

# McKenzie Healthcare Limited - McKenzie HealthCare

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## Introduction

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

The audit has been conducted by 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:

<b>Legal entity:</b>	McKenzie Healthcare Limited
<b>Premises audited:</b>	McKenzie HealthCare
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 1 December 2022      End date: 2 December 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	61

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
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

McKenzie HealthCare is certified to provide hospital (geriatric and medical), dementia and rest home levels of care for up to 85 residents. There were 61 residents on the days of audit.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the contract with Te Whatu Ora Health New Zealand- South Canterbury District. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and a general practitioner.

The facility manager is a registered nurse and is experienced in management roles overseas. She is supported by two senior registered nurses, an educator, a human resource coordinator and an experienced administrator.

Residents and relatives interviewed were complimentary of the service and care.

The service has addressed two of the three previous certification audit and partial provisional findings relating to performance appraisals and regular registered nurse review in progress notes. Further improvements are required around care plan interventions.

This surveillance audit identified improvements are required around: complaint documentation; aspects of the quality system; essential notification reporting; care plan assessment and evaluation timeframes; and medication room temperatures.

## 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.

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

McKenzie HealthCare provides an environment that supports resident rights and culturally safe care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The Board and senior management have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent.

Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family.

## 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 quality and risk management systems in place that take a risk-based approach. Quality improvement projects are implemented. Meetings and collation of data were all documented as taking place as scheduled.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme and regular staff education and training are in place.

## 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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The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. The electronic care plans demonstrate service integration. Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

There are policies and processes that describe medication management that align with accepted guidelines. 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. Staff responsible for medication administration have completed annual competencies and education.

The activities team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences.

Residents' food preferences, cultural and dietary requirements are identified at admission and all meals are cooked on site. There are nutritious snacks available 24 hours per day.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. There is an approved fire evacuation plan in place. The dementia unit is secure. There are security arrangements in place.


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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The type of surveillance undertaken is appropriate to the size and complexity of the organisation.

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. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks since the previous audit, and these have been well documented.

## 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 a senior registered nurse. There were no residents using restraint. 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	17	0	3	1	0	0
Criteria	0	50	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>The general manager confirmed that the service supports a Māori workforce with current staff identifying as Māori (or having whānau connections) at the time of the audit. Staffing policies and seventeen staff (seven healthcare assistants, three registered nurses, one enrolled nurse, one activities coordinator, one activities assistant, one maintenance, one kitchen manager, one human resources coordinator and one education coordinator), confirm equitable recruitment practices across all areas of the service.</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 has contracted an independent Māori representative (Māori and Pasifika) descent to provide guidance and consultation as the Pacific health plan is developed and implemented. The Code of Rights and advocacy information is available in Fijian, Cook Islands, Samoan and Tongan languages. At the time of the audit, there were staff who identified as Pasifika at McKenzie HealthCare. There were no residents who identified as Pasifika.</p>

<p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The service actively ensures that Māori mana motuhake is recognised by encouraging residents to be involved in making decisions about care and outcomes.</p> <p>Five residents (one rest home and four hospital) interviewed, and four family/whānau (three dementia and one hospital), confirmed that individual cultural beliefs and values, knowledge, morals, and personality are respected, and they are supported to be as independent as possible.</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>Signage in te reo Māori is in place in various locations throughout the facility. Greetings in te reo Māori are in use as observed and confirmed on interview with healthcare assistants (HCA's). Te reo Māori is reinforced by those staff who are able to speak/understand this language.</p> <p>The staff noticeboards contain information on Māori tikanga practice. Interviews with staff and the general manager, and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services and confirmed their understanding of Māori indigenous rights. Training is also included in the orientation programme for all new employees.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaikaha participation in te ao Māori. The general manager has completed online Mauri Ora competency training.</p> <p>Facility signage is displayed in English and te reo Māori. Māori cultural days are celebrated (eg, Matariki and Waitangi Day). Te reo Māori is promoted by activities staff during cultural celebrations. The service works alongside tāngata whaikaha and supports them to</p>

