ensure corrective actions are implemented and signed off when remediated.</p> <p>(ii). Ensure internal audits outcomes/results and corrective actions required are discussed at staff meetings.</p> <p>90 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall</p>	PA Moderate	As per the ARRC contract with Te Whatu Ora – Health New Zealand Waitematā, an aged care facility providing hospital level	The service does not have sufficient numbers of registered nurses to have a RN on duty at all times as per	Ensure a registered nurse is on duty at all times to meet the

<p>ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>		<p>care is required to have at least one registered nurse on duty at all times.</p> <p>The clinical manager works Monday to Friday for 40 hours per week and also on call.</p> <p>The service does not have enough registered nurses to cover approximately seven RN shifts across morning, afternoon, and nights shifts. In the absence of the RN, a medication competent level four HCA will cover the shifts. HealthCERT and Te Whatu Ora Health New Zealand Waitematā have been informed of this situation. In the meantime, the service takes all reasonable steps to remedy or reduce the impact on their hospital level residents.</p>	<p>the ARC contract D17.4 a. i-iii. The finding in this audit relating to staff shortages should be read in the context of this national issue.</p>	<p>requirements of the ARC contract D17.4 a. i-iii.</p> <p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.