

Tamahere Eventide Home Trust - Atawhai Assisi Home and Hospital

Introduction

This report records the results of a Certification 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:	Tamahere Eventide Home Trust
Premises audited:	Atawhai Assisi Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 31 January 2023 End date: 1 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:	80



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

Atawhai Assisi Home and Village provides hospital and rest home level care for up to 84 residents. The service is operated by the Tamahere Eventide Home Trust Board who also own and operate a similar sized aged care facility-Tamahere Eventide Home and Hospital, which is located nearby.

The most significant change since the previous surveillance audit in 2021 is the extent of building and environmental improvements.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard 2021 and the service providers funding agreement with Te Whatu Ora (Health New Zealand)- Waikato. The provider was well prepared to demonstrate compliance with the new standards. The audit process included consideration of policies and procedures, residents' and staff files, observations and interviews with residents, family members, managers, staff, allied health providers and a nurse practitioner. Feedback from all interviewees was positive about the care and services provided.

There were no areas requiring improvement identified at this audit. Strengths of the service, which resulted in a rating of four continuous improvement rating were; retention of new staff as a result of appointing a care staff preceptor, improvements to the

building and facilities that have benefited residents' quality of life, a reduction in resident falls and increased resident participation in activities resulting from improvements to the rehabilitation service and rostering activities staff on site seven days a week. There were also improvements to food services.

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.

There is a Māori health plan, and other related policies and documents to guide staff. These plus specific in-service education ensures the needs of Māori residents are identified and met in a manner that respects their cultural values and beliefs.

Te Tiriti o Waitangi and the principles of mana motuhake are actively practised. Cultural and spiritual needs are identified and considered in daily service delivery.

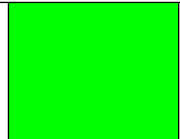
A Pacific plan and related policies and procedures guide staff in delivering pacific models of care to residents who identify as Pasifika.

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. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy to understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

The complaints process aligns with consumer rights legislation and these standards. Complaints received since the previous audit had been acknowledged, investigated and resolved.

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.		Subsections applicable to this service fully attained.
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The organisation is governed by a board of trustees who work with the executive management team to monitor organisational performance and ensure ongoing compliance. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. Quality data, including adverse events, is analysed to identify wanted and unwanted trends.

Workforce planning, management and allocation is fair and equitable. Management, clinical and care staff employed are suitably skilled and experienced.

Staff competencies are monitored, and their individual performance is being reviewed regularly.

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.

Subsections applicable to this service fully attained.

When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

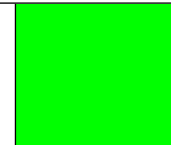
Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

Residents are referred or transferred to other health services as required.

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 facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents 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.

The governing body 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. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

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. This is supported by the governing body and policies and procedures. There were four residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for all restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	29	0	0	0	0	0
Criteria	4	170	0	0	0	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>	<p>FA</p>	<p>The organisation has embedded a Māori model of health into their care planning process. The principles of Te Tiriti o Waitangi are actively acknowledged when providing support to Māori residents. Partnership, protection, and participation was evident and confirmed in interview with residents who identified as Māori. The organisation’s Māori Health Plan reflected a commitment to Te Tiriti o Waitangi and providing inclusive person/ whānau centred support.</p> <p>Atawhai Assisi and the Tamahere Eventide Trust Board work in partnership with local Iwi and Māori organisations through their appointed kaumatua. The Māori board members work for and represent different Māori organisations.</p> <p>Staff who identify as Māori, confirmed that services were provided in a culturally safe manner. The human resources manager confirmed they actively recruit and do not discriminate based on ethnicity, and that the Māori staff employed are long serving. Māori residents and their whānau reported that their mana is protected and that they are treated with dignity and respect and that they are not afraid to speak</p>