		participate in individual activities of their choice, including supporting them with te ao Māori.
<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>A staff code of behaviour is discussed during the new employee's induction to the service, with evidence of staff signing the house rules and code of behaviour agreement. A 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. Abuse and neglect training was provided to all staff in November 2022.</p> <p>A strengths-based and holistic model of care is implemented to ensure wellbeing outcomes for all residents (including tāngata whaikaha and those who identify as Māori), as evidenced in the holistic care plans. At the time of the audit, there were no residents who identified as Māori.</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>There are policies around informed consent which are documented and include documentation in te reo Māori. The service follows the appropriate best practice tikanga guidelines in relation to consent. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. The service follows best tikanga guidelines and understands that the concept of 'next of kin' may be broadly interpreted by Māori.</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</p>	PA Low	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The general manager (GM) commenced the role in July 2022. On the day of audit there</p>

<p>am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>was no evidence of a complaints register or complaints prior to this time. The GM commenced documentation of a complaints register on the day. Documentation to demonstrate that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC) was not sighted on the day of audit.</p> <p>One recent complaint has been lodged with the Health and Disability Commissioner. The service has forwarded the requested information within required timeframes and is awaiting further contact.</p> <p>Discussions with residents and relatives confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located in a visible location at reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly, and there is an independent resident advocate available.</p> <p>Interviews with the general manager and a senior registered nurse confirmed that staff receive training on the complaints process, relative to their job role and responsibilities and in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights. This training begins during their orientation to the service.</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>McKenzie HealthCare, located in Geraldine, is certified to provide dementia and rest home/hospital levels of care for up to 85 residents. Of the 85 beds identified as being certified, 13 dual purpose beds are for residents living in the independent unit, 18 identified as being for residents with dementia requiring a secure unit and 54 as available for residents requiring hospital (dual purpose) level of care.</p> <p>On the day of the audit, there were a total of 61 residents. There were 17 residents in the dementia unit, 34 hospital residents (including two residents on palliative care contracts and one on a younger persons' disability contact [YPD]) and 10 rest home residents.</p> <p>The service is managed by a general manager (registered nurse)</p>

		<p>who has experience with healthcare management overseas. The general manager is new to aged care in New Zealand. She has been in her current role for five months following the resignation of the previous manager, and as the clinical manager for one month prior to this time. The general manager liaises with the directors on a weekly basis.</p> <p>The general manager has maintained at least eight hours annually of professional development activities related to managing a rest home. This includes cultural training specific to Te Whare Tapa Whā and te ao Māori. The general manager has completed an online mauri ora competency course and participated in an overnight stay in a marae. The directors are planning to undertake relevant cultural training. A Māori advisor has been contracted to provide input into policies, advise management on te ao Māori, assist and support Māori residents and staff, and to provide staff with Te Tiriti o Waitangi and related training.</p> <p>The general manager collaborates with the Māori advisor and mana whenua through staff contacts in business planning and service development to improve outcomes and achieve equity for future Māori residents; to identify and address barriers for Māori for equitable service delivery, and improve outcomes/achieve equity for tāngata whaikaha people with disabilities.</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 a documented quality and risk management programme; however, implementation could not be fully evidenced on the day of audit. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. An internal audit programme identifies audit tools for all aspects of the service; however, this has not been completed as per the internal audit schedule. Clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours) is collected, analysed, and cascaded for discussion in staff meetings.</p> <p>Monthly staff meetings also provide an avenue for discussions in relation to (but not limited to): quality data; health and safety;</p>

