

The Ultimate Care Group - Lakewood Rest Home

Introduction

This report records the results of a Provisional 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 Central Region's Technical Advisory Services 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: The Ultimate Care Group Limited

Premises audited: Lakewood Rest Home

Services audited: Dementia care

Dates of audit: Start date: 1 March 2023 End date: 2 March 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: 32

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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Lakewood Rest Home is governed by a facility manager who is also a director, and two other directors. The facility manager reports to the directors and shareholders. The facility is certified to provide services for up to 36 residents requiring rest home dementia level care. There have been no significant changes since the last audit, with the exception of a proposed change in ownership.

This provisional audit was conducted against the NZS 8134:2021 Ngā paerewa Health and disability services standard and the service contract with Te Whatu Ora - Waitahi Canterbury. The provisional audit was undertaken to establish how well the prospective provider is able to provide a health and disability service. The prospective owner is the Ultimate Care Group Limited, who are an established provider of age-related residential care services. The prospective chief executive officer has been involved in managing and governing aged care services for over 30 years. The prospective owner will continue to implement existing systems and staffing for up to 12 months, allowing for considered planning and alignment with the Ultimate Care Group's systems and processes.

The audit process included review of policies and procedures, review of resident and staff files, observations, and interviews with the prospective owner's chief executive office, the current facility manager/director, staff, a resident and whānau and a general practitioner.

Areas requiring improvement identified at the last audit relating to resident/whānau surveys, incident documentation, and admission agreements remain open. There has been some improvement in the requirement relating to learning and development, however it remains open.

Additional areas requiring improvement identified at this audit relate to partnerships with Māori, collaboration with Pacific peoples, Māori representation; recruitment information, emergency training, safe cleaning and restraint.

Ō tatou motika | Our rights

The organisation complies with the Code of Health and Disability Consumers' Rights (the Code). Residents receive services in a manner that considers their dignity, privacy, and independence and facilitates informed choice and informed consent.

Policies and procedures are implemented to provide culturally safe care for all residents. Care is provided in a manner that focuses on the individual and considers values, beliefs, culture, and religion.

Policies are implemented to support residents' rights, communication, complaints management and protection from abuse. The service has a culture of open disclosure. Complaints processes are implemented.

Complaints processes are implemented and managed in line with consumer rights legislation.

Hunga mahi me te hanganga | Workforce and structure

A board of directors is the governing body responsible for the services provided at Lakewood Rest Home. The facility manager is one of the directors and understands the obligation to comply with all regulatory, legislative, and contractual requirements. The

mission statement, philosophy, purpose and nursing objectives are documented and made known to residents, family/whānau and staff. The facility has a business plan and there is quarterly reporting to directors and shareholders. The prospective provider has an established governance and management structure in place to support the facility and understands the obligation to comply with NZS 8134:2021 Ngā paerewa Health and disability services standard.

The facility manager is experienced and suitably qualified to manage the facility. A registered nurse oversees the clinical and care services in the facility.

Quality and risk management systems are in place. Meetings include reporting on various clinical indicators, quality and risk issues, and corrective actions are reviewed and discussed.

There are human resource policies and procedures that guide practice in relation to recruitment, orientation, and management of staff.

Systems are in place to ensure the secure management of resident information.

Ngā huarahi ki te orange | Pathways to wellbeing

Entry to services is informed following an external assessment process completion, and following all documented criteria being met. Consultation with hospital teams informs admission and information provided includes ethnicity.

The registered nurse completes the admission process. Residents undertake a medical assessment on admission. Acute assessment and treatment are completed as required when there is a change in residents' health status. Specialist input is accessed where indicated.

Communication processes are established to ensure resident information informs continuity of care. Systems, processes, and resources are in place to support the cultural needs of Māori and Pacific peoples and their whānau.

Medication is managed safely and effectively to meet legislative requirements. Staff who administer medication have completed training and a competency assessment.

Residents are supported to engage in community activities as well as in house activities. Whānau reported favourably about the support provided to their loved ones regarding the activities programme delivered.

Meals and snacks are prepared on site and meet the variety of residents' needs and individual preferences.

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

The facility has a current building warrant of fitness. A maintenance programme is implemented. Residents have access to external areas that are safe and provide shade and seating.

Residents' rooms are of an appropriate size for the safe use and manoeuvring of mobility aids and provision of care. Lounges and dining rooms provide spaces available for residents and their visitors. Communal and individual spaces have natural light and are maintained at a comfortable temperature.

A call bell system allows residents to access help when needed. Security systems are in place and staff are trained in emergency procedures. The facility is prepared for emergency situations and has adequate emergency supplies in place.

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

The infection prevention programme is appropriate to the services provided at the facility. The infection prevention surveillance programme monitors, and records infection prevention outcomes within appropriate timeframes. Staff undertake infection prevention education and health promotion.

Pandemic plans are in place. There have been two outbreaks of Covid-19 over the last twelve months. All requirements for outbreak management were completed and documented.

Here taratahi | Restraint and seclusion

Restraint minimisation and safe practice policies and procedures are in place. The organisation has made a commitment to be restraint and seclusion free environment. There have been no reported incidents of restraint or seclusion since the last audit. Staff have completed de-escalation and communication training.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	9	1	0	0
Criteria	0	148	0	10	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>PA Low</p>	<p>The Cultural Safety policy describes how the facility will work collaboratively with Māori to provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. It states that the service will enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations. The policy also describes how Te Tiriti O Waitangi will be reflected in our day-to-day practices. Staff and family/whānau interviews described care provided that is based on residents’ beliefs and spiritual needs.</p> <p>Included within the cultural safety policy are tikanga best practice guidelines for the provision of culturally safe services for Māori residents. Staff receive cultural safety training. Signage and some written information are available in te reo Māori. There are staff and residents who identify as Māori. Documentation and staff and family/whānau interviews confirmed the involvement of family/whānau in all aspects of care, particularly in nursing and medical decisions, satisfaction with the service and recognition of cultural needs.</p> <p>A Māori health care plan template is used in addition to the long-term</p>