		<p>up if they feel their world view has not been fully considered.</p> <p>The service provider implemented a 'Recognition of Cultural Diversity' initiative in September 2022. This initiative involved staff, family/whānau and residents identifying and learning about different cultural groups. Staff and residents involved in this initiative described gaining knowledge about different cultures and feeling more involved and included (if they were from other cultures).</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 health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The organisation has knowledge of local Pacific communities and organisations who are available to advise and provide information. The Pacific plan, which was developed with input from Pacific communities, supports culturally safe practices for Pacific peoples using the service. Although there were only a few Pasifika residents, their cultural and spiritual needs and beliefs had been taken into account. There was a significant number of staff who identified as Pasifika. Those interviewed said they were encouraged to contribute knowledge about their specific cultural values and beliefs to assist all staff in better meeting the needs of Pasifika residents which included talking to and greeting residents in their own language.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the welcome. There was information (posters/brochures in English and Māori) throughout the facility and residents said they were provided with opportunities to discuss and clarify their rights on a day-to-day basis, during everyday conversation and at residents' meetings.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Te reo Māori and tikanga Māori are promoted within the service with bilingual signs on doors and posters on walls.</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 safe and protected from abuse.</p>	<p>FA</p>	<p>Staff are guided by policies and procedures and demonstrated a clear understanding of the service's policy on abuse and neglect, including what to do should there be any signs of this. Education on abuse and neglect was confirmed as occurring during orientation and annually thereafter. Residents and whanau interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe to discuss with staff if they had any concerns. Finances and property are protected by established systems, such as ensuring valuables are taken home by families, and that the resident only holds small amounts of 'comfort funds'.</p> <p>On the days of audit, staff were observed to ask for consent from residents prior to having care provided. Signed consent forms were noted in residents' files. For example, sharing of information, outings, and medical procedures. Professional boundaries are maintained. Staff said they had not experienced any institutional racism, and that the recognising cultural diversity day, had increased awareness about differences in cultural practices.</p> <p>A strengths-based and holistic model of care using Te Whare Tapa Wha is utilised to ensure wellbeing outcomes for Māori.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau reported that communication was open and effective, and that they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner and this was also documented in residents' records reviewed. Staff knew how to access interpreter services if required. They expressed understanding of the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Residents and their EPOA/whānau interviewed confirmed being provided with information and being involved in making decisions about their care and felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</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>	FA	<p>A fair, transparent, and equitable system is in place which promotes use and understanding by Māori and others to receive and resolve complaints. For example, local kaumatua and tau iwi who have been advising the organisation, are available to support any Māori residents and their whānau. Complaint investigations are used as opportunities to make improvements. The process and policies meet the requirements of the Code of Health and Disability Services Consumer Rights (The Code). Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted confirmed that complaints received since the</p>

		<p>previous surveillance audit in 2021 had been investigated, resolved and closed within suitable time frames. Complaints or concerns raised were being used as opportunities for learning. Staff, whānau and residents including Māori residents, said any concerns or informal matters raised had been resolved to the satisfaction of the people involved.</p> <p>There have been no complaint investigations from any external agencies including the funder of services, or the office of the Health and Disability Commission (HDC) since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>There have been no significant changes within the governing body/trust board since the previous audit. The board assumes accountability for delivering a high-quality service and is inclusive and sensitive to the cultural needs of Māori. There is both Māori and Pasifika representation on the board. All board members and the senior leadership team have attended training and/or demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety.</p> <p>The Chief Executive Officer (CEO) interviewed, is providing the board with information about the new requirements of Ngā Paerewa and their additional obligations. The organisation works in partnership with a group of tau iwi, who provide guidance and advice on equity, cultural safety and the services obligations under Te Tiriti o Waitangi. The CEO also confirmed that services are delivered safely and appropriately for tāngata whaikaha/people with disabilities to facilitate improvement in their health outcomes and achieve equity. There was no evidence of infrastructural, financial, physical or other barriers to equitable service delivery. This was further demonstrated by interviews with members of the leadership team, staff, residents and their whānau/family, results of satisfaction surveys, and the demographic population of residents.</p> <p>The senior management team which includes the General Manager (GM) and two clinical nurse managers (CNL's) plus the nurse practitioner serve as the clinical governance team.</p> <p>The service holds contracts with Te Whatu Ora-Waikato for aged residential hospital medical, geriatric and rest home care. The</p>

