

M & K Atkins Limited - The Waratah Retirement Home

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	M & K Atkins Limited
Premises audited:	The Waratah Retirement Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 November 2022 End date: 18 November 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	55

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

General overview of the audit

The Waratah Retirement Home and Private Hospital is operated by M & K Atkins Limited and managed by the owner/manager. The service provides rest home and hospital (geriatric and medical) levels of care for up to 58 residents. On the day of the audit there were 55 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability 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 family, management, staff, and a general practitioner (GP).

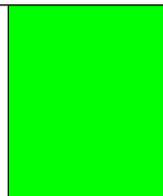
The owner/manager is appropriately qualified and experienced and is supported by an acting facility manager, clinical manager, and quality systems/audit manager. There are quality systems and processes being implemented. Feedback from families and the GP was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The area for improvement identified at the previous audit relating to medication management has been addressed.

This audit identified areas for improvement relating to registered nurse availability, and timeframes of assessments and care plan reviews.

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.



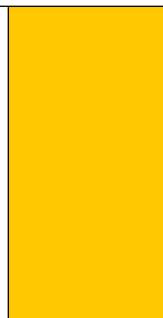
Subsections applicable to this service fully attained.

A Māori health plan is in place for the organisation. There were no staff employed who identify as Māori during the audit. The service also has a cultural safety policy which contains Pacific health plans specific to the different islands of the Pacific and their individual cultures. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori.

Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. 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 quality and risk management programme includes the service's philosophy, goals, and a quality/business plan. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of

residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy documented. 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 and reviews residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioners and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies.

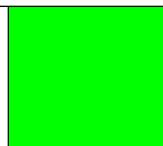
The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for the residents and provides opportunities for residents to participate in te ao Māori.

The kitchen provides culturally appropriate dishes specific to Māori residents.

Transfers between services are managed appropriately.

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

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

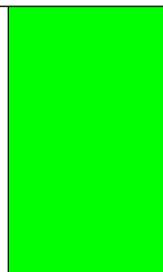


Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested, tagged, and calibrated. There is an approved evacuation scheme in place. The facility is secured at night.

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.

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 PPE supplies. The service has incorporated te reo information around infection control for Māori residents. Staff apply culturally safe infection control practices.

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. There have been two outbreaks (Covid-19) 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 a registered nurse. There were five residents using a restraint (bed rails) at the time of audit. 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	20	0	0	2	0	0
Criteria	0	57	0	0	2	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>A Māori Health Plan and Cultural Safety policy is documented for the service which includes recruitment of Māori staff. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. There were no staff employed who identified as Māori during the audit; however, the director interviewed confirmed that the service supports a Māori workforce, would encourage applicants who identify as Māori and support them through the employment processes.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>The service has a Pacific health plan in place as part of the cultural safety policy. This was developed in consultation with Pasifika by a well-known external consultant within the aged care sector and implemented by the service. At the time of the audit, there were staff who identified as Pasifika.</p>

<p>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 clinical manager confirmed that the service ensures that Māori mana motuhake is recognised in all aspects of service delivery, as evidenced in the Māori health plan and resident care plans reviewed. This was also confirmed in interviews with staff, residents, and whānau.</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. Te reo Māori is encouraged in everyday use of common words and greetings.</p> <p>The staff noticeboards contain information on Māori tikanga practice. Interviews with eight staff (two registered nurses, three caregivers, one activity coordinator, one lead cook and one cook) confirmed their understanding of tikanga best practice in relation to their roles, with examples provided. Cultural training is also included in the orientation programme for new staff.</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.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are</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 interviewed described the positive work</p>

