

Kingswood Healthcare Morrinsville Limited - Kingswood Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Kingswood Healthcare Morrinsville Limited	
Premises audited:	Kingswood Rest Home	
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care	
Dates of audit:	Start date: 1 February 2023	End date: 2 February 2023
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:	61	



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Kingswood Rest Home provides services for up to 76 residents. The service is owned and operated by Kingswood Healthcare Morrinsville Limited. There have been changes to the service since the last certification audit. The certified services provided at Kingswood Rest Home have been reconfigured to include a secure unit to accommodate 30 psychogeriatric care residents. Sixteen rest home level care beds have been approved as dual-purpose beds for either rest home or hospital level care.

This surveillance audit process was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard and the contracts with Te Whatu Ora – Health New Zealand Waikato. It included review of policies and procedures, review of residents' and staff files, observations, and interviews with family/whānau, a governance representative, staff, and a general practitioner. The facility is managed by an experienced manager supported by an experienced clinical manager who has clinical oversight of the facility. Residents and family/whānau were complementary about the care provided.

Areas requiring attention from the partial provisional audit undertaken in April 2022 following completion of the new secure unit in relation to the certificate of public use and orientation of staff have been completed. Three areas were identified as requiring improvement during this audit relating to staffing of the facility, the training process, and medication competency assessments.

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.

Kingswood Rest Home works collaboratively to support and encourage a Māori world view of health in service delivery. There is a Māori and Pacific health plan in place to guide staff practice to ensure the needs of residents who identify as Māori and Pasifika are met in a manner that respects their cultural values and beliefs. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

Kingswood Rest Home provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. Kingswood Rest Home liaises with internal and external Māori advisors to support residents who identify as Māori.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Residents are safe from abuse, they receive services in a manner that respects their dignity, privacy, and independence. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept well informed.

Residents and family/whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Family/whānau and legal representatives are involved in decision making that complies with the law.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
---	--	---

The service is governed through two directors and one shareholder who are the owners of the service. They assume accountability for delivering a high-quality service. This includes honouring Te Tiriti and reducing barriers to improve outcomes for Māori. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and managed using current good practice. The management team have the required skills and experience. There is an ongoing learning programme in place.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

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 low risk.
---	--	---

When residents enter Kingswood Rest Home to receive care, a person-centred and family/whānau-centred approach is adopted. The service carries out routine analysis of entry and decline rates, this includes specific data for entry and decline rates for Māori.

The service has developed meaningful partnerships with the local Māori organisations, to benefit Māori individuals in the organisation.

Kingswood Rest Home works in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information. Files reviewed demonstrated that care meets the needs of residents and their family/whānau and is evaluated on a regular and timely basis.

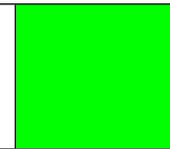
The activity programme offers a range of activities. All activity plans are completed in consultation with residents and their EPOA/family/whānau noting activities of interest. Residents and EPOA/whānau/family expressed satisfaction with the activities programme in place.

Medicines are safely managed. All residents, including Māori residents and their whānau, are supported to understand their medications.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Māori and their whānau have menu options that are culturally specific to te ao Māori.

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

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



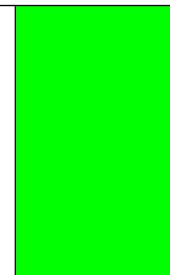
Subsections applicable to this service fully attained.

The environment is safe and fit for purpose. The facility consists of three secure wings and an open rest home/hospital wing across four different sites. The service has designed and maintained each wing in a manner that supports independence for residents to the extent that it is able. Resident areas are personalised. Spaces were culturally inclusive, suited to the needs of the resident groups and reflect cultural preferences. The building warrants of fitness for three of the buildings are current and there is a certificate of public use for the new psychogeriatric unit build in 2022.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and family/whānau understood emergency and security arrangements. Residents and their family/whānau reported a timely staff response to call bells. Security is maintained.

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.

Kingswood Rest Home ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The programme is coordinated by the clinical manager. There is a pandemic plan in place which has been tested periodically.