		<p>agreement includes provision for respite/short stay, palliative and Long-Term Support-Chronic Health Conditions (LTS-CHC) and post-acute care. On the days of audit all but one of the 80 residents were receiving services under the aged residential care agreement. Of these, 35 were assessed at rest home level care, and 45 for hospital level care. There were two LTS-CHC residents and one person under 65 years of age under the Ministry of Health young persons with disability (YPD) agreement in the hospital wing and two rest home residents receiving short term care; one for respite and the other under post-acute care.</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 organisation has a well-established quality and risk system which contributes to continuous quality improvement. Responsibility for quality is shared across the senior management team with staff input at various stages. The system considers external and internal risks and opportunities, including potential inequities. The board and executive leaders are very experienced in aged care and have been engaged with various research and innovation trials in the sector. For example, becoming the first Dedicated Education Unit (DEU) in the region for tertiary nursing students, and exploring socio economic factors related to age care.</p> <p>Key performance indicators/quality data is collated and submitted quarterly for comparison with like size aged care facilities across New Zealand and Australia. This data includes staff attrition, staff illness, disciplinary actions, use of agency staff, resident acuity and different types of incidents, the currency of care plans and interRAI assessments. Additionally, the CEO and GM review and analyse all incidents, infections and complaints, and the results of resident and family satisfaction surveys for trends or areas requiring improvement. The most recent resident and family satisfaction survey outcome revealed an overall 7% increase in satisfaction (from 85% in 2021 to 92% in 2022). The employee satisfaction survey for 2022 also revealed a 50.88% improvement. (Refer to CI rating in 2.3.2)</p> <p>Outcomes of service performance monitoring via regular internal audits of clinical files, medicines, and residents' lifestyle are shared</p>

		<p>with all staff. Where the audits identify a need for improvement, the causes are researched, and remedial actions are agreed and implemented. This was confirmed by continuing improvement report forms, a sample of staff meeting minutes, in memos/time target messages and other forms of communication and by pictorial graphs displayed on the staff room walls. Quality data and information is reported and discussed at various staff meetings which are held at regular intervals. For example, senior leadership team meetings, RN meetings, wing and other general staff meetings. Staff reported their involvement in quality and risk management activities through audit activities, training and information shared at meetings. The GM keeps staff informed about areas requiring improvement or policy/process changes by memos and verbally at meetings.</p> <p>The CEO, GM and CNLs demonstrate knowledge and understanding about essential notification reporting. The service has not submitted any section 31 notifications since the previous audit. Population Health were notified about positive COVID-19 infections in the past 18 months. There have been no other significant events.</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>FA</p>	<p>There is a documented and implemented 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). Interviews with Māori residents and their whānau revealed that staff work in ways to deliver health care that is responsive to the needs of Māori. Māori staff are supported and encouraged to have input toward the methods for delivering care and improving health outcomes for Māori residents which demonstrates collecting and sharing of high-quality Māori health information.</p> <p>Staff numbers on each shift are allocated according to the number and acuity of residents in specific areas such as the rest home and groups of hospital residents. The hospital with 45 residents had eight care staff and two RNs rostered on for each morning and afternoon shift. There were four care staff and one RN allocated in the rest home with 35 residents. Night-time allocation is one caregiver in the rest home, and three in the hospital plus two RNs;</p>