		<p>care plan. It provides prompts to assist staff to identify specific cultural needs for Māori residents, including personal needs, kai preferences, care of taonga, spirituality, requests for care of a deceased person (Tupapaku) and instructions for impending death.</p> <p>The manager described how the facility has access to cultural support and assistance is provided through the local Te Whatu Ora hospital's Māori health team and described how local marae could be accessed for support and advice. However, these relationships were yet to be formally established.</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>	<p>PA Low</p>	<p>There is a Pacific peoples' policy that references Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 and other Pacific health and wellbeing plans. It requires ensuring residents of Pacific ethnicity receive comprehensive and equitable health and disability services underpinned by Pacific worldviews. The policy states that an aim of the service is to employ staff that reflect the cultural makeup of residents. There were no staff who identified as Pacific peoples employed at the time of the audit.</p> <p>Policy and interview describe that expert advice will be sought, if not available from resident and their whānau. Assessments and care plans are developed in collaboration with residents and whānau. This includes input from the public hospital. Staff and family/whānau interviews described a care planning process that included an assessment of individual cultural and spiritual beliefs. These are documented for all residents in their care and activities plans and address the identified cultural and spiritual needs.</p> <p>Information such as the Code, and advocacy services are available in different languages, and interpreter services are available when required or requested.</p> <p>The manager described an established linkage with the public hospital for cultural support and advice if needed for Pacific residents. Partnerships with Pacific communities are yet to be developed.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The facility has an implemented residents' rights policy. It describes the procedure to ensure that residents' rights are maintained and implemented that includes staff orientation and in-service education and ensuring that the Code is available to all residents. A copy of the policy is provided to residents and their whānau on admission and the Code of residents' rights is detailed in the admission agreement. Interview and document review confirmed that the prospective provider knows and understand their obligation to ensure residents' rights are upheld during service delivery.</p> <p>Family/whānau and staff interviews and observation confirmed that resident rights were upheld in service delivery and residents were treated with respect. Interviews also confirmed that family/whānau and the resident were provided with a copy of the policy and information about the advocacy services that are available and that this was discussed with them on admission by the registered nurse (RN).</p> <p>Information is also displayed in te reo Māori. Policy documentation and interview with the facility manager and staff demonstrated an understanding of Māori indigenous rights, Māori health and health equity</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>Staff interviews identified that they access cultural safety policies to guide how Te Tiriti o Waitangi influences their practice and policy and guidelines to maximise each resident's independence and promote personal individuality. In addition, the policies and information accessed by staff include but are not limited to residents' rights, the Code, a code of ethics, residents' choice, sexuality, spirituality and intimacy, house rules and staff code of conduct. Many of these policies are provided and explained to residents and their family/whānau on admission.</p> <p>The service has policy to ensure all persons assessed as requiring care at a residential level are provided this, regardless of race, sex, creed, gender, religious beliefs, or other discriminatory factors. This was confirmed in staff and family/whānau interviews.</p>

		<p>The resident's background, interests, social history, cultural and/or spiritual needs are discussed with the resident and family whānau on admission. Cultural assessments are documented on the initial assessment, which informs the resident's care plan, were evident on files reviewed.</p> <p>The residents' choice policy described how the resident's right of choice will be upheld. Family and staff interviews and observation identified that residents were encouraged to pursue their chosen interests wherever possible. This includes for those who choose, access to church services held in the facility and family/ whānau can take the resident on outings to attend events and activities such as bowling, concerts, community groups, church, movies and local clubs.</p> <p>Residents were observed to be encouraged to choose their own clothing and adornments, including lipstick. Personal effects were evident in resident rooms.</p> <p>Staff were observed to treat and speak to residents with respect and complete cares of a private nature in the resident's room. Family/ whānau interviews stated they were satisfied that their family member's assessed needs were met, their independence encouraged, and privacy maintained and that they were treated with respect and kindness.</p> <p>There is policy and cultural safety training provided to ensure that Te Tiriti o Waitangi, tikanga Māori and te ao Māori is implemented in service provision. Staff interview described how they would incorporate these into the care of residents. The activities program includes celebration of important events such as Waitangi Day and includes aspects of te reo Māori and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>There is policy to ensure staff fulfil their responsibility in the accurate detection and/or early recognition and intervention of elder abuse and neglect. It describes the types of abuse and neglect, signs and symptoms of abuse and/or neglect, immediate actions and procedures for reporting abuse/neglect.</p> <p>Staff have completed abuse and neglect training and at interview</p>

		<p>were aware of the policy. Family/whānau interviews stated that residents were treated with patience, kindness, respect and were supported in their everyday activities. This was observed on audit.</p> <p>The facility manages the resident's comfort fund and has a process to receipt additional funds from family/whānau. There is accountant oversight for fund management. Residents' valuables such as jewellery, are receipted and stored securely and family/whānau notified.</p> <p>The facility has a code of ethics policy, which is also provided in preadmission documentation to residents and whānau. It recognises the service's obligation to behave in such a manner that the dignity of the facility and its residents and staff is maintained. This is supported by job descriptions, staff induction and training regarding professional boundaries and defined expectations of behaviour. Facility recruitment checks include validation of references, work history and qualifications (refer to 2.4.1).</p> <p>Policy and procedures relating to cultural safety define residents and whānau involvement, regarding rights and current issues, in relation to Māori health and health equity. Residents and their whānau are encouraged to be involved through all stages of service delivery and to indicate and support the service providers in how they could better show an understanding of Māori indigenous rights and current issues in relation to Māori health and health equity. Observation of service delivery and staff and family/whānau interviews evidence that the facility implements a model designed to promote wellbeing outcomes for all including 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</p>	<p>FA</p>	<p>The preadmission information provides clear, and concise written information about the service. It includes information about interpreter and advocacy services, additional services available, what is included and what services are not covered by rest home fees.</p> <p>Whānau/residents' meetings had not been held since pre-COVID-19. However, the manager described the strategies to keep family/whānau informed which included regular emails and electronic communications, and phone calls. Evidence was also sighted in the</p>