<p>safe and protected from abuse.</p>		<p>environment and promoting teamwork at The Waratah.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents, including Māori. At the time of the audit, there were Māori residents. The Māori care plan captures any required Māori health and cultural information for each Māori resident. Care plans reviewed were holistic and individualised.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. Five resident files reviewed included general consent forms signed by the resident, enduring power of attorney (EPOA) or next of kin. Staff and three family members interviewed could describe what informed consent was and knew the residents/family had the right to choose. This was also confirmed in interviews with three residents (two hospital and one rest home).</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written on a complaints' register.</p> <p>There have been two internal complaints in 2021 since the previous audit in 2021, and three in 2022 year to date. There have been no complaints received from external agencies.</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 the entrance to the facility. Residents and families have a variety of avenues they can choose from to make a complaint or express a concern, including the</p>

		resident and family meetings which are held six-monthly or sooner if required.
<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>	FA	<p>The service provides rest home and hospital (geriatric and medical) levels of care for up to 58 residents. All beds are dual purpose. On the day of audit there was a total of 55 residents. This included 29 rest home level care and 26 hospital level care residents. All residents were under the age-related residential care (ARRC) contract.</p> <p>M & K Atkins Limited – trading as The Waratah Retirement Home has a Board of three directors. The Governance body have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori.</p> <p>There is a current business, quality, and risk management plan in place. The facility manager (also a director) attends the Board meetings and provides clinical governance. The working practices at The Waratah are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha.</p> <p>At the time of audit, the facility was being overseen by an acting facility manager in the facility manager’s absence. The acting facility manager (non-clinical) has been at the facility for fifteen years and regularly steps into the manager role when required. When not in the acting facility manager role, she is the administration manager. The facility manager is supported by a clinical manager (registered nurse) who has been in the role for twenty years, and a quality systems and audit manager who has been in the role for three years.</p> <p>The management team have undertaken a minimum of eight hours of professional development relating to the management of an aged care service in the past twelve months, including online training, Aged Care Association management specific content and cultural competency training.</p>

<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The Waratah is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. A summary is provided against each clinical indicator data. Benchmarking occurs internally.</p> <p>Monthly compulsory combined staff/quality meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed, with sign-off when completed. Interviews with staff confirmed that there is discussion about quality data, including accident/incidents, infections, internal audit outcomes, concerns/compliments at the meetings.</p> <p>Staff complete cultural competency training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>Resident and resident/family satisfaction surveys completed for 2021 show consistently high levels of satisfaction amongst residents and families, with results for the 2022 survey in the process of being collated.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. The service has a comprehensive suite of policies and procedures which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated with further updates required in order to meet the 2021 Standard. Review of policies and quality data provide a critical analysis of practice to improve health equity. New policies or changes to a policy are communicated and discussed to staff.</p>

		<p>A health and safety team is in place with health and safety forming part of the combined staff meetings taking place monthly. Hazards are identified and managed. A current hazard register is available to staff.</p> <p>Reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager, allied staff, RNs, and caregivers.</p> <p>Discussions with the acting facility manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been a number of Section 31 notifications completed to notify HealthCERT of registered nurse shortages, and two outbreaks (Covid) which were appropriately notified to the Public Health unit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site at times for hospital level care residents. The acting facility manager interviewed confirmed staff needs and weekly hours are included in the regular report to the Board. 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.</p> <p>A sufficient number of registered nurses and caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff and residents are informed when there are changes to staffing levels, and care requirements are attended to in a timely manner as evidenced in staff interviews.</p> <p>The acting facility manager and clinical manager work Monday to Friday. On call roster is shared between the facility manager, administration manager and clinical manager.</p> <p>Staff are assigned as follows:</p> <p>For A wing – with 12 hospital and 17 rest home level residents at the time of audit:</p>