	<p>one in the hospital and one for rest home with another RN on call.</p> <p>In addition, two Clinical Nurse Leaders (CNL) are onsite Monday to Friday to oversee service delivery and resident cares. There is always either a CNL or the GM on call after hours.</p> <p>All RNs and care staff who have been employed for more than a year and/or are on night shift are maintaining current first aid certificates. There is always at least two first aiders on site. Senior care staff who are assessed as competent to administer medicines are also rostered on each shift.</p> <p>Allied staff such as the diversional therapists/activities staff, laundry and cleaning staff, kitchen staff, office and maintenance staff are allocated sufficient hours to meet residents' needs and provide smooth service delivery seven days a week. Activities staff are now on site seven days a week.</p> <p>Residents and whānau interviewed said that staff were always attentive to their needs and that call bells were answered within a reasonable time.</p> <p>Education for all levels of staff is planned on an annual basis, which includes staff attending a day of mandatory training. The mandatory training includes cultural safety, health equity, fire/emergency, health and safety, safe food handling, code of rights/vulnerability and abuse, infection control, workplace bullying, restraint minimisation and prevention, manual handling, prevention of falls, and dementia communication.</p> <p>All care staff are expected to commence age care sector training, as outlined in their pay equity settlement three months after commencing employment, if they have not already achieved qualifications. Other infection prevention education specifically related to COVID-19 and its variants including donning and doffing of personal protective equipment (PPE), and emergency preparedness for pandemics has been ongoing since 2020.</p> <p>Records reviewed demonstrated completion of the required training. Of the 65 care staff currently employed, 36 have completed level 4 of the National certificate in Health and Wellness, 10 are at level 3, 11 at level 2 and eight are either progressing level 2 or are yet to</p>
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		<p>engage in the programme. Each of the staff files reviewed contained evidence of annual performance appraisals.</p> <p>A new initiative that enhanced care staff retention and competency is rated continuous improvement in criterion 2.3.2.</p> <p>Six of the 16 RNs are maintaining annual competency requirements to undertake InterRAI assessments. Five RNs are enrolled to start and two were progressing the training.</p> <p>The organisation supports people's right to speak their own language, endorses tikanga and support connections to iwi, hapū, and whānau. Resource material related to health equity is available and is being shared and discussed with staff.</p> <p>The most recent staff wellness/satisfaction survey indicated that staff feel well supported in the workplace. This was further confirmed by interviews with staff and the documented results/outcomes from implemented quality improvement initiatives (refer criterion 2.3.2).</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. The recruitment process includes referee checks, police vetting, proof of vaccination status and confirmation of qualifications before an offer of employment is made.</p> <p>Staff records sampled confirmed the organisation's policies are being consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities. Records were kept confirming all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ medical council, pharmacy, physiotherapy, and podiatry.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the</p>

		<p>requirements of the Health Information Standards Organisation. (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. A new initiative aimed at strengthening and monitoring the effectiveness of orientation and competencies for new care staff has been recently implemented. Refer criterion 2.3.2.</p> <p>Formal performance appraisals occur at least annually, and all staff had completed or were scheduled to attend a performance review for 2022.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Computers were situated in areas where staff could enter information discreetly. Staff were observed to log out of the computer when finished entering information.</p> <p>Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Atawhai Assisi Home and Hospital is not responsible for National health Index registration of people receiving services.</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</p>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (Disability Support Link - DSL) Service. Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. The facility has access to Māori</p>

<p>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>cultural support through staff.</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 work in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff 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/cultural assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical/nurse practitioner (NP) assessment, initial care plan, and long-term care plan and review timeframes meet contractual requirements. Cultural assessments were completed by staff who have completed appropriate cultural safety training. All residents have current interRAI assessments by one of six trained interRAI assessors. This was verified by sampling residents' records, from interviews, including with the NP and from observations.</p> <p>Management of any specific medical conditions were well documented 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 plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p>
<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</p>	<p>FA</p>	<p>Three diversional therapists and one rehabilitation therapist have recently been employed and joined the existing team which include two diversional therapists and one rehabilitation therapist. Facilitated activities are now available seven days a week and the rehabilitation programme run five days a week.</p> <p>Staff identified in 2020 that the allied health coordinator (AHC)</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>(previously rehabilitation therapist) due to time restraints solely focussed only on rehabilitation of residents across the facility that needed support and staff manual handling training. The rehabilitation room at the time was located in one part of the facility and small in size thus limited the amount of space and session times for residents to exercise and the placement of equipment. Monthly data also identified that on a weekend there was an increase of falls in the hospital wing and residents were not satisfied with the activities provided. The outcome of the above interventions has resulted in a continuous improvement rating due to an increase in resident satisfaction, participation in activities and rehabilitation and reduced falls (see criterion 3.3.1).</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated and include opportunities to partake in cultural events. Activity programs/calendars are provided in English and Māori. Atawhai Assisi Home and Hospital provides activities that support residents to maintain and develop their interests.</p> <p>Residents and whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy 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. All staff who administer medicines are competent to perform the function they manage. The service has policies and procedures on management of adverse events.</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</p>