<p>them about their choices.</p>		<p>resident/family newsletter. Staff and family/whānau interviews stated that the residents' care and progress was discussed whenever required.</p> <p>Open disclosure is practiced in line with the procedure set out in policy that require frank discussions occur with a resident and their support person about any adverse event. All events where there has been harm or potential harm as a result of a mistake or error are acknowledged to the resident and their support person as soon as possible after the event is identified, ideally within 24 hours of the event occurring. Interviews with family/whānau stated that they were contacted promptly to inform them of any event or change in the resident's condition. Documented incident forms sighted showed that family/whānau were contacted, whenever there was a resident incident.</p> <p>There is an interpreter policy to ensure timely and appropriate access to interpreter services. Prior to admission of residents who do not speak English, the availability of the interpreting services is offered to the resident and/or their family/whānau. The facility has a list of interpreter services contact numbers available through the local public hospital. In the preadmission information provided, prospective residents and their family/whānau are advised if they have difficulties understanding any written documents or verbal conversation or are visually impaired, the services of an interpreter will be obtained if they wish. At the time of the audit, there were no residents who required the services of an interpreter.</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>FA</p>	<p>An informed consent policy and procedure is in place to ensure that consent is obtained appropriately and in line with the Code. There is also an advance directive policy implemented. Information for residents and family/whānau describes what an advance directive and living will are and how to implement these. The resuscitation protocol and policy include consent to resuscitation, advance directives, and enduring power of attorney (EPOA).</p> <p>Resident files reviewed included informed consent forms signed by either the resident or EPOA. Appropriately signed resuscitation plans</p>

<p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>and advance directives were in place. Staff and whānau interviews confirmed that consent was obtained in line with policy.</p> <p>Information about the Code and the residents' right to make informed choices is made available to residents and their family/ whānau in preadmission information. This is also discussed on admission to ensure understanding.</p> <p>There is policy to ensure the involvement of whānau in decision making is encouraged. Staff and family/whānau interviews and observation confirmed that they were included where this had been the resident's wish.</p> <p>The cultural safety policy includes ensuring consent is sought in accordance with tikanga best practices and includes for example, before undertaking treatment, procedures, care, or tasks. Staff also understood the importance of whānau involvement in the consent process.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The facility has an implemented complaint policy and procedure that is in line with Right 10 of the Code. The policy provides guidelines for staff and the steps to take should they receive a complaint including informing the complainant of their right to an independent advocate or support person of their choice. Family/ whānau interviews confirmed that although they had no cause to complain, they were aware and understood the process should they wish to.</p> <p>The complaint policy and process is provided to residents in the preadmission information and detailed in the admission agreement. It is explained by the RN on admission, to ensure the process is understood. A copy of the complaints form is posted on the notice board at the entry to the facility and additional copies are available with the sign in book at reception.</p> <p>There had been one new complaint and one complaint open at the previous audit that had been closed. A register of both verbal and written complaints is maintained by the facility manager. The register and supporting complaints documentation showed evidence that each complaint had been responded to, investigated, addressed with the</p>

		<p>complainant within the required timeframes. There have been no complaints to external agencies since the previous audit.</p> <p>The complaints policy and procedure define a process that will work equitably for Māori. These include but are not limited to identifying the need to support residents and/or representatives through the complaint's procedure and to be sensitive to the residents' culture. It requires that all complaints are handled in a sensitive manner respecting the complainant's cultural requirements and discussing with residents and their representatives to identify which process is important to them. A complaint may be made verbally and the complainant can also be advised verbally of the outcome. The process also includes inviting a Māori advocate to the discussion if needed.</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>PA Low</p>	<p>Lakewood Rest Home Limited is owned by number of shareholders who make up 10 shareholdings. Three of the shareholders are directors of the company and responsible for governance of the facility. The facility manager is one of the three directors. The facility manager reports yearly to the annual general meeting and quarterly to the directors and shareholders. Evidence sighted in the facility performance reports included: occupancy, staffing, clinical/nursing issues, contracts and funding, maintenance, affiliations, finance, and other matters. At interview the manager confirmed the directors' understanding of their obligations to comply with all regulatory, legislative, and contractual requirements including international conventions ratified by the New Zealand government. The prospective provider has an established governance and management structure across other age-related residential care facilities. Interview described a clear understanding of their obligations to ensure compliance with legislative, contractual, and regulatory requirements.</p> <p>The facility's business, quality, risk and management plan detail the rest home's mission statement, philosophy, purpose and nursing objectives. These are also included in preadmission information provided to residents and their whānau.</p>