Surveillance of infections is undertaken, and results are monitored and shared with all staff. Action plans are implemented as and when required. The infection outbreaks reported since the previous audit were managed effectively.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint free environment, restraint has not been practised in the rest home/hospital and dementia areas since 2013. Restraint is only used in the secure psychogeriatric unit and is limited to safe holds. This is supported by policies and procedures. When restraint is used, it is as a last resort after all alternatives have been explored. There were two residents using safe hold restraints at the time of audit, and this has been used infrequently. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions, and appropriate monitoring.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	15	0	1	1	0	0
Criteria	0	36	0	1	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>The directors and shareholder of Kingswood Rest Home (Kingswood) are aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation. On the day of audit, there were residents and staff who identified as Māori.</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>A Māori and Pacific Health plan is in place to assist staff to better meet the resident’s care needs and cultural considerations. The plan was not however, developed in consultation with Māori or Pasifika communities. On the day of audit, there were staff who identified as Pasifika but no residents.</p>

<p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3 My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>Not Applicable</p>	<p>The Code of Health and Disability Service Consumer Rights (the Code) is available and displayed in English and Māori throughout the facility. Interviews with family/whānau of residents who identified as Māori said that all staff respect the residents' rights, that they are supported to know and understand their rights and that mana motuhake was recognised and respected. However, for residents who identify as Māori, there is no documentation in the resident's care plan, that encompasses the residents individualised requests in relation to their cultural needs, practices and tikanga. Enduring Power of Attorney (EPOA)/family/whānau or representatives of choice are consulted in the assessment process to determine residents' wishes and support needs when required.</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>Not Applicable</p>	<p>Kingswood supports residents in a way that is inclusive and respects their identity and experiences. Residents and family/whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Four of 33 care staff have had training on Te Tiriti o Waitangi in 2022-2023 (refer criterion 2.3.4) and understand what Te Tiriti o Waitangi means to their practice along with nine staff who identify as Māori (13 staff in total). While te reo Māori is promoted around the facility, there is no evidence that tikanga Māori guidelines are being promoted. Te Tiriti o Waitangi is on display in all four units at Kingswood. Staff are enabled with the opportunity to speak and learn te reo Māori, with the assistance of staff members who identify as Māori and are either fluent or have some capability in te reo Māori.</p> <p>Kingswood has a number of residents under sixty-five years and was observed to be responsive to their needs in the opportunities that were made available to them. The service enables these residents to participate in te ao Māori if they choose. However, there is no policy or formal process in place that identifies how Kingswood is committed to</p>

		doing this.
<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>	Not Applicable	<p>Employment practices at Kingswood include reference checking and police vetting. Policies and procedures outline safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers follow a code of conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Four of 33 care staff have attended the training on abuse and neglect in 2022 (refer criterion 2.3.4). There are no policies and procedures are in place that focus on abolishing institutional racism, the service's willingness to address racism, or what it would do if it were present in the facility.</p> <p>Residents reported that their property is respected. Professional boundaries are maintained. A holistic model of health is promoted at Kingswood; however, the model does not prioritise a strengths-based holistic model that focuses on wellbeing outcomes for Māori. Eight residents and six family/whānau members interviewed expressed a high degree of satisfaction with the services provided by Kingswood.</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>	Not Applicable	<p>Residents at Kingswood and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent. Staff who do not identify as Māori are not familiar with best practice tikanga guidelines but reported that they were guided by staff who are familiar.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</p> <p>Two resident advocates, who identify as Māori, were interviewed by telephone. They visit the rest home regularly and speak to residents. They are happy to take any concerns noted or identified to the clinical manager (CM) if requested. Concerns, generally around laundry or food, are addressed promptly by the CM. They were available to assist in all areas of the facility if needed. They were unaware of the Nationwide advocacy service which is available to them if they require</p>

		assistance to address advocacy concerns.
<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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of consumer rights legislation. The family/whānau of residents are provided with information regarding the complaints process, and advocacy services, on entry to the service. There is, however, no mention in policy in relation to how complaints from Māori would be managed; there were 12 Māori residents in the service at the time of audit.</p> <p>Information regarding the complaints process is displayed. Family/whānau interviewed understood their right to make a complaint and knew how to do so. There have been eight complaints since the last audit, The complaints related to medication management (this complaint was later withdrawn), communication (2 complaints), the condition of a resident when they were sent to hospital, resident finances, activities not being available as promised, staff not wearing masks in contravention of COVID-19 guidelines in place at the time, and visiting during a COVID-19 outbreak (subject of an Health and Disability Commissioner (HDC) complaint in 2022). Records confirmed that all complaints were managed in line with Right 10 of the Code and that they had been closed to the satisfaction of the complainant.</p> <p>There have been two HDC complaints since the last audit. One received in 2020 relates to resident care, the service has responded to the complaint and is awaiting any further response from the HDC. A second HDC (as per the complaint noted above) was received in 2022 in relation to visiting during COVID-19. This was closed by the HDC within six days. There were no other complaints received from external sources.</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</p>	FA	<p>Kingswood is owned and governed by two directors and a shareholder of a private company. The owners assume accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi, defining a governance and leadership structure (including for clinical governance) that is appropriate to the size and complexity of the organisation, and in appointing an experienced and suitably qualified person to manage the service.</p>