		<p>required stock checks have been completed. Medicines were stored within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>There were two residents that were self-medicating. Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications. Interview with the clinical nurse lead confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whanau.</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>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. A revised four-week summer and winter menu is currently being reviewed by a qualified dietitian.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration which expires 09 May 2023. An audit of the food control plan on 28 June 2022 completed by an external provider identified no issues.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>Residents mainly choose to eat in the dining rooms and were observed to be given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity. Residents who chose not to go to the dining room had meals delivered to their rooms and are also offered the option of</p>

		<p>when they would like their breakfast. Residents are offered two meal options for lunch and are provided with a choice for an alternative if they do not want what is on the menu. This was verified by residents and family interviews.</p> <p>A 2021 satisfaction survey and resident's meetings evidenced issues raised by residents regarding concerns with food served cold, Inconsistent portion size of meals, special meals served to wrong residents, Inconsistency in special diets, miscommunication, not enough/appropriate crockery and or cutlery and untrained staff. Criterion 3.5.3 is rated continuous improvement for having responded to resident feedback regarding satisfaction with meals.</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 whānau. The service uses the Te Whatu Ora yellow envelope system to facilitate transfer of residents to and from acute care services. Whānau reported being kept well informed during the transfer of their relative. Evidenced in the progress notes was the reason for the residents transfer and whom was notified.</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,</p>	FA	<p>Significant environmental and building improvements have occurred since the previous 2021 audit. Criterion 4.1.2 is rated continuous improvement for improving resident safety and comfort. A current building warrant of fitness with expiry 22 April 2023 is in place. Systems for ensuring that the physical environment, chattels and equipment are fit for purpose and safe for tāngata whaikaha, rest home and hospital residents are effective. This includes annual testing and tagging of electrical equipment which was undertaken by a registered electrician on 20 June 2022. Calibration of bio medical equipment including syringe drivers occurs annually. This was</p>

<p>independence, interaction, and function.</p>		<p>confirmed in documentation reviewed, interviews and observation of the environment. External areas are accessible and appropriate for all groups of residents and these were being well maintained for aesthetics and safety.</p> <p>Local tangata whenua and hapū have been consulted and were involved in the design changes to the internal and external environments, according to the CEO interviewed. A local tau iwi group are regular visitors to the facility to bless/consecrate new artworks and signs.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed.</p> <p>Onsite inspection and interviews revealed that the emergency and security systems are in place. Staff have been trained and those interviewed knew what to do in an emergency. Fire safety and evacuation procedures are included at orientation and at six-monthly fire evacuation drills. The most recent fire evacuations occurred on 24 December 2022. All new staff are taken through a hands-on orientation to the emergency systems including the fire board, automatic systems and how to shut off power and gas.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region.</p> <p>There have been enhancements to the emergency systems since the previous audit. An example of this is the purchase of large capacity (165Kilowatt) generator for use during power outages, a new fire evacuation and emergency preparedness manual which is used for orientation and mandatory training by the property manager who is also the organisations lead health and safety officer. The manual is reviewed and updated annually. The current fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand on 09 September 2010. There have been no structural changes to the building which required a review of the</p>

		<p>evacuation scheme since then.</p> <p>All on site hazards and environmental risks are identified and mitigated, for example contractors coming on site to carry out work that involves heat are supervised by the property manager.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported that staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Staff routinely ensure all egress and entry doors are secured at dusk. Entry and exits are secured by a perimeter fence and electronic gates. There are closed circuit television recording systems in the common areas and hallways which residents (and/or the people authorised to consent for them) have agreed to. The site is also patrolled during the night by a security company. All staff wear identification badges, visitors and contractors are required to sign in and anyone new on site has health and safety and current hazards explained to them.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on a monthly basis. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues, and significant events to the governing body.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. There have been five COVID-19 infection outbreaks reported since the last audit.</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 infection prevention and control coordinator (IPCC) also holds the portfolio of training manager and is responsible for overseeing and implementing the IP programme which has been approved by the board/governing body. The IPCC reports to the general</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>manager who provides a monthly report to the board. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed they have access to the necessary resources and support and that advice has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies. There was ample stock of personal protective equipment and outbreak kits sighted throughout the environment. The IPCC is currently undertaking external papers in infection control.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p> <p>The IPCC reported that residents who identify as Māori would be consulted on IPC requirements as needed. Education resources in te reo Māori were available. Residents who identify as Māori expressed satisfaction with the information provided.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to</p>	<p>FA</p>	<p>Responsible use of antimicrobials is promoted, and this was confirmed by the nurse practitioner interviewed. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>