		<p>The facility manager is a social worker with previous experience in the health sector and has been in the role for nearly four years. The manager is supported by a RN who has been with the facility for one year, two enrolled nurses, and care staff. A clinical nurse manager (CNM) who had been fulltime with the facility, works part-time to support the RN.</p> <p>The facility has a documented and implemented quality and risk management system (QRMS) in place. The manager/director is responsible for the leadership and implementation of the QRMS and through interview demonstrated an understanding of a commitment to the QRMS.</p> <p>The cultural policy acknowledges relevant Māori health care equity frameworks.</p> <p>Service policies ensure that services are delivered equitably to all residents including those with disabilities. This includes eliminating discrimination against people with disabilities and seeking input from affiliated groups, residents and whānau.</p> <p>The facility manager described engagement with local Te Whatu Ora Māori health teams and potential engagement with local marae, however Māori representation at a governance level had not yet been secured. Interview with the prospective provider's board identified Māori representation at governance level.</p> <p>Lakewood Rest Home provides dementia rest home level care for up to 36 residents. On the day of audit there were 32 residents under the age-related residential care (ARRC) agreement. There was one resident in the public hospital, and another was awaiting reassessment for hospital level care.</p> <p>Interview advised that the RN receives support and supervision from Te Whatu Ora gerontology nurse specialists. Clinical governance/oversight through the gerontology nurse specialists and the CNM part time support, to the RN, is appropriate to the size and complexity of the service.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>The documented quality and risk management system, is maintained by the facility manager who is responsible for ensuring all quality issues are defined, understood, and actioned. There is an implemented document control system, to ensure documents are reviewed in a timely manner. Staff described their understanding of the quality and risk management systems and their role. Quality and risk performance data is collected and analysed by the manager and delegated staff.</p> <p>Actions arising from quality improvement activities are incorporated into processes with reporting on findings and progress. Evidence was sighted in meeting minutes, and this information including the status and trends of completed and pending corrective action requirements is reported to staff. However, analysis did not include satisfaction surveys. The finding from the previous audit remains open. Any changes within the quality and risk management framework, such as policy or procedural amendments, are also reported and discussed at staff meetings. Residents and whānau are advised of relevant updates through newsletters and emails and can provide input into the quality and risk management system through regular communications with the facility manager and satisfaction surveys.</p> <p>The prospective provider, Ultimate Care Group (UCG), has a national annual quality plan and established quality and risk management systems, including an internal audit template. However, the prospective provider intends to maintain the facility's current systems in the interim. There are no planned changes to the quality, risk management or health and safety systems should the sale be realised. The prospective owner will continue to implement Lakewood Rest Home's existing systems and staffing for the next 12 months, allowing for considered planning and alignment with UCG's national systems.</p> <p>The facility's business plan summarises internal and external risks to the service. There is a documented and implemented health and safety policy and associated procedures. The facility manager is the health and safety officer. Three monthly health and safety meetings are held with a cross section of relevant staff. Meetings include a review for relevant health and safety events such as falls, incidents and accidents, infections and cleaning. Health and safety matters are</p>
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		<p>reported back to staff at staff meetings, and this was evidenced in the meeting minutes sighted.</p> <p>There is a documented accidents and incidents policy based on the National Adverse Event Reporting Policy (2017). However, the actions to mitigate risk following an incident were inconsistently documented. The finding from the previous audit remains open. The process to notify reportable events is detailed in policy and the facility manager interviewed was aware of the events that required statutory reporting. A Section 31 report, for a resident who had absconded, was in progress at the time of the audit.</p> <p>The cultural safety policy includes guidelines for the provision of culturally safe services for Māori residents. There is also a Māori health care plan to be used in addition to the long-term care plans to assist staff with admitting and providing high quality resident care while respecting the beliefs of Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>The prospective provider has an organisational policy which includes the rationale for staff skill mix and rosters, inclusive of a roster allocation tool to ensure staffing levels are maintained at a safe level. Lakewood Rest Home has a staffing roster policy that defines the minimum staff and skill mix required for each shift, ensuring staffing is sufficient to meet the identified levels of dependency and needs of residents. Most staff have completed a current medication competency assessment and have a current first aid certificate. This ensures that there is at least one first aid trained and medication competent staff member on duty 24/7.</p> <p>The facility has 24 staff. This includes the facility manager, a non-clinical supervisor, a RN and/or a part time CNM, on duty during the day shift Monday to Friday. In addition, there is an enrolled nurse (EN) on the day shift Monday to Friday. There are two health care assistants (HCAs) from 7.00am to 3:30pm Monday through to Sunday. A diversional therapist works from 8:30am to 5.00pm Monday and Friday and an HCA provides a programme at the weekends. All afternoon shifts have four HCAs rostered - two from 2:30pm to midnight, one 5.00pm to 10.00pm and one 4.00pm to</p>

		<p>9.00pm. All night shifts have two HCAs from midnight to 8.00am.</p> <p>There are designated cooks/chefs, cleaning, and laundry staff on duty during the day seven days per week. Day shift cleaning and laundry staff, who are also trained HCAs, assist with resident cares when required. Interview described the use and changing of personal protective equipment in between roles.</p> <p>Interview with the prospective provider identified that a replacement facility manager had been sourced from within their organisation to replace the current facility manager, who intended to vacate the position following the sale. The new facility manager has experience in the role with another facility. The prospective owner intended to retain the facilities current systems and rostering in the first year of ownership.</p> <p>Staff identified there was sufficient time to ensure all resident cares were provided. Family/whānau interviews and observation confirmed that all resident cares were met, and that staff were responsive and approachable.</p> <p>All HCAs are required and supported to achieve qualifications through Career Force modules which are a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 18 healthcare assistants and activities staff, who have completed the required dementia qualifications most have completed their NZQA level 4 or above qualification or are in the process of completing this.</p> <p>A training schedule is in place for 2023. All 2023 scheduled training has occurred as planned and additional training is completed or scheduled for each month to address the backlog from previous years. However, manager training has not been completed. The corrective action from the previous audit is partially closed. Staff can access external training through Te Whatu Ora. Staff who require these, complete competency assessments such as: medication, fire safety, restraint, and manual handling as required. The RN is InterRAI trained and the two ENs are undertaking the training.</p>
Subsection 2.4: Health care and support workers	PA Low	The facility has policy which describes the recruitment procedures to

<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>be followed, that aligns with good employment practice and meet the requirements of legislation. These include interviews, reference checks, contracts, jobs descriptions and a current visa. However, no recruitment requirements were evidenced as completed on files. The management of staff information retained on files required review.</p> <p>There was evidence sighted in human resource files that professional qualifications were validated prior to employment, including evidence of registration and scope of practice where applicable. There is a system in place to ensure that practicing certificates are current. A copy of practising certificates is maintained for all health professionals who require this.</p> <p>There is a role specific orientation and induction programme in place that covers the essential components of the service provided, as evidenced in staff files reviewed. This included sighted evidence that competencies are completed as a component of orientation.</p> <p>Completed performance appraisals sighted and staff interviews showed evidence that an appraisal was completed three months after commencing employment. Thereafter performance reviews are completed annually.</p> <p>Staff described being able to debrief after incidents and events, such as COVID-19 lockdowns.</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>Individual resident health and support information were maintained in a paper-based file. Files were stored securely, and resident information is not visible to unauthorised access. Residents or their EPOA consented to the resident's name being displayed on a location board at the entrance. Data held electronically, such as policies and procedures, was password protected. There was one document-controlled hardcopy of these available to staff in a manual held in the staff office.</p> <p>Records sighted were uniquely identifiable, legible, and entered in a timely manner. Resident information including progress notes was entered in an accurate and timely manner. Residents' progress notes were completed at the end of the shift, detailing the residents'</p>