<p>operational policies. 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>The GM, who is a shareholder of the company, and the CM confirmed knowledge of the sector, regulatory and reporting requirements and both maintain currency within the field. The directors, GM and CM have completed education on Te Tiriti, health equity, and cultural safety but the policy and procedure in place in respect of Māori has not had input from tāngata whenua. The cultural safety policy and procedure reviewed in September2022 does not address equity issues.</p> <p>The service holds contracts with the Te Whatu Ora – Health New Zealand Waikato for aged-related residential care (ARRC) at rest home and hospital level, dementia care, and psychogeriatric care. Sixty-one (61) residents were receiving services on the day of audit, 14 at rest home care, 22 at dementia level care, and 25 at psychogeriatric level care. No residents were receiving hospital level care services.</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>Kingswood, through its policy and procedure, is responsible for identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. This includes a risk management plan and policies and procedures which describe all potential internal and external risks and corresponding mitigation strategies in line with National Adverse Event Reporting Policy. Whilst risk mitigation documentation does not include equity risk, the service collects ethnicity data on residents and staff and utilises this in its service provision. The service employs Māori staff who can support Māori residents to receive equitable services. Observation of Māori residents in their interaction with staff saw instances of equitable services being delivered e.g., in nutrition options, and use of te reo Māori.</p> <p>Leadership commitment to quality and risk management is evident in quality and risk documentation. Quality data includes incidents/accidents, infection and outbreak events, complaints/compliments, family/whānau satisfaction surveys, and restraint elimination strategies, all of which are analysed to identify and manage issues and trends. Ethnicity data is being gathered for residents and staff.</p> <p>A sample of quality and risk and other documentation showed that</p>

		<p>where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. Internal audits are completed to schedule.</p> <p>The service complies with statutory and regulatory reporting obligations. In 2022-2023 two notifications were made in relation to a gastrointestinal outbreak and 10 in relation to RN shortage due to the nationwide shortage of nurses.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). However, on the rosters sighted, there has not been a registered nurse (RN) available in the secure psychogeriatric service 24/7. There are three registered nurses (RNs) and one enrolled nurse (ENs) employed by Kingswood; one of the RNs is the clinical manager for the facility. Recruitment for registered nurses is continuing and the Ministry of Health (MoH) and Te Whatu Ora Waikato have been notified of any deficits via the section 31 process. The service is utilising the 'virtual RN' on night duty supplied by Te Whatu Ora Waikato but there are insufficient nurses available to the service to provide the care residents require (refer criterion 2.3.1).</p> <p>The facility has the ability to adjust caregiving staff levels to meet the changing needs of residents through the use of casual and agency staff. Care staff reported there were adequate staff to complete the work allocated to them. At least one staff member on duty has a current first aid certificate.</p> <p>While there is a continuing education plan which is planned on an annual basis and includes mandatory training requirements and related competencies, this has not been adhered to. Not all staff have completed at least eight hours of professional development (refer criterion 2.3.4) and not all staff have the required competencies for the function they are performing (refer criteria 2.3.3 and 3.4.3).</p> <p>The training programme in place includes education on Te Tiriti o Waitangi and cultural safety. This has been covered in the orientation programme but not all staff have not completed training as part of the ongoing training programme (refer criterion 2.3.6 and 2.3.7). Care plans are not informative enough to guide care for Māori (refer criterion</p>

		<p>3.2.3), and care staff who did not identify as Māori were unable to understand the Māori constructs of oranga without the assistance of their Māori colleagues (refer criterion 3.2.7).</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waikato. Staff working in the dementia care area have either completed or are enrolled in the required education. Staff working in the psychogeriatric unit, which opened in May 2022, have been enrolled in the requisite training programme.</p> <p>Staff reported feeling well supported and safe in the workplace.</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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. An orientation programme is in place that covers the education and competencies required of staff working in the differing services, orientation has been completed including orientation of staff in the psychogeriatric service (refer previous audit NZ8134: 2021 2.4.4).</p> <p>Records are kept confirming that all regulated staff and contracted providers have proof of current practising certification with their regulatory bodies (e.g., the NZNC, the NZ medical council, pharmacy, physiotherapy, and podiatry board). All new staff engage in a comprehensive orientation programme tailored for their specific role, which includes being 'buddied' with a peer. Staff interviewed confirmed that the orientation prepared them for their role and that they felt well supported by senior staff. New staff who do not already have an appropriate qualification to work in the dementia/psychogeriatric services have been enrolled into an appropriate NZQA programme in the required timeframe.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</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>Kingswood carries out routine analysis of entry and decline rates. This included specific data for entry and decline rates for Māori. The service has developed meaningful partnerships with the local Kai Te Mata marae. A kaumatua from the marae is available to support Māori residents and undertake blessings if needed. The marae provides a Māori health clinic with access to Māori health practitioners and traditional healers to benefit Māori individuals and whānau if desired.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Kingswood works in partnership with the resident and family/whānau to support the resident's wellbeing. Thirteen residents' files were reviewed. Five of these were from the psychogeriatric unit, two from each of the two secure dementia units and four from the rest home. Files included residents under sixty-five years (on the aged related residential care (ARRC) contract), residents who identified as Māori, with a pressure injury, with a wound, requiring comfort cares, and residents receiving respite care and who experienced episodes of challenging behaviours. Files reviewed verified a care plan is developed by a RN or an EN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes met contractual requirements, apart from seven of the 13 care plans which had been completed by an EN and not signed off by the RN (refer criterion 3.2.3).</p> <p>Management of any specific medical conditions were well documented</p>

