

Warkworth Hospital Limited - Warkworth Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Warkworth Hospital Limited
Premises audited:	Warkworth Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 December 2022 End date: 12 December 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	31

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

Warkworth Hospital is operated by Warkworth Hospital Limited and managed by a facility manager and operations manager. The service provides rest home and hospital (geriatric and medical) levels of care for up to 37 residents. On the day of the audit there were 31 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standards 2021 and contracts with Te Whatu Ora Health New Zealand- Waitematā. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family, management, and staff. The general practitioner (GP) was unavailable for interview at the time of audit.

The facility manager (registered nurse) is appropriately qualified and experienced and is supported by an operations manager and registered nurses. There are quality systems and processes being implemented. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed three of the four previous shortfalls in relation to medication expiry, restraint documentation and infection surveillance. Mandatory education is an ongoing shortfall.

This surveillance audit identified a shortfall related to staff meetings.

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 and Pacific health plan in place. There were residents but no staff employed who identified as Māori during the audit. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori.

Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The quality and risk management programme includes service philosophy, goals, and a quality/business plan. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The service promotes equity of access to their facility through a well-documented entry and decline process. The registered nurses assess, plan, review and evaluate residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. Resident files are electronic and included medical notes by the general practitioner, and allied health professionals.

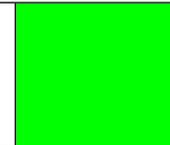
The activities coordinator provides and implements a variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. Medications are stored securely.

All food and baking are prepared and cooked on site in the centrally located kitchen. Residents' food preferences, dietary and cultural requirements are identified on admission.

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

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

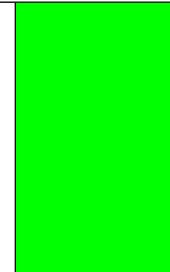


Subsections applicable to this service fully attained.

The building has a current warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Subsections applicable to this service fully attained.

The service has a robust pandemic plan which includes the Covid-19 screening in place for residents, visitors, and staff when required. The service has incorporated te reo information around infection control for Māori residents. Staff apply culturally safe infection control practices.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There have been no outbreaks since the previous audit.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Warkworth Hospital maintains a restraint-free environment. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed.

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	18	0	1	1	0	0
Criteria	0	53	0	1	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The facility manager and the operations manager stated that Warkworth Hospital supports increasing Māori capacity within the workforce and will be employing more Māori applicants when they do apply. The organisation’s recruitment policy reflects equal opportunities for all that apply. Warkworth Hospital evidences a commitment to ensure equal employment opportunities for Māori in their business plan. At the time of the audit there were no Māori staff.</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</p>	FA	<p>The Māori and Pacific Health Plan and Ethnicity Awareness Policy includes information on Pacific health and refers to the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. At the time of the audit, there were staff who identified as Pasifika who confirmed their personal and community involvement in the implemented plan.</p>

health outcomes.		
<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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The facility manager confirmed that the service ensures that Māori mana motuhake is recognised in all aspects of service delivery as evidenced in the Māori health plan and resident care plans reviewed. This was also confirmed in interviews with staff, residents, and family/whānau.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is encouraged in everyday use of common words and greetings.</p> <p>The staff noticeboards contain information on Māori tikanga practice. Interviews with eight staff (one registered nurse, three caregivers, one laundry, one activity coordinator, one kitchen hand and one cook) confirmed their understanding of tikanga best practice, with examples provided. Cultural training is also included in the orientation programme for new staff.</p> <p>All staff have access to specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaikaha participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff interviewed described a positive culture of teamwork.</p> <p>The Māori health plan identifies Māori health models – the Māori philosophy towards health is based on a wellness and holistic health model. The service utilises Te Whare Tapa Whā to ensure wellbeing outcomes for their Māori residents. At the time of the audit, there were Māori residents.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. The service follows relevant best practice tikanga guidelines to ensure cultural safe care. The registered nurses and facility manager have a good understanding of the organisational process to ensure Māori residents involved the family/whānau for collective decision making. Support services to Māori are available. Residents stated they were involved in decisions related to their care and everyday activities. Staff and two family members interviewed could describe what informed consent was and knew the residents/family had the right to choose.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written on a complaints' register.</p> <p>There have been no internal complaints in 2021 since the previous audit, and none in 2022 year to date. There have been no external complaints.</p> <p>Discussions with residents and relatives confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located in a visible location at the entrance to the facility. The facility manager acknowledges the importance of face-to-face communication for Māori.</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</p>	<p>FA</p>	<p>The service provides rest home and hospital (geriatric and medical) levels of care for up to 37 residents. There are 26 designated hospital level beds, and 11 dual purpose beds which can be used for residents who require either rest home or hospital level care. On the day of audit there was a total of 31 residents. This included six rest home level care and twenty-five hospital level care residents, including five younger persons with a disability (YPD), one resident funded by ACC, and one resident on a long-term support chronic health contract (LTS-CHC). All remaining residents were under the aged care contract</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>(ARRC).</p> <p>Warkworth Hospital Limited - trading as Warkworth Hospital, is governed by two owners/directors and managed by a facility manager and operations manager. The governance body have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.</p> <p>There is a current business quality and risk management plan in place. The facility manager attends the Board meetings and provides clinical governance. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Warkworth Hospital are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha.</p> <p>The facility manager is an experienced registered nurse (RN), who has been in the role for 17 years. The operations manager has previous experience in the health sector and has been in the role for 15 years. The management team have undertaken a minimum of eight hours of professional development relating to the management of an aged care service in the past twelve months, including online training, Aged Care Association conference and interRAI training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care</p>	<p>PA Low</p>	<p>Warkworth Hospital is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. A summary is provided against each clinical indicator data. Benchmarking occurs internally.</p> <p>Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Corrective actions are discussed adhoc with staff to ensure any outstanding matters are addressed with sign-off when completed; however, no staff meetings have been held in 2022.</p>