		response to service provision. The name and designation of the person making the entry was identifiable. Resident files were integrated and managed in orderly fashion.
<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>	PA Low	<p>There is documented information about the service and entry criteria provided to prospective residents and their family/whanau prior to admission.</p> <p>The resident admission policy defines the screening and selection process for admission. The admission policy requires the collection of information that includes ethnicity. Review of residents' files confirmed that entry to service had been completed however the completion of admission agreements required improvement. The requirement from the previous audit remains open.</p> <p>The service has a process in place if access is declined. It requires that when residents are declined access to the service, residents and their whānau, EPOA, the referring agency, GP and/or nurse practitioner (NP) are informed. Alternative services are to be offered and documentation of the reason entered in internal files. Interviews with the RN confirmed there had been no declines to service since the last audit. The resident would be declined if not within the scope of the service or if a bed was not available.</p> <p>The older persons mental health team complete all assessments required prior to admission. All residents had current interRAI assessments in place.</p> <p>Evidence is collated regarding entry and decline rates within the service. Prior to individual Māori entry to the service, engagement with the appropriate Māori communities is facilitated in conjunction with the older adult mental health team.</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>	FA	<p>The RN is responsible for all residents' assessments, care planning, and evaluation of care. Initial care plans are developed within the required timeframe based on information collected during the initial nursing assessments, which include dietary needs, pressure injury;</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>falls risk and social history and information from pre-entry assessments completed by the older adult mental health team or other referral agencies.</p> <p>The individualised long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment and completed within three weeks of the residents' admission to the facility. Documented interventions meet the residents current assessed needs with early warning sign (EWS) documented to guide resident care in the event of a deterioration in the resident's condition.</p> <p>The residents' activities assessments are completed by the diversional therapist (DT) within three weeks of the residents' admission. Information on the residents' interests, whānau, and previous occupations, is gathered with input from the residents' whānau. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are a part of the formal six-monthly multidisciplinary (MDT) review process. Shorter care plans are developed for acute problems, for example infections.</p> <p>The initial medical assessment is undertaken by the GP within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. There is documented evidence of the exemption of monthly GP visits when the resident's condition is considered stable. The facility is supported by two GPs who visit the facility at least on a weekly basis. Documentation and records reviewed were current. The GP interviewed stated there was good communication with the service and there were no concerns regarding the quality-of-care delivered. The facility provides an afterhours phone service.</p> <p>Contact details for whānau are recorded on a hard copy file. Whānau/EPOA interviews and resident records evidenced that family/whānau are informed when there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input this was initiated. Staff outlined that a</p>
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		<p>Section 31 notification had recently been completed for a wound that met those criteria.</p> <p>Progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and up to date. Neurological observations are recorded following unwitnessed falls.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require. Staff receive handover at the beginning of their shift.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long term care plans are formally evaluated every six months in conjunction with the interRAI assessments and where there is a change in resident's conditions. Evaluations are documented by the RN. The evaluations include the degree of the achievement towards meeting desired goals and outcomes.</p> <p>The care plans had been completed by a RN. Information was comprehensive providing information regarding health care needs and the necessary prevention and intervention strategies to manage early warning signs.</p> <p>Residents' family/whānau confirmed they are aware assessments are completed in the privacy of bedrooms.</p> <p>The service is committed to ensuring tāngata whaikaha are supported to participate in service development. Whānau are encouraged to provide feedback and be involved in activities across the facility. The understanding within the service of the Māori constructs of ora in relation to health and wellbeing is developing.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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>The activities programme is implemented by the DT Monday to Friday with care support staff delivering planned activities after hours. The residents' activities assessments are completed within three weeks of the resident's admission to the facility by the DT. Information on the resident's interests, their family/whānau and previous occupation is gathered from the resident's whānau when the resident is unable to</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>provide this and documented. The activities programme is displayed in the communal areas and provides variety in the content and includes a range of activities appropriate for the residents' needs. Regular church services are provided from different denominations. Regular van outings into the community occurs.</p> <p>The residents' activity needs are reviewed every six months by the DT in conjunction with the care plan reviews and form a part of the six-monthly multidisciplinary review process.</p> <p>Regular resident and whānau meetings are held and include discussion around activities. Whānau reported satisfaction with the activities provided. Over the course of the audit residents were observed engaging and enjoying a variety of activities.</p> <p>Recent events have included Waitangi Day and Matariki celebrations and a performance by a kapa haka group.</p> <p>The service has taken steps to ensure Māori are able to participate in te ao Māori by encouraging staff to speak some te reo every day, changed signage across the facility to incorporate both English and te reo and support staff to engage in karakia as regular practice.</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>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines.</p> <p>A safe system for medicine management using Medi-map was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three monthly reviews by the GP were recorded in hard copy. Resident allergies and sensitivities are documented on the electronic medication chart and in the residents' hard copy file. The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All medications sighted were within their use by dates. A system is in place for returning unwanted or expired medication to the contracted pharmacy.</p> <p>Medications are stored securely in accordance with requirements. Medications are checked by two staff where this is required. Weekly checks of medications and six monthly stocktakes are conducted in</p>