		with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care provided in collaboration with the resident and/or family/whānau. Residents and family/whānau confirmed active involvement in the process, including residents with a disability.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The four activities coordinators (AC) at Kingswood provide an activities programme that supports residents to maintain and develop their interests suitable for their ages and stages of life, with oversight from a diversional therapist (DT).</p> <p>Opportunities for Māori and family/whānau to participate in te ao Māori are facilitated. Matariki, Māori language week and Waitangi Day are celebrated. Māori art was sighted in the psychogeriatric unit. Māori signage is around all four buildings. Residents play guitars and ukuleles and sing waiata with the staff. Gardens include the growing of kumara and potatoes for the boil ups and hangi. The 'men's shed' makes a number of wooden objects. Community groups including a kapa haka group, and local entertainers visit Kingswood.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Low	<p>The medication management policy at Kingswood is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit.</p> <p>All staff who administer medicines are competent to perform the function they manage; however, some aspects of the competency assessment has not been completed to meet the Kingswood policy and this requires attention (refer criterion 3.4.3).</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medication chart. Standing</p>

		<p>orders are not used at Kingswood.</p> <p>Self-administration of medication in the rest home area, is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</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>All residents at Kingswood have opportunities to request meals of their choice and the kitchen will attend to this. Kingswood offers Māori and whānau menu options such as fortnightly hangi and 'boil ups', fried bread, watercress, and fish head soup, that are culturally specific to te ao Māori.</p> <p>There is access to food at all times in the psychogeriatric unit and the two secure dementia units.</p> <p>Family/whānau are welcome to bring culturally specific food for their relatives. The interviewed residents and family/whānau expressed satisfaction with the food options provided at Kingswood.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau.</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>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The building warrants of fitness for each building were current and the</p>

<p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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>certificate for public use of the new psychogeriatric unit, built in May 2002 was sighted (refer previous audit NZS 8134: 2021 4.1.1). Secure external areas for recreation are available on each wing or adjacent to each building. Spaces promote independence and safe mobility and were culturally inclusive and suited the needs of the resident groups with smaller spaces for the use of residents and their visitors. The family/whānau of residents reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance.</p> <p>There are no plans for further building projects at Kingswood, the directors and the GM interviewed are aware of the requirement to consult with Māori if further building is envisaged.</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. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Kingswood caters for secure dementia and psychogeriatric services; all buildings (other than the rest home) are secured with swipe card and/or keypad access for entry and exit. Close-circuit television (CCTV) cameras are in place covering the facility's corridors, lounges, and kitchen. Signage is in place to alert people that CCTV cameras are operating on the site. Internal gardens are secure while promoting recreation activities. Entry doors in the rest home area are locked at a predetermined time each evening. These are accessible from the inside but not from outside the building.</p> <p>The fire evacuation scheme for each of the buildings in the service were reviewed and approved by Fire and Emergency New Zealand. The scheme requires trial evacuations, and this were carried out as scheduled. Staff were familiar with emergency and security arrangements. Staff wear identification badges.</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. 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</p>	FA	<p>A pandemic preparedness plan is in place at Kingswood, and this is reviewed at regular intervals. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required. The plan was tested in February 2020, when Kingswood kept COVID-19 out of the facility and in a May-July 2022 outbreak. The Infection control officer (ICO) works in partnership with the nine staff who identify as Māori and the Māori committee to ensure culturally safe practices around infection prevention and control</p>