	<p>infection control/pandemic strategies; complaints received (if any); staffing; and education. Corrective actions are documented to address service improvements with evidence of progress; however, these have not been signed off when achieved.</p> <p>Resident/family satisfaction surveys are completed annually and was last completed in February 2022. The survey results were correlated on the day of audit. On review, these surveys identified concerns with the food service, HCA staffing, and garden maintenance. There is no evidence that survey results were shared with family, residents, or staff. A food satisfaction survey is currently circulating, and responses were not yet received at the time of the audit. A resident and family satisfaction survey are scheduled for January next year. The service actively looks to improve health equity through critical analysis of organisational practices. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Standard.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. The service provides training and support to ensure all staff are adequately equipped to deliver high quality health care for Māori.</p> <p>Twelve accident/incident forms reviewed for October and November 2022 indicated that the forms are completed in full and are signed off by a designated nurse. Incidents are reviewed by the GM during daily huddle meetings and when reviewing monthly data. Concerns with bruising were identified and an education schedule with the physio was scheduled to reduce bruising. There is a policy and procedure for recording neurological observations; however, not all observations reviewed were recorded as per policy (link 3.2.4).</p> <p>Discussions with the general manager did not evidence an understanding of the requirement to notify relevant authorities in relation to essential notifications. Section 31 reports had been completed to notify HealthCERT around issues relating to staffing. The registered nurse was aware of previous stage III and above pressure injuries; however, on the day of audit the service was unable to provide this information relating to incidents prior to July 2022. There had been two outbreaks documented since the last audit. These were appropriately notified, managed and staff debriefed. A debrief session following the outbreaks included</p>
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		management and staff. Covid management outbreak discussions occurred during handovers.
<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>	FA	<p>The process for determining provider levels and skill mix is defined in policy and considers the layout of the facility and levels of care provided. Staff rosters are developed by the general manager. The service uses casual or existing part-time staff to relieve for staff who are on planned leave. The roster provides appropriate coverage for the effective delivery of care and support. The service has introduced 12-hour RN shifts to assist with ongoing staffing shortages. Staffing meets requirements. Both HCA and RNs said there were sufficient HCA and RN cover with the 12-hour shifts. The RNs stated it was difficult to complete documentation within timeframes. The GM reported staffing had been stable since June 2022. The registered nurses, a selection of HCAs, activities staff, the maintenance officer and cook hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available HCA's, nurses, and casual staff. Out of hours on-call cover is provided by the general manager and senior registered nurse. The senior registered nurse and administration staff provide cover for the general manager's role in her absence. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews.</p> <p>The roster is developed as follows:</p> <p>Dual purpose beds (10 rest home and 34 hospital residents):</p> <p>AM: Ten HCA's (six long and four short)</p> <p>PM: Dual purpose beds: Nine HCA's (four long and five short)</p> <p>Nocte: Dual purpose beds: four long HCA's</p> <p>Pines (dementia): 17 residents</p> <p>AM: three HCA's (all long shifts)</p> <p>PM: Three HCA's (one long and two short)</p>