		<p>line with policy and legislation. The medication refrigerator and medication room temperatures are monitored, and staff outlined the process in place to address anomalies.</p> <p>Staff observed administering medication demonstrated knowledge and outlined clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The RN oversees the use of as required medicines and documentation made regarding effectiveness on the electronic medication record was sighted. Current medication competencies were evident in staff files. Medication errors are recorded within a reporting system which includes all information pertaining to the error alongside of what actions were put in place to minimise the error occurring again.</p> <p>Staff outlined how they provide information regarding the resident's medication regime where required to whānau if the resident is unable to fully comprehend this with established community links with Māori in place to provide appropriate cultural support.</p> <p>Interview with the RN confirmed that if over the counter medications were used, they would be added to the medication chart by the GP following discussion with the residents/whānau. No over the counter or traditional medications were in use on the day of the audit.</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>A nutritional assessment is undertaken by the RN for each resident on admission to identify the resident's dietary requirements and preferences. Nutritional profiles are communicated to the kitchen staff and updated when a residents' dietary needs change. Diets are modified as needed and the cook confirmed awareness of the dietary needs, likes, and dislikes of residents. These are accommodated in daily meal planning.</p> <p>All meals are prepared on site and served in either of the two dining rooms or in residents' rooms. The temperature of the food is taken and recorded. Residents were observed to be given time to eat their meal and assistance was provided for those who required it. Family/whānau stated they felt the meals were of high quality.</p>

		<p>The food service is provided in line with recognised nutritional guidelines for older adults. The seasonal menu has been reviewed by a dietitian, with the summer menu implemented at the time of audit. The food control plan was sighted and is current. The food control audit has been completed.</p> <p>Food procurement, production, preparation, storage, delivery, and disposal sighted at the time of audit comply with current legislation and guidelines. The cook is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>Feedback on the menu and food provided is sought at resident/whānau meetings and relative satisfaction surveys. The cook outlined that residents' cultural needs are met on an individual basis when requests are made known.</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>The facility has an implemented resident transfer/discharge policy. Transition, exit, discharge, or transfer is managed in a planned and coordinated manner and includes consultation with all involved. The service facilitates access together with medical and non-medical services. Residents/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies if indicated or requested.</p> <p>Where needed referrals are sent to ensure other health services including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are followed up on to determine progress. Communication records reviewed in the residents' files confirmed whānau are kept informed of the referral process.</p> <p>Interviews with RN and review of resident files confirmed there is open communication between services, and the resident/whānau, Relevant information is documented and communicated to health providers.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The facility has a building warrant of fitness valid until 1 June 2023, displayed at the entrance to the facility. There is a programme of planned servicing, calibration and checks of equipment, undertaken by an external company, as sighted on the company's calibration/check reports. All equipment sighted demonstrated evidence of a current test and tag and/or calibration. Maintenance requests are entered in the maintenance log, with actions taken noted. A facility supervisor is responsible for managing maintenance requirements. There are arrangements with local contractors and a maintenance person to undertake repairs and maintenance as required. The facility manager undertakes monthly hot water tests, and these were all documented as within a safe range.</p> <p>Lakewood Rest Home is a secure dementia care facility. This facility is set within a secure garden and residents are able to move freely between the garden areas and the facility. Outdoor areas included shade and seating and gardens evidenced recent maintenance. Ramps and handrails facilitate ease of access to the gardens and main entry. There is car parking space for visitors. Corridors and bedrooms have sufficient space to enable residents to mobilise freely and independently. Shower and toilet facilities all have handrails. All facility surfaces, fixtures, fittings, and furniture were to a standard that was easy to clean and maintain. There were no obvious environmental hazards sighted. There is a system to identify, manage and report hazards.</p> <p>The facility has adequate space for equipment, and both individual and group activities. This includes three lounges and two dining areas. Activities were observed to be held in the main lounge. Private, quiet spaces are readily accessible for residents to meet with their whānau.</p> <p>There are three wings of single bedrooms. Some bedrooms have ensuite toilets and there are communal toilets and showers on each wing. Bedrooms sighted have sufficient space for the resident to manoeuvre and have been personalised with the resident's own ornaments and memorabilia. Each bedroom has a heater and a call bell and an opening external window providing natural light, and appropriate ventilation.</p>
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<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>PA Low</p>	<p>There is a New Zealand Fire Service/Fire and Emergency New Zealand (FENZ) approved fire evacuation plan dated June 2005 sighted. There have been no structural alterations to the facility since that date.</p> <p>There are documented procedures to ensure that all employees know and understand what to do in the event of an emergency. However, the facility emergency evacuation drill was overdue. There is policy and procedure to minimise and manage environment risks.</p> <p>Staff have a current first aid certificate or are booked to complete this. There is at least one staff member rostered on each shift with a current first aid certificate.</p> <p>There is a functioning call bell system in place, and this is routinely checked by the manager. Call bells were observed to be responded to promptly. This was confirmed in family/whānau interviews.</p> <p>There is a security policy and associated procedures in place. These include strategies and flip charts to manage unauthorised/suspicious access, locking doors to external access at night-time, building security checks, security lighting and cameras at strategic external points, security stays on windows and regular check on residents. Staff understood security procedures. Visitor access is open during the day, with exit requiring a keypad code.</p> <p>There is a Major Incident and Health Emergency Plan to ensure the facility can remain operational during an emergency period. Alternative essential energy and utility sources include: a current civil defence kit, an emergency lighting system, generator, water, and a gas heater, stove and barbeque. Sufficient food supplies were sight in the kitchen to maintain the facility for over three days. The chef stated that the kitchen was always well stocked. Adequate stocks of</p>

		<p>personal protective equipment, incontinence products, and dressings were sighted.</p> <p>Staff described knowledge of the correct security procedures. There was evidence in the in the preadmission documentation sighted that security procedures, including security of personal possessions, are detailed for residents and whānau. Staff and family/whanau interview stated that this is discussed on admission.</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>	<p>FA</p>	<p>Infection prevention (IP) and antimicrobial stewardship (AMS) are an integral part of the strategic plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme. The facility manager reports IP matters such as COVID-19 to the directors and shareholders.</p> <p>There are policies and procedures in place to manage significant IP events. Any significant events are managed using a collaborative approach and involve the IP nurse and the GP. External resources and support are available through external specialists, GP, wound nurse, and the public hospital IP team when required. Overall effectiveness of the programme is monitored by the infection control nurse (ICN) who reports to the facility manager.</p> <p>The RN is the ICN and has completed training for the role. A job description is available within the policies and procedures folder however it has not been signed or placed within the ICN's personal file (refer to 2.4.1)</p> <p>There are adequate resources to implement the IP programme. Infection prevention reports are discussed at facility meetings. The ICN nurse has access to all relevant resident information to undertake surveillance, internal audits, and investigations. Staff demonstrated an understanding of the infection prevention programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	<p>FA</p>	<p>The IP programme is appropriate for the size and complexity of the service. The IP programme is reviewed annually and is linked to the</p>