	<p>On the morning shift there is one caregiver on 06.30-14.30, one 06.30-13.30 and one floater (A) 06.30-13.00. On the afternoon shift there is one caregiver 14.00-22.00 and one 15.00-20.30. There is one caregiver at night 23.00-07.30.</p> <p>For B wing – 15 hospital and 12 rest home level residents:</p> <p>On the morning shift there is one caregiver on 06.00-15.00, one 06.30-14.00 and one floater (B) 06.30-13.00. There is also an additional floater (A+B) 07.00-13.00. On the afternoon shift there is one caregiver 14.30-22.00 and one 16.00-23.00. An additional pm floater is shared between the wings 16.30-21.30. There is one caregiver at night 22.00-06.30.</p> <p>Registered nurses are rostered 06.30-15.00, 15.00-23.00 and 22.45-08.45. The service is not always able to staff the night shift with a registered nurse and utilises level 4 caregivers as team leaders for the shift in these instances.</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. External training opportunities for care staff include training through Te Whatu Ora Waitemata, and hospice.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty caregivers are employed. The Waratah supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. Twenty-three caregivers have achieved a level three NZQA qualification or higher.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. These include (but are not limited to) restraint minimisation, medication administration, oxygen administration, and wound management. Additional RN specific competencies include syringe driver and interRAI assessment competency. Two of four RNs</p>
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		<p>are interRAI trained.</p> <p>The service encourages all their staff to attend monthly meetings, as this provides a forum to share health information (including Māori).</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>Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. 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>A register of practising certificates is maintained for all health professionals.</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 when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains 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 about the reasons for this decision is documented and</p>	FA	<p>The admission policy/ decline to entry policy and procedure guide staff around admission and declining processes, including required documentation. The service maintains records of how many prospective residents and families have viewed the facility, admissions and declined referrals, and these 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 Māori residents at the time of audit. The organisation engages with local iwi and kaumātua and established links with Māori Kingitanga, in order to continue development of meaningful partnerships with Māori communities and</p>

communicated to the person and whānau.		organisations, to benefit Māori individuals and whānau.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Moderate	<p>Five resident files were reviewed: three rest home level, and two hospital level. A registered nurse had undertaken an initial assessment, risk assessments and developed an initial care plan for all residents on admission. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented.</p> <p>Registered nurses complete an initial assessment and care plan on admission to the service based upon the interRAI assessment tool. Risk assessments are scheduled to be completed six-monthly or earlier due to health changes; however, interRAI assessments, evaluations and initial long-term care plans were not always completed within the required timeframes. It was noted that the service had commenced a corrective action regarding interRAI assessments and care plans at the time of audit. The care plans reviewed were resident focused and individualised. All long-term care plans reviewed identified all support needs, goals, and interventions to manage medical needs/risks. Other available information such as discharge summaries, medical and allied health notes, and consultation with relatives or significant others are included in the resident file. The short-term care plans integrate current infections, wounds, or recent falls to reflect resident care needs. Short-term needs are added to the long-term care plan when appropriate and removed when resolved. Whānau interviewed confirmed they were involved in care planning and decision making. The registered nurses interviewed describe working in partnership with family/whānau to develop initial and long-term care plans.</p> <p>Staff described the four cornerstones of Te Whare Tapa Whā and stated care plans include the physical, spiritual, family, and mental health of the residents.</p> <p>The initial medical assessment is undertaken by the GP within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. The GP visits the facility once weekly, provides a virtual</p>

	<p>consultation when required and provides out of hours cover. 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. Allied health care professionals involved in the care of the resident included (but were not limited to) physiotherapist, district nurse, wound nurse specialist and dietitian.</p> <p>Relatives are invited to attend GP reviews, if they are unable to attend, they are updated of any changes. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the progress notes. When a resident's condition alters, the clinical manager or registered nurse initiates a review and if required a GP visit or referral to nurse specialist consultant (eg, wound nurse specialist) occurs.</p> <p>There were eleven residents with wounds, including one stage II and one stage III pressure injury (facility acquired). The wound care plan documents the wound management plan, assessments, and evaluations with supporting photographs (where appropriate). The wound nurse specialist has documented input into pressure injury management. Registered nurses have completed wound care training.</p> <p>Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to): weights; observations including vital signs; food and fluid balance recordings; and neurological observations. All monitoring charts were implemented according to the care plan interventions; however, neurological observations were not always implemented as per policy requirements. Incident reports evidence timely follow up by a registered nurse, and opportunities to minimise risks were identified and implemented.</p> <p>Evaluations are completed and reviews record progress towards meeting goals. Care staff interviewed advised that a verbal handover occurs at the beginning of each duty that maintains a continuity of</p>
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		service delivery. Progress notes are maintained on every shift and entries in records are legible, dated and signed by the relevant caregiver or RN.
<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>	FA	<p>The service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language on planners, in activities, signage and the everyday use of greetings and common words in te reo. 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. 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>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff 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 caregivers 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 are appropriately stored in the medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies in use, must be reviewed, and prescribed by the GP. The previous audit shortfall (NZS8134:2008 criteria # 1.3.12.1) has been addressed.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident</p>