<p>and support workers.</p>		<p>Interviews with staff confirmed that they receive some quality data, including accident/incidents, infections, internal audit outcomes, concerns/compliments when required in the course of duties, and at handovers.</p> <p>Staff complete cultural competency questionnaires to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>Resident and resident/family satisfaction surveys completed for 2021 show high levels of satisfaction amongst residents and families, with results for the 2022 survey in the process of being collated.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. The service has a comprehensive suite of policies and procedures which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to meet the 2021 Standard. Review of policies and quality data provide a critical analysis of practice to improve health equity. New policies or changes to a policy are communicated and discussed to staff.</p> <p>Reports are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the facility manager, allied staff, RNs, and caregivers.</p> <p>Discussions with the facility manager and operations manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been a Section 31 notification completed to notify HealthCERT of a pressure injury.</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering requirements. The facility manager interviewed confirmed staff needs and weekly hours are included in the monthly report to the owners/directors. The roster</p>

<p>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>provides sufficient and appropriate coverage for the effective delivery of care and support. There is registered nurse cover over 24 hours a day.</p> <p>A sufficient number of registered nurses and caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff and residents are informed when there are changes to staffing levels, and care requirements are attended to in a timely manner, as evidenced in staff interviews.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Sixteen caregivers are employed. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. Four caregivers have a level 4 NZQA qualification in process, and three level 3. The remaining staff are enrolled in the programme.</p> <p>There is an annual education and training schedule; however, this has not been implemented. There have been no mandatory education sessions held since the previous certification audit in July 2021, other than first aid and fire training/drills. The facility has online training available for staff; however, collated results to evidence staff participation in these trainings were not available at the time of audit. The finding at the previous audit (NZS 8134:2880 criteria 1.2.75) remains.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of PPE, medication administration (if medication competent) and moving and handling. A record of completion is maintained in individual staff files (sighted).</p> <p>The service facilitates an environment that encourages collecting and sharing of high-quality Māori health information through close teamwork, detailed handovers, and management involvement in clinical care.</p> <p>Additional RN specific competencies include (but are not limited to) syringe driver and an interRAI assessment competency. Currently the service has four interRAI trained registered nurses, including the</p>
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		facility manager.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service is planning to develop and maintain an employee ethnicity database.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The admission policy/decline to entry policy and procedure guides staff around admission and declining processes, including required documentation. The facility manager (RN) keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals, which is reported to the operations manager and owners. The report does not currently include ethnicity, but will include ethnicity specific to Māori moving forward. The electronic system records ethnicity /race / indigenous status and iwi details.</p> <p>The service identifies links to Māori health providers within the Māori health plan. The service continues to develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p> <p>The service is committed to working collaboratively (Kotahitanga) to incorporate the principles of the Treaty in a seamless and integrated way (Whanaungatanga), by providing compassion, care, and hospitality (Manaakitanga) in a culturally and spiritually safe</p>