<p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>quality and business plan.</p> <p>There are documented policies and procedures that reflect current best practice relating to infection prevention and include policies for hand hygiene, aseptic technique, transmission-based precautions, prevention of sharps injuries, prevention and management of communicable infectious diseases, management of current and emerging multidrug-resistant organisms (MDRO), outbreak management, single use items, decontamination of reusable medical devices, healthcare acquired infection (HAI) and the built environment.</p> <p>Infection prevention resources including personal protective equipment (PPE) were available should a resident infection or outbreak occur. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. There is a pandemic response plan in place which is reviewed at regular intervals. The ICN nurse involves staff in review of policies and procedures when appropriate.</p> <p>The ICN nurse involves staff in review of policies and procedures when appropriate. nurse is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The ICN nurse involves staff in review of policies and procedures when appropriate. nurse has access to an online training system with resources, guidelines, and best practice. The ICN nurse involves staff in review of policies and procedures when appropriate. nurse has completed infection prevention audits.</p> <p>The facility manager purchases infection control equipment as is required. Infection prevention input into new buildings or significant changes is available as required.</p> <p>Educational resources in te reo Māori can be accessed online if needed with additional support available via the public hospital infection prevention team.</p>
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		There have been two outbreaks over the last twelve months which staff outlined were managed appropriately and documented accordingly.
<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.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	There are approved policies and guidelines for antimicrobial prescribing. Prescribing of antimicrobial use and its effectiveness is monitored, recorded, and analysed. Trends are identified and feedback to staff occurs. If an area for improvement were identified this would be discussed with the GP.
<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>The facility surveillance policy describes the requirements for infection surveillance and includes the process for internal monitoring. Internal audits are completed.</p> <p>The ICN nurse is responsible for the surveillance programme. Infection prevention surveillance occurs monthly with analysis of information and reporting at staff meetings. The type of surveillance undertaken is appropriate to the size and complexity of the service. Standardised definitions are used for the identification and classification of infections.</p> <p>At interview staff reported they are made aware of infections through handover, progress notes, short term care plans and verbal feedback from the RN. New infections and any required management plan are part of the handover, to ensure early intervention occurs. Whānau are updated by phone, email, or text if required. Short term care plans are developed to guide care and evaluate treatment for all residents who have an infection.</p> <p>Information is shared with residents/whānau regarding infections as is appropriate and includes advice and education about hand hygiene, medications prescribed and requirements if required, for isolation.</p>

		<p>COVID-19 information is available to all visitors to the facility. Infection prevention resources are available should a resident infection or outbreak occur.</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 antimicrobialresistant organisms.</p>	<p>PA Moderate</p>	<p>The facility implements waste and hazardous management policies that conform to legislative and local council requirements. Policies include but are not limited to considerations of staff orientation and education, incident/accident and hazards reporting, use of PPE, and disposal of general, infectious, and hazardous waste. Current material safety data sheets are available and accessible to staff. Staff complete a chemical safety training module on orientation. Staff receive training and education in waste management and infection prevention as a component of mandatory training.</p> <p>Interviews and observation confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that PPE was used in high-risk areas. Laundry is managed by the HCAs on a rostered basis.</p> <p>Visual inspection of the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of personal clothes and facility linen. The safe and hygienic collection, and transportation of laundry items into relevant colour containers was witnessed. Healthcare assistants interviewed demonstrated knowledge of the process to handle and wash infectious items when required.</p> <p>Residents' clothing is labelled and personally delivered from the laundry as observed. Residents and family/whānau confirmed satisfaction with laundry services in interviews and in satisfaction surveys.</p> <p>Cleaning duties and procedures are documented to ensure correct cleaning processes occur. There are designated locked cupboards for the safe and hygienic equipment and chemicals. However, cleaning products were not stored securely when the cleaning trolley was left unattended.</p> <p>The ICN nurse conducts regular cleaning and laundry audits.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>PA Low</p>	<p>There are policies and procedures available to staff to meet the requirements of the restraint minimisation and safe practice guidance on the safe use of restraint. The organisation has a vision of a “no restraint environment” and staff are informed of the processes to follow should the possibility of restraint be identified. However, the governance board are yet to demonstrate their commitment to maintaining a restraint free environment.</p> <p>The prospective provider has a restraint minimisation policy that describes the restraint approval process. Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints.</p> <p>There have been no recorded restraint events since the last audit. Staff are educated in de-escalation practice.</p> <p>The RN is the restraint coordinator and is committed to a “no restraint” environment. Assessment for restraint covers the individuals’ need, alternatives attempted, risk, cultural needs, impact on the whānau, and relative life events, and advance directives, expected outcomes and when the restraint will end.</p> <p>Should restraint occur, information related to the event is documented and shared at the appropriate staff meeting. Information collated includes types of restraint used, reasons for using restraint and the length of time the restraint is used. Restraint is used as a last resort when all other alternatives have been explored. This was evident from interviews with staff who are involved in the ongoing process of restraint minimisation. Regular training occurs that includes calming and de-escalation techniques as outlined in staff interview.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.5</p> <p>My service provider shall work in partnership with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning, and support for Māori.</p>	PA Low	The facility has access to cultural support and assistance through the local hospital’s Māori health team and described how local marae could be accessed for support and advice. However, these relationships were yet to be formally established and partnership with iwi and Māori organisations documented and described.	Partnerships with Māori iwi are yet to be formalised.	<p>Establish and develop partnerships and linkages with Māori organisations.</p> <p>365 days</p>
<p>Criterion 1.2.5</p> <p>My service provider shall work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing</p>	PA Low	The facility has links with the public hospital for support on Pacific matters. However, it is yet to develop formal relationships to work in partnership with Pacific communities and organisations, within and beyond the health and disability sector.	Partnerships with Pacific communities and organisations are not yet developed.	<p>Establish partnerships with Pacific communities and organisations.</p> <p>365 days</p>