scope of our services.		(IPC). The staff who identify as Māori, some of whom are fluent in te reo Māori assist in providing ICP training and advice to residents.
<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>	FA	<p>Kingswood undertakes surveillance of infections appropriate to those recommended for long term care facilities and this is in line with priorities defined in the infection control programme.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. Surveillance data includes ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented.</p> <p>There was an outbreak of COVID-19 at Kingswood in May -July 2022. Outbreaks occurred in each of the four areas at different times. Residents affected were isolated in their areas and visiting was restricted. The Regional Public Health Unit (RPH) and Te Whatu Ora Waikato were informed of the outbreak. There was a reported gastrointestinal outbreak in December 2022, affecting four people; this was not identified as norovirus.</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>	FA	<p>Maintaining a restraint free environment is the aim of the service. There has been no restraint in the rest home or dementia care areas of the service since 2013. Restraint is only practiced in the psychogeriatric area of the service and is limited to 'safe holds' to ensure the safety of care staff. At the time of audit two residents were using a 'safe hold' restraint and this was being used only infrequently. When the restraint is used, it was used as a last resort when all alternatives had been explored.</p> <p>There are clear lines of accountability, both restraints have been approved, and the residents' EPOA and/or family/whānau were involved in the decision making. The overall use of restraint is being monitored and analysed and reported at staff meetings but not at quality meetings or the management/directors' meetings. This is an area requiring attention (refer criterion 6.1.4).</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by the CM,</p>

		providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques and restraint monitoring during orientation and some staff (nine) as part of the ongoing training programme (refer criterion 2.3.4). Staff interviewed confirmed their knowledge of restraint and its use.
--	--	--

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>	<p>PA</p> <p>Moderate</p>	<p>Currently there are three registered nurses, one of whom is the CM who is being utilised as an RN to cover deficits in the psychogeriatric service and across the rest of the facility as well as holding CM responsibilities at another facility which is 30 kilometres away. The service is utilising the ‘virtual RN’ on night duty supplied by Te Whatu Ora Waikato with the support of an enrolled nurse (EN), agency RNs when they are available, and HCAs who are health and wellbeing qualified at level three or four. There are two international qualified RNs (IQRNs) working in the service who are being supported to achieve registration in New Zealand; they are expected to enter the service as RNs (dependent on RN registration with the Nursing Council of New Zealand) within the next three</p>	<p>There are insufficient RN staff available to the service. The service is to consider how it might manage its resources and resident mix to make sure that the residents in its care can be provided with safe clinical and cultural care services.</p>	<p>Consider a readjustment of the roster to cover deficits in the availability of RNs pending successful recruitment strategies and/or the registration of the two IQRNs currently in the service.</p> <p>60 days</p>

		<p>months. Recruitment for registered nurses is continuing and the Ministry of Health (MoH) and Te Whatu Ora Waikato have been notified of any deficits via the section 31 process.</p> <p>Four weeks of roster were analysed (28 days). Registered nurse cover has been primarily directed to the psychogeriatric unit, leaving the CM to cover deficits in that unit where able, as well as covering the care needs of the rest of the residents in the facility (39 residents) and in the other facility. One of the RNs works on night duty, which could be covered by the Te Whatu Ora RNs and the EN in the service works primarily in the psychogeriatric unit but could be utilised in the rest of the facility to assist with qualified service cover for the 39 remaining residents, none of which are currently assessed for hospital level care, under the direction and delegation of the CM.</p>		
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>Orientation has been completed for new staff in the service. A continuing education plan is in place that includes mandatory training requirements and related competencies, but this has not been adhered to. Of the 39 non-management staff, nine staff have had no education recorded, and seven staff have had less than eight hours of professional development recorded in 2022-2023</p>	<p>The education programme is not being adhered to and staff are not being educated or having their competencies checked as required by the education programme.</p>	<p>Ensure staff have access to the required training programme and have competencies assessed as required.</p> <p>90 days</p>

<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Low</p>	<p>Twenty-four staff at Kingswood are administering medications, after they have been deemed competent by passing a theoretical training around the medication management process, an observed medication round by an RN and the filling in of a questionnaire. Kingswood's policy requires this to be reviewed yearly. The review documentation sighted, is the signing and dating of a sheet that verifies competency. At times this has been signed by an EN not an RN. A number of competency reviews do not include the questionnaire. An interview with the CM, verified the staff deemed competent have been observed yearly administering medication and are competent, and the 24 medication errors last year did not identify any concerns re: competency. An observed medication round identified no areas of concern. The process however, requires attention.</p>	<p>Documentation verifying the yearly review of staff competency to administer medication is not being attended to within best practice guidelines.</p>	<p>Provide evidence the process in place to maintain a staff member competent to administer medications meets best practice guidelines.</p> <p>30 days</p>
--	---------------	--	---	--

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.