	<p>Nocte: One HCA</p> <p>There is a registered nurse available on all shifts. Registered nurses are currently working twelve hour shifts to ensure cover is provided. The RN roster is as follows</p> <p>Two RN's from 6:45 am to 7:15 pm, one RN from 9.30 am to 9 pm and one RN from 6:45 pm to 7:15 am. The general manager is available 8.00 am – 4.00 pm Monday to Friday.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Cultural competency training is scheduled for December 2022 and content sighted included the provision of safe cultural care, Māori worldview and the Treaty of Waitangi.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-four HCAs are employed. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. Six HCAs have achieved a level 4 NZQA qualification, twenty-one have level 3, and ten level 2. The remainder are new to the service and working towards their level 2. Seventeen staff work in the dementia unit, of which sixteen have achieved the dementia unit standards. The remaining one (employed less than eighteen months) is enrolled in the dementia apprenticeship programme through Careerforce and is actively working towards gaining the standards. The educator is a qualified Careerforce assessor and works closely with staff to ensure attainment of qualifications.</p> <p>All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies for hand hygiene, correct use of personal protective equipment, medication administration (if medication competent) and moving and handling. A record of completion is maintained.</p> <p>Additional RN specific competencies include syringe driver, restraint and an interRAI assessment competency. Five RNs (including the EN) are interRAI trained. All care staff are encouraged to also attend external training, webinars and zoom training where available. All staff attend relevant monthly staff and clinical meetings when</p>
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		possible.
<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>Six staff files were selected for review. Staff files are held in a mixture of electronic and in hard copy, retained in the manager's office, in a locked filing cabinet. A recruitment process is being implemented by the human resources coordinator which includes interviews, reference checking, signed employment contracts, police checking and orientation programmes. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</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 senior staff member when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes include information on providing a culturally safe environment for Māori.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy which is implemented. All staff who had been employed for over one year have an annual appraisal completed. The previous finding around performance appraisals (NZS 8134:2008 criteria 1.2.7.5) has been addressed.</p> <p>A volunteer policy is documented for the organisation that describes the on-boarding process. Each volunteer is required to complete a police screening check. An orientation programme for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is not always identified; however, management and the human resource coordinator advised this is in place for new employees.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes, including required documentation. On the day of audit, a record of prospective residents and families, including admission and decline rates, could not be evidenced. The GM implemented a system to capture this information including ethnicity on the day of audit.</p> <p>The service identifies and implements 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 currently engages with Te Runanga O Arowhenua marae, staff members and a contracted Māori advisor (local kaumātua) who are available to provide support as required.</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: three hospital residents (including one on an end-of-life contract and one on a YPD contract) one dementia level, and one rest home level care. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in electronic progress notes. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports all residents and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The RNs complete an initial assessment, risk assessments and an initial support plan within 24 hours of admission; however, the outcomes of risk assessments are not always reflected in the care plan.</p> <p>Long-term care plans had not always been completed within 21 days for long-term residents and first interRAI assessments had not always been completed within the required timescales for all residents. Completed care plan evaluations evidenced contained written progress towards care goals; however, evaluations were not always completed six-monthly. InterRAI assessments sampled had not always been reviewed six-monthly, and not all had been</p>

	<p>completed prior to the care plan review, therefore did not inform the care plan.</p> <p>The resident on the YPD contract had interventions recorded to address medical and physical needs and strategies to maintain family and community links. Interview with the RNs confirmed the use of Te Ara Whakapiri for palliative care management. However, the resident on the end-of-life contract did not have this in place and had minimal interventions documented to guide staff around provision of palliative care. Ongoing nursing evaluations occur as indicated and are documented within the progress notes, not in the care plans. The senior RNs on interview advised that interventions for acute changes in care needs are updated in the long-term care plans; however, this was not evidenced in all files reviewed. The previous finding around care plan interventions (NZS 8134:2008 criteria # 1.3.5.2) continues to require improvement.</p> <p>Healthcare assistants and RNs complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Neurological observations were completed for unwitnessed falls and where there is potential for a head injury; however, are not always completed according to policy for unwitnessed falls, or where there is a potential head injury.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with two local medical centres and a nurse practitioner from a neighbouring district. The nurse practitioner (interviewed) was positive about the care and timeliness of requests for review. The two regular GPs visit weekly. The GP service has recently reduced the provision of out of hours cover and service now uses the rotating GP on-call service provided by GP's in Temuka, Geraldine and Pleasant Point. The GP reviews the residents at least three-monthly or earlier if required. The GP records their medical notes and forwards them to the service by email where they are uploaded to the resident's file. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist available as required and a podiatrist and ear health clinic visit regularly. The psychogeriatric team from</p>
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	<p>Timaru visits as required and a dietitian, speech language therapist, wound care and continence specialist nurse are available as required through the local hospital.</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 sighted on the day of audit and found to be comprehensive in nature. Progress notes are written on every shift and as necessary by HCA's and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status. Progress notes reviewed evidenced timely RN documentation. The previous finding around progress notes (NZS 8134:2008 criteria # 1.3.3.4) has been addressed.</p> <p>Family members interviewed reported the needs and expectations regarding their family/whānau were being met. When a resident's condition alters, the registered nurse initiates a review with a GP. Family was notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. Family communication is documented on incident forms and in electronic progress notes.</p> <p>There were fifteen current wounds, including four pressure injuries (two stage I and two stage II). Wound assessments, wound management plans with body map, photos and wound measurements were overall documented appropriately; however, one resident with a wound did not have a wound assessment, plan and evaluation documented. Wound dressings were being changed appropriately and a wound register is maintained. The GM has wound specialist training and is actively involved in wound management. Input is also available from the local wound nurse specialist.</p> <p>Healthcare assistants and the registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management.</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. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities calendar for both areas include celebratory themes and events. A monthly activities calendar is posted on noticeboards, and a copy given to residents. The daily news bulletin provides the days menu, weather and the daily programme, and incorporates te reo Māori.</p> <p>The service facilitates opportunities for Māori to participate in te ao Māori, through the use of Māori language on planners, in activities with making of poi and cloaks, signage, and cultural visits. The activities coordinator has been in contact with the local marae and a visit is planned.</p> <p>Community visitors include entertainers, church services and pet therapy visits. Themed days such as Matariki, Māori language week, Waitangi, and Anzac Day are celebrated with appropriate resources available.</p> <p>Residents and families interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and 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>PA Moderate</p>	<p>There are policies updated to meet the 2021 Ngā Paerewa Health and Disability Services Standard 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. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. 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.</p> <p>Medications were stored securely in the medication rooms and locked trolleys. The medication fridge and medication room temperatures are monitored daily; however, room temperatures in</p>