		environment for residents, their whānau/family, and staff.
<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>	FA	<p>Five resident clinical files were reviewed: two rest home, two hospital level care and one younger person with disability. A registered nurse completes an initial assessment and care plan on admission, including relevant risk assessment tools. Initial care plans for long-term residents reviewed were evaluated by the registered nurses within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated due to health changes. InterRAI assessments and reassessments have been completed within expected timeframes. The risk assessments and the interRAI assessment links effectively to the long-term care plan. The residents not on the ARRC contract had appropriate risk assessments and long-term care plans developed within expected timeframes. Interventions recorded in the long-term care plan to address medical and non-medical needs were comprehensive to a level of detail that sufficiently guide staff in the care of the resident. The care plans reviewed on the electronic management system were resident focused and individualised. Care plans include allied health and external service provider involvement. Short term needs such as current infections, wounds, weight loss, or recent falls automatically populates the long-term care plan to reflect resident needs and removed when appropriate/resolved. The RNs describe working together with tāngata whaikaha, that ensures tāngata whaikaha and whānau participate in service development.</p> <p>Care plans had been evaluated at least six-monthly for long-term residents who had been in the service six months. The care plans on the electronic resident management system were resident focused and individualised with clear and flexible goals. Residents interviewed confirmed that they participate in the care planning process and review. The GP has reviewed residents three-monthly. Residents and family/whānau interviewed confirmed they participated in care planning and decision making. The registered nurses interviewed described working in partnership with the resident and families/whānau to develop initial and long-term care plans.</p> <p>Registered nurses interviewed had knowledge of the Māori health plan. Care plans include the physical, spiritual, whānau, and mental</p>

		<p>health of the residents.</p> <p>There were no barriers identified that prevent whānau of tāngata whaikaha from independently accessing information. The service supports Māori and whānau to identify their own pae ora outcomes in their care plan. Cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan.</p> <p>The service contracts with the local medical centre whose general practitioner (GP) provides medical services to residents. The GP visits weekly or more often if required, completes three-monthly reviews, admissions, sees all residents of concern and provides an out of hours on-call service. The service also has access to the 24 hour on-call GP service. The GP was unavailable for interview at the time of the audit. All GP notes are entered into the residents' electronic clinical file. Allied health care professionals involved in the care of the resident included, but were not limited to: hospice; speech language therapist; older persons health clinicians; wound specialist; continence specialist; and dietitian. Physiotherapy services are limited in the Warkworth area. Residents are assessed by Te Whatu Ora Waitematā physiotherapists prior to admission.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or referral to nurse specialist consultants occurs.</p> <p>Adequate dressing supplies were sighted. Wound management policies and procedures are in place. There were three residents with wounds, including one stage II non-facility acquired pressure injury. Electronic wound care plan documents assessments and wound management plan, and evaluations are documented with supporting photographs and documented wound assessments. The Te Whatu Ora Waitematā specialist wound clinic and GP have input into chronic wound management.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and</p>
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		<p>pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to): weights; neurological observations; vital signs; turning schedules; and fluid balance recordings and charts were implemented according to the care plan interventions.</p> <p>Relatives are updated of any changes in residents' health or needs. The management and registered nurses reported they routinely invite family/whānau to the six-monthly review meetings along with the resident. Communication with relatives was evidenced in the electronic system.</p> <p>Caregivers and nurses interviewed advised that handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic management system and entered by the caregivers and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.</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 community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>Not Applicable</p>	<p>The activities coordinator works full time and has been at the facility for four months. They are supported by the facility manager (RN). There is a weekly activities planner which has the daily activities displayed and includes individual and group activities.</p> <p>There are monthly themes for example, Māori Language week, Matariki, Anzac, Easter, and Christmas. The planner has one on one activities such as, massage, reading, and sensory activities. The staff are a wide diverse team from many nationalities and part of the activities programme is to celebrate diversity, which has included and when Covid-19 restrictions have allowed, kapa haka entertainment from visiting school children and Marae visits. The service is actively working with staff to support community initiatives that meet the health needs and aspirations of Māori, including ensuring that te reo Māori and tikanga Māori are actively promoted and included in the activities programme. The service does currently have Māori residents and is planning to ensure opportunities are facilitated for Māori residents to participate in te ao Māori.</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>Policies and procedures are in place for safe medicine management. Medications are stored safely in the medication room. The internal audit schedule includes medication management.</p> <p>Registered nurses only administer medications, and all have completed medication competencies annually. Registered nurses have completed syringe driver training. All medications are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering medications are in place and this includes ensuring residents are competent, and safe storage of the medications. There were no residents self-administering medications on the day of the audit. Registered nurses advised that over-the-counter medications are prescribed by the GP. All medication errors are reported and collated with quality data.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy. There were no expired drugs on site on the day of the audit. The previous audit shortfall (NZS 8134:2008 criteria 1.3.12.1) around expired 'as required medication' has been addressed.</p> <p>Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately, with outcomes documented in progress notes. One registered nurse was observed administering medications correctly on the day of audit. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects.</p> <p>The registered nurses and management described working in partnership with all residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>Not Applicable</p>	<p>The menus have been approved and reviewed by a registered dietitian (November 2022). The menu allows a choice of meals that encompasses, likes, dislikes, dietary and religious dietary choices and needs. The cooks consult directly with residents to gain feedback on the food services and adjusts the menu if any special requests. The cook advised that they plan celebrations for Matariki.</p> <p>The service is working towards a better understanding of tapu and noa, ensuring all staff adhere to tapu and noa consistent with a logical Māori view of hygiene and align with good health and safety practices.</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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. A verbal handover is provided. Referral to other health and disability services is evident in the resident files reviewed.</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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The maintenance management policy ensures the interior and exterior of the facility are maintained to a high standard, and all equipment is maintained, serviced and safe. The building has a current warrant of fitness which expires on 18 July 2023. The service has a maintenance person who is also the operations manager, who is available Monday to Friday and on call at all times. There are essential contractors who can be contacted 24 hours a day, every day. Maintenance requests are completed on a form and checked off once completed by the maintenance person/operations manager.</p> <p>There is a preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical testing and tagging, equipment checks, calibrations of weigh scales and clinical equipment and testing, which are all current. Weekly hot water tests are completed for resident areas and are below 45 degrees Celsius.</p>