<p>the needs, size, and scope of our services.</p>		
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. 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 at handovers and staff meetings.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There were five COVID-19 infection outbreaks reported since the previous audit. All outbreaks were managed effectively with appropriate notification completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There is safe and appropriate storage and disposal of waste, infectious or hazardous substances on site as observed and confirmed by staff interviews and documents. This included designated clean and dirty areas and pathways for laundry.</p> <p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms. Laundry and cleaning processes were being monitored and audited for effectiveness. The outcomes of audits are shared with the IPCC. Staff involved in cleaning and laundry had completed relevant training and were observed to carry out duties safely. Chemicals were being stored safely and the cleaning system in use minimised the handling of chemicals. Residents and whānau reported that the facility was kept clean and tidy which was confirmed by the results of internal audits of the environment.</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>The service continues to aim for a restraint free environment. Interview with the CEO and documentation sighted confirmed that</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>this is supported by the governing body and that restraint activity is regularly and reliably reported to the board. The hospital clinical nurse leader is the nominated restraint coordinator. This person demonstrated a sound understanding of the role and responsibilities, these standards and the organisation's policies and procedures. This person provides support and oversight for prevention of restraint and/or safe management of restraint interventions.</p> <p>Interviews with the CNL, care staff, whānau and resident records confirmed that restraint is only used as a last resort when all alternatives have been explored.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>Assessments for the use of restraint, monitoring and evaluation was documented and included all requirements of the Standard. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary.</p> <p>A restraint register is maintained and reviewed at least six monthly or earlier when changes are indicated. The register listed four hospital residents requiring bed rails and chair harnesses to prevent injury whilst sitting up in lounge chairs or when in bed. The register contained enough information to provide an auditable record.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The restraint coordinator undertakes at least six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint had recently doubled (from two to four assessed and consented interventions) due to the increased frailty and confusion of residents being admitted into the hospital.</p>

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	CI	<p>A dedicated “Health Care Assistant Preceptor” works one to one with new (and existing) care staff on the floor to educate and enhance delivery of resident centred care. The objective of this initiative was to reduce the high turnover of new care staff, to improve the skills and competencies of new HCAs, improve the quality of care they deliver to residents, and increase the number of care staff enrolled in and progressing educational achievements rapidly and effectively. Since the commencement of this role, staff retention of care givers has improved, and the time taken for care staff to progress through the national certificate in health and wellness has been reduced. The service providers’ evaluation of this project confirmed that the measures for success had been achieved. New care staff are staying on longer. For example, previous attrition rates were 82% of new care staff leaving employment. This became nil turnover after implementation of the scheme.</p>	<p>The service provider has succeeded in retaining new care staff and reducing the time taken for staff to progress and achieve qualifications.</p>