		<p>two rooms were consistently observed to be above the policy top range of 25 degrees Celsius. All medications are checked weekly and signed on the checklist form. 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>Ten electronic medication charts were reviewed. The medication charts reviewed identified GP or NP review three-monthly. Each drug chart has a photo identification and allergy status identified. There were no residents self-administering medications, and no vaccines are kept on site. Standing orders are not used. Medication errors are reported through incident reports and followed up by the RN.</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 nurses and management described how they would work in partnership with 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>	FA	<p>The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs, values, and protocols around food. The service is planning to introduce monthly boil ups and other menu options culturally specific to te ao Māori. This was confirmed as sighted in the resident meeting minutes. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. Nutritious snacks and finger foods are available for the residents at any time of the day or night.</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</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</p>

<p>wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>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 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 buildings, plant, and equipment are fit for purpose at McKenzie HealthCare, and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 1 July 2023. The environment is inclusive of peoples' cultures and supports cultural practices. Recent changes were implemented to ensure deceased residents did not pass-through dining areas.</p> <p>The service has no plans to expand or alter the building, but advised they would consult with the Māori advisor 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>	<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.</p> <p>The building is secure after hours, staff lock the doors at dusk and are checked again by the RN at commencement of the night shift. Staff complete security checks at night. The dementia unit is secure. Security cameras cover both main entrances and are displayed in the nurses' stations. Currently under Covid restrictions, visiting is restricted and by appointment only. All visitors and contractors must complete a rapid antigen test 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>	<p>FA</p>	<p>The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. There are ample supplies of outbreak kits readily available and sufficient supplies of personal protective equipment. There are two internal cupboards and additional supplies stored in an external storage area. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and toolbox talks. Staff have completed handwashing and personal protective equipment competencies. Staff interviewed demonstrated an understanding of infection prevention and outbreak management.</p> <p>The service is working towards incorporating te reo information around infection control for Māori residents. Staff members who identify as Māori advise around culturally safe practices, acknowledging 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>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 electronic 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 clinical and quality/staff meetings. Meeting minutes and graphs are displayed for staff. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been two outbreaks since the previous audit (Covid in April and May, and in October and November 2022). The facility followed their pandemic plan. All areas were kept separate, and staff were cohorted where possible. Staff wore personal protective equipment and residents and staff had rapid antigen (RAT) tests daily. Families were kept informed by phone or email. Visiting was</p>