		Weekly air temperatures are completed. The air temperature is set manually for the facility but can be adjusted to suit individual resident requirements. The service advised future developments would include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 24 July 2006. Fire evacuation drills are held six-monthly (21 June 2023).</p> <p>The building is secure after hours and staff complete security checks at night. There is closed circuit TV monitoring in the building. The front door is locked in the evening.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a pandemic plan which includes the Covid-19 response plan, and includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p> <p>The service has incorporated te reo information around infection control for Māori residents, including instructions for hand washing in te reo which were sighted during the audit. The infection control coordinator interviewed could accurately describe culturally safe practices in infection control and how the spirit of Te Tiriti o Waitangi was acknowledged by the service.</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</p>	FA	<p>The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>Monthly infection data, (including ethnicity) is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. The finding at the previous audit (NZS 8134:2008 criteria 3.5.7) has been addressed. These, along with outcomes and actions,</p>

<p>an equity focus.</p>		<p>are cascaded to staff at handover and in corridor updates when required (link 2.2.2). Surveillance includes ethnicity data captured by the electronic resident management system.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required. There are clear, culturally safe processes for communication between the facility, residents and family/whānau around Covid-19 and other infections.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors on entry to the facility and in the corridors. Ministry of Health information and Covid-19 information is available to all visitors to the facility. Visitors to the facility complete health screening declarations and record keeping of all incoming and outgoing visits is maintained.</p> <p>There have been no outbreaks since the previous audit in 2021 or year to date in 2022.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint policy, including acute and emergency restraint policy, confirm that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free. The facility manager (restraint coordinator) confirmed the service, managers and directors are committed to providing services to residents without use of restraint. Monthly restraint data is captured and analysed by the restraint coordinator and reported to the directors and at staff meetings.</p> <p>A restraint approval committee meets every six months to review falls, unsettled residents, use of anti-psychotic medications and if appropriate, strategies are in place for residents and staff education needs. The committee includes the GP. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. The previous audit shortfall (NZS 8134:2008 criteria</p>

		2.1.1.4) around enabler documentation has been addressed as there are no enablers.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	Clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours) is collected, and numbers cascaded to staff informally; however, there have been no staff meetings, and no evidence of analysis or discussion of these risks in order to improve service delivery and care. The frequency of staff, clinical and resident/family meetings has been severely impacted by Covid-19 restrictions.	<p>There is no evidence of analysis or discussion of incidents, accidents, and other clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours), with associated risks in order to improve service delivery and care.</p> <p>There have been no staff or resident/family meetings held in 2022.</p>	<p>Ensure meetings are held as per the organisation’s schedule, and all clinical indicator data is analysed and discussed using a risk-based approach to improve service delivery and care.</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</p>	PA Moderate	An annual education planner is documented; however, the training schedule has been severely impacted by Covid-19 lockdowns. The service aims to address this by providing online learning	Mandatory education sessions including: restraint; abuse & neglect; Code of Rights; informed consent; pain management; spirituality;	Ensure mandatory education topics sufficient to satisfy the requirements of the aged residential care contract with Te Whatu

<p>record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>		<p>opportunities for staff. Training sessions in 2021 and 2022 have not been sufficient to satisfy the requirements of the aged residential care contract with Te Whatu Ora- Waitematā.</p>	<p>nutrition & hydration; complaints process; and the ageing process have not taken place in 2021 or 2022.</p>	<p>Ora-Waitematā are completed and evidenced.</p> <p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.