		<p>New care staff are also progressing educational achievements faster. The most recent intake of care staff had achieved level 2 within two months. Interviews with care staff, observation of their practices and interviews with residents and their families revealed high levels of confidence in care staff competency. This was further endorsed by review of personnel records, incident event records, resident meeting minutes and improved outcomes from resident/family satisfaction surveys (refer subsection 2.2) and the employee survey for 2022 which had increased by 50.88%. Care staff had the highest employee satisfaction rating, with positive increases from previous results in career pathway availability and support provided by manager.</p>	
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>Three quality improvement projects implemented in 2021 have resulted in reduced falls and increased resident participation and satisfaction in both activities and rehabilitation by</p> <p>Centrally relocating and doubling the size of the rehab equipment room and increasing the size of the activities team.</p> <p>Employing a further three diversional therapists to support hospital level care residents throughout the weekends.</p> <p>Employing a second rehabilitation therapist.</p> <p>As a result, resident participation (acknowledging impact of covid) in rehabilitation has not increased, however the 2023 goal is to see resident numbers of over 5000 visits per year return to pre covid levels. A recent 2022 resident satisfaction survey has seen an increase from 76% to 85.13% in regard to resident's responses in being able to pursue things meaningful in resident's lives. In the hospital area over the weekend the rate of resident's falls has reduced from 32 falls in 2021 to 24</p>	<p>Atawhai Assisi Home and Hospitals reduction in falls, increased participation in activities and rehabilitation, changes made to the rehabilitation equipment room and increase in rehabilitation and activities staff is rated as continuous improvement by demonstrating an increase in resident satisfaction and responses.</p>

		falls in 2022. There has also been an overall increased satisfaction of activities and support being available in the hospital for residents on the weekends from 76.6% to 83.78%. The introduction of a second rehabilitation therapist allows for all residents to have a mobility assessment on arrival. Residents and whanau interviewed stated that they were happy with the increased availability of activities and physiotherapy and looked forward to joining into the activities provided particularly on the weekends.	
<p>Criterion 3.5.3</p> <p>Service providers shall ensure people's dining experience and environment is safe and pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.</p>	CI	<p>As a response to concerns raised by residents regarding meals in 2021 a quality improvement was initiated. The result of this was the purchase of five new scan heat boxes, a second combi oven and coloured cutlery and crockery for the different dining areas. All staff were trained in different meal portion sizes and an external food contractor was introduced to support residents who required a modified/textured nutritional support. The head chef meets with residents when concerns are raised and attends the resident's meetings and residents have the option of choosing when they would like to have their breakfast. Having the option to choose when the resident could have their breakfast increased their satisfaction from 74% to 84.10%. Surveyed results identified an overall increased satisfaction in residents dining experience from 80.67% to 92.86%. Residents and whānau interviewed confirmed that they were happy with the menu options and changes that had been made to increase their dining satisfaction.</p>	<p>Enhancing the resident's dining experience is rated as continuous improvement due to an increase in residents dining experience.</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise</p>	CI	<p>Significant environmental and building improvements have occurred since the previous 2021 audit. These include installation of air conditioning/heat pump units in all resident areas; new flooring and lighting in the rest</p>	<p>Improvements to the physical environment has increased resident safety, promoted their mobility and independence, and provided them easier accessibility to areas. All living</p>

<p>risk of harm, and promote safe mobility and independence.</p>		<p>home to enhance resident safety and mobility; a new/larger more accessible hairdressing salon; substantial reconfiguration of the main entrance which eliminated the sloping gradient to ground level; raising the roof portico to allow ambulance and other tall vehicles to park there; installation of additional resident toilets in recreation areas; double glazing of windows and insulation of walls; increased size of the rehabilitation centre; the creation of an activities area in the rest home which improved access and increased resident participation; increased size of the lounge in the rest home and creation of safer egress to outside areas; new car parking and widening of roads; new perimeter fence and electronic gates; enhancements to gardens and internal courtyards; installation of CCTV for monitoring and reviewing incidents; new roofing; replacement/upgrade of lounge furniture; completion of ceiling hoists in every hospital bedroom and replacing all hospital beds with an upgraded model.</p> <p>The resident survey in 2022 resulted in an increase in the ratings for general living conditions from 85.2% to 92.32%. Other outcomes that have impacted positively on residents' quality of life are reported as continuous improvements in subsections 3.2 and 3.3. Resident falls have decreased, resident skin tears and staff back injury have decreased. Additionally, staff satisfaction with their work environment has increased. Residents and their families interviewed were positive about all the building changes, saying that these made living there and visiting there much easier. Rest home residents enjoy being able to pop in to the activities room whenever it suits them. Three residents interviewed whilst they were seated in the gardens, said they appreciated how much easier it was to access the outside directly from the lounge.</p>	<p>areas are warmer, drier, or cooler in the summer. Resident and staff satisfaction with the environment has been significantly improved.</p>
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End of the report.