		restricted.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The facility is 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 a registered nurse. There are no residents using restraint on the days of audit. The use of restraint is regularly reported in the monthly quality, health and safety, registered nurse, and staff meetings, and to the directors via the general 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 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	PA Low	The service has responded to a complaint via the Health and Disability services as required. On interview the GM who is new to the role discussed responding to complaints and concerns informally. Meeting minutes evidence complaints are a standard agenda item; however, a complaint folder to evidence previous complaint management could not be located.	A complaints register has not been documented for the service under the current management. There was no evidence of previous complaint documentation evidenced on the day of audit.	<p>Ensure a complaints register is maintained in accordance with Code of Health and Disability Consumers' Rights and McKenzie policies.</p> <p>90 days</p>
<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	Quality and staff meetings are held monthly as scheduled. The service has a documented quality system including internal audits, trend analysis of incidents including falls, skin tears, infections, complaints, resident and family satisfaction surveys, and corrective actions. On the day of audit, a review of the internal audit	<p>(i) Internal audits had not been fully implemented as scheduled.</p> <p>(ii) Corrective actions where documented did not identify completion or sign off.</p> <p>(iii) The resident satisfaction</p>	<p>(i) Ensure all internal audits are implemented as scheduled.</p> <p>(ii) Ensure corrective actions are documented and signed off when completed.</p>

		programme evidenced not all audits were completed as scheduled. Corrective actions where documented do not always identify sign off as completed. The resident and family satisfaction survey for 2022 was completed in February; however, there was no evidence of correlation, analysis or results communicated to residents, family/whānau or staff.	survey completed over six months ago had not been correlated, analysed or results communicated.	(iii) Ensure satisfaction survey results are correlated, analysed, and communicated.  90 days
Criterion 2.2.6 Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.	PA Low	The general manager was aware of the requirement to comply with statutory and regulatory obligations in relation to essential notification reporting; however, did not have a full understanding of the scope of this requirement. This was rectified on the day of audit following a review of the requirements. The RN confirmed there had been notifications for previous pressure injuries; however, on the day of audit section 31 notifications were not located.	On the day of audit, the GM was unaware of the scope of essential notification reporting. There were no notifications sighted for two pressure injuries and registered nurse shortages.	Ensure notifications are made to HealthCERT, Public Health and Te Whatu Ora South Canterbury to comply with statutory and regulatory obligations.  90 days
Criterion 3.2.1 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.	PA Low	Initial interRAI assessments have been completed within the required timeframes for two residents. Initial assessments and care plans have been developed within the required timeframes for all files reviewed. Three of five resident files identified long-term care plans had been documented with 21 days of admission. Dietary profiles and nutritional assessments have been documented at the time of admission. InterRAI assessments have been completed for two of three permanent residents; however, timeframes have not been met as	(i) A long-term care plan has not been documented for one resident with dementia and one rest home level resident admitted as a permanent resident over three weeks ago.  (ii) Care plan evaluations and activity plan evaluations have not occurred within required timeframes for one hospital level resident file reviewed (four files did not require	(i) Ensure long-term care plans are documented with 21 days of admission.  (ii) Ensure care plans are evaluated six-monthly or sooner if health needs change.  (iii) Ensure initial interRAI assessments are completed within three weeks of admission.  (iv) Ensure interRAI

		required. Due to ongoing RN shortages, the facility struggled to maintain the required timeframes for completion of care related documentation. The following partial attainments should be viewed in conjunction with a nationwide nursing shortage.	reviews).  (iii) InterRAI assessments have not been completed within 21 days of admission for one rest home resident.  (iv) InterRAI reassessments have not been completed six-monthly, or prior to the care plan for one hospital level and one rest home level resident.  (vi) InterRAI assessments did not inform the care plan for one resident in the dementia unit where the interRAI was completed after the development of the care plan.	assessments are reviewed six-monthly or as required for changes in health, and prior to the completion of the care plan.  (vi) Ensure the interRAI assessments form the basis of the care plan.  90 days
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	PA Moderate	Storage of medication is maintained in the three secure medication rooms. Room temperatures are recorded daily. The medication rooms in the dementia area and south wing evidenced temperatures above the policy and best practise guidelines. A fan was operating in the south wing with limited effect. Corrective action planning was commenced on the day of audit.	Medication room temperatures in two of the three medication rooms evidenced recent occasions where temperatures had been 25 degrees and above.	Ensure medication room temperatures do not exceed 25 degrees.  60 days

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.