		<p>medication charts three-monthly and each drug chart has photo identification and allergy status identified. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. There were two self-medicating residents, who had the appropriate assessment and sign off completed. There are no standing orders in use and no vaccines stored on site.</p> <p>There was documented evidence in the clinical files that relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with the Māori whānau to ensure the appropriate support is in place for their relatives, 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 kitchen is able to meet the needs of residents who require special diets. Family/whānau meetings, and one to one interaction with care staff in the dining rooms allow the opportunity for feedback on the meals and food services generally. Staff interviewed understood basic Māori practices in line with tapu and noa and culturally appropriate dishes specific to Māori residents are included in the menu. The head cook gave examples of the dishes able to be provided, including kai moana and boil ups.</p> <p>Family/whānau members interviewed indicated satisfaction with the food, which was observed to be of a high standard during the time of audit.</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>	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 family/whānau and other service providers to ensure continuity of care.</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>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at The Waratah and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 16 June 2023. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices. The service has no current plans to build or alter the facility; however, the Board would engage with local iwi and existing cultural consultancy contacts 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.</p> <p>Security of the facility is managed to ensure safety of residents and staff. The building is secure after hours, and staff complete security checks at night. A staff member trained in CPR and first aid is on duty at all times.</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>	FA	<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 outbreak kits readily available and sufficient supplies of personal protective</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. 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>equipment.</p> <p>The service has incorporated te reo information around infection control for Māori residents, including instructions for hand washing in te reo, which were sighted during then audit. Cultural consultants accessed through the director advise around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed provided examples of culturally safe practices in relation to infection control.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>Monthly infection data, (including ethnicity) is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions, are discussed at the combined clinical, quality, and staff meetings. Meeting minutes are available to staff.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors on entry to the facility and in the corridors. Ministry of Health information and Covid-19 information is available to all visitors to the facility. Visitors to the facility complete health screening declarations and record keeping of all incoming and outgoing visits is maintained.</p> <p>There were two Covid-19 outbreaks in 2022 which were appropriately managed with Te Whatu Ora Waitematā and Public Health appropriately notified.</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 facility is committed to providing services to residents without use of restraint where possible. The 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. When restraint is considered as a last resort, the facility works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical manager (RN). At the time of the audit, the facility had five residents using restraint (bed rails). The use of restraint is reported in the combined clinical and quality/staff meetings. The restraint coordinator interviewed described the focus on working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
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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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Moderate	As per the ARC contract with Te Whatu Ora – Health New Zealand, an aged care facility providing hospital level care is required to have at least one registered nurse on duty at all times; however, the service has been unable to provide a registered nurse on site overnight for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising caregivers who are overseas trained nurses awaiting New Zealand competency assessments, as duty leads on site.	The service does not have sufficient numbers of registered nurses to have a RN on duty at all times as per the ARC contract D17.4 a. i.	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p> <p>60 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely</p>	PA Moderate	Registered nurses are responsible for the residents’ assessments and the development of long-term care plans. A review of the residents’ files reflected that not all documentation was completed within timeframes.	i). Four out of five initial interRAI assessments had not been completed within the required timescales for residents entering the service.	<p>i). Ensure an InterRAI assessment and long-term care plan are completed within 21 days of admission.</p> <p>ii). Ensure interRAI</p>

<p>manner. Whānau shall be involved when the person receiving services requests this.</p>			<p>ii). InterRAI re-assessments sampled had not been reviewed six-monthly for two of five files reviewed.</p> <p>iii). Care plan evaluations were not completed six-monthly or sooner for a change in health condition for two of five resident files sampled.</p> <p>iv). Long-term care plans had not been completed within 21 days for three of five long-term residents.</p>	<p>reassessments are completed at least six-monthly.</p> <p>iii). Ensure long-term care plans are reviewed at least six-monthly and when there is a change in residents' condition.</p> <p>iv). Ensure long-term care plans are developed within expected timeframes.</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.