of Pacific peoples to improve outcomes.				
<p>Criterion 2.1.9</p> <p>Governance bodies shall have meaningful Māori representation on relevant organisational boards, and these representatives shall have substantive input into organisational operational policies.</p>	PA Low	The manager described engagement with the local Te Whatu Ora Māori health team and how local marae could be accessed for advice and support. However, Māori representation at a governance level had not been secured.	There is no Māori representation at an organisational level.	<p>Ensure meaningful Māori representation at organisational level.</p> <p>365 days</p>
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	Quality improvement activities are incorporated into processes with reporting on findings and progress on actions at staff meetings. The resident/whānau satisfaction survey was last completed in September 2022. However, results have not been collated, analysed, or shared with staff, residents, or family/whānau.	The resident/whānau survey results have not been collated, analysed, or shared with staff, residents, or family/whānau.	<p>Ensure survey results are collated, analysed, or shared with staff, residents, or whānau.</p> <p>90 days</p>
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Low	Staff interviews stated understanding of the incidents and accidents reporting policy and process. A form is completed following a resident incident and this is reviewed by the RN. The documented incident records reviewed demonstrated that appropriate assessments, observations, and care was completed. Relatives were notified and neurological observations, where required, and these were completed in line with best practice. However, actions to minimise the risk of reoccurrence were not documented on the incident form. Incident and accident data is collated and analysed with results discussed at staff meetings.	Accident, incident forms do not consistently identify strategies to minimise the risk of reoccurrence.	<p>Ensure strategies to minimise the risk of reoccurrence are identified and implemented.</p> <p>90 days</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 Low</p>	<p>The supervisor has developed a training schedule for 2023. All 2023 scheduled training has occurred as planned and additional training is completed or scheduled for each month to address the backlog from previous years. However, the facility manager has not yet completed management or leadership training relevant to the role, in the preceding two years.</p>	<p>The facility manager has not completed professional development relevant to the role</p>	<p>Ensure that the facility manager completes role specific professional development</p> <p>180 days</p>
<p>Criterion 2.4.1</p> <p>Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>In line with the human resources policy interviews and reference checks were completed and these were recorded in a recruitment notebook held by the facility manager. The staff files reviewed included evidence of a current signed contract. There are job descriptions available for all roles that include: personal specifications, duties and responsibilities, area of work and outcome relevant to the role. However, three of five files reviewed did not have a role specific job description on file and the two of two job descriptions sighted had not been signed.</p> <p>The policy does not require a criminal record-checking of staff. Five of the five staff files did not have evidence of a criminal record-check.</p>	<p>i) Not all staff files had evidence of a signed job description.</p> <p>ii) Criminal record-checks had not been completed on staff.</p>	<p>Ensure that a:</p> <p>i) Signed copy of a current job description is retained on staff files.</p> <p>ii) Update the human resource policy to require criminal record-checking and ensure that these are completed on staff.</p> <p>60 days</p>
<p>Criterion 3.1.1</p> <p>During the initial engagement prior to service entry, service providers shall ensure:</p> <p>(a) There is accurate information</p>	<p>PA Low</p>	<p>There is a documented admission agreement, that details for residents and their family/whānau, the terms of admission including charges and changes in needs. It requires a signature from the resident, or EPOA agreeing to the terms of the</p>	<p>Not all admission agreements sighted were signed or fully completed.</p>	<p>Ensure all resident admission documentation is completed in full.</p>

<p>about the service available in a variety of accessible formats; (b) There are documented entry criteria that are clearly communicated to people, whānau, and, where appropriate, local communities and referral agencies.</p>		<p>agreement. A review of six files showed that four resident admission agreements were incomplete with signatures and dates not recorded. The sample size was extended by two and identified that 50% (four of eight) of the resident files reviewed did not have signed admission agreements and two of the four signed were incomplete with dates not recorded. The facility manager described how the organisation used their best endeavours to get resident admission agreements signed. However, many EPOA did not reside locally or respond to communications.</p>		<p>90 days</p>
<p>Criterion 4.2.3 Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Low</p>	<p>The facility has a fire alarm, a sprinkler system, fire hoses, and adequate evacuation signage. Systems and processes are checked monthly by an independent contracted company. Until recently a programme of six-monthly fire safety and emergency procedure drills were completed in accordance with the requirements of the approved evacuation plan. However, the last drill was held April 2022 and is now five months overdue. Staff interviewed described a clear understanding of the correct emergency evacuation procedures.</p>	<p>The emergency evacuation drill has not been undertaken six-monthly</p>	<p>Ensure trial evacuations occur six monthly 60 days</p>
<p>Criterion 5.5.3 Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include:</p>	<p>PA Moderate</p>	<p>There are designated areas for the safe and hygienic storage of cleaning equipment and chemicals. However, observation of the housekeeping staff practices noted that the trolley containing all chemicals and cleaning products was not stored securely when the trolley was left unattended.</p>	<p>The cleaning trolley containing chemicals and cleaning products was not stored securely when unattended.</p>	<p>Ensure secure storage of chemicals at all times. 30 days</p>

<p>(a) Methods, frequency, and materials used for cleaning processes; (b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team; (c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>				
<p>Criterion 6.1.1 Governance bodies shall demonstrate commitment toward eliminating restraint.</p>	<p>PA Low</p>	<p>Review of documentation and discussion with the facility manager confirmed that the governance body are unable to demonstrate how they are committed to maintaining a restraint free environment.</p>	<p>There is no evidence to demonstrate that the governance body are committed to maintaining a restraint free environment.</p>	<p>The governance body is to demonstrate their commitment to eliminating restraint. 90 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.