

Henrikwest Management Limited - Craigweil House

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Henrikwest Management Limited
Premises audited:	Craigweil House
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 2 March 2023 End date: 3 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:	48

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

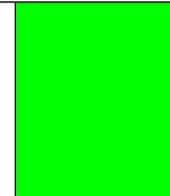
Craigweil House provides rest home, hospital and dementia level care for up to 68 residents. It is owned and operated by Henrikwest Management Limited. The service is managed by a facility nurse manager who is supported by a clinical nurse lead. Residents and families spoke very positively about the care provided.

This surveillance audit was conducted against the Ngā Parewa Health and Disability Services Standards and the provider's contract with Te Whatu Ora –(Waitematā). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, a manager, director, and a general practitioner.

Three areas in the previous audit identified as requiring improvements related to complaints management, medication and staffing. The previous audit identified an area for improvement related to criterion (HDSS:2008 # 1.2.8.1 to ensure that there were enough RNs and other staff to safely meet the needs of residents and fulfil contract requirements. The previous area related to staffing has been partially addressed but further improvements are required as there is no registered nurse cover from 12 midnight – 8.00am Monday to Sunday.

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.



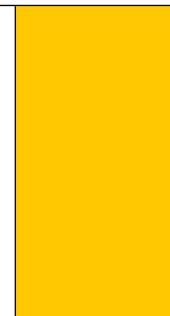
Subsections applicable to this service fully attained.

Te reo Māori and tikanga Māori is actively promoted throughout the organisation and incorporated through all activities. The needs of tāngata whaikaha are catered for and their participation in te ao Māori is enabled. The organisation promotes an environment which is safe and free of racism. The service works collaboratively to support and encourage a Māori world view of health and provides strengths-based and holistic models of care aimed at ensuring wellbeing outcomes for Māori. The service provides appropriate best practice tikanga guidelines in relation to consent.

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

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 facility nurse manager along with the support of a clinical nurse lead, assistant manager/quality co-ordinator, facility co-ordinator, regional manager, general manager and the two owner/directors assume accountability for delivering a high-quality service.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks and hazards are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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.
---	--	--

Policies and procedures provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activities are managed by a registered diversional therapist and are conducted separately in the hospital, rest home, and memory care unit, respectively. Activity plans are completed in consultation with whānau and residents noting their activities of interest. In interviews, residents and whānau expressed satisfaction with the activities programme provided.

There is a medicine management system in place. The general practitioner (GP) is responsible for medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week.

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

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

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

There is a current building warrant of fitness. The service has an approved evacuation scheme and fire drills are completed regularly.

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 ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The facility nurse manager coordinates the programme.

A pandemic plan is in place. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There was an infection outbreak of COVID-19 in March, April and December 2022 and this was well managed.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint free environment. This is supported by the directors and policies and procedures. There were three residents using restraint at the time of audit.

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	21	0	0	1	0	0
Criteria	0	58	0	0	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 nurse manager, regional manager and general manager interviewed confirmed that the facility will continue to employ staff representative of the residents and the community and Māori applying for job vacancies would be employed if appropriate for the applied role. There are currently four staff that identify with their Māori culture.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>The service has a pacific plan. There are no residents and three staff employed at this facility who identify as Pasifika and have connections with the Pasifika community. The facility nurse manager interviewed stated that if a Pasifika resident was admitted the service would provide cultural support specific to the resident's needs. Staff interviewed highlighted the importance of understanding and supporting each other's culture. Residents and families interviewed</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>were happy with the cultural care provided.</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>Residents interviewed reported that all staff respected their rights, that they were supported to know and understand their rights and that their mana motuhake was recognised and respected. Residents care plans reviewed were resident centred and evidenced input into their care and choice/independence. The implemented Māori health plan identified how the service supports Māori mana Motuhake. Staff have completed cultural training which includes current issues and rights in relation to health equity for Māori.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The organisation orientation requires all staff to read and understand the principles of Te Tiriti o Waitangi. Staff completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the cultural safety policy sighted. Policies and procedures were updated to ensure that te reo Māori is incorporated in all activities undertaken. Staff reported that national events are celebrated including Māori language week. Residents and family/whānau reported that their values, beliefs, and language is respected in the care planning process.</p> <p>The service responds to residents' needs including those with a disability and supports and encourages 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>	<p>FA</p>	<p>The facility nurse manager and staff stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the organisation's code of conduct. This has not been experienced since the previous audit.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, and said they are treated fairly, they feel safe, and protected from abuse and neglect. This was reiterated in family/whānau</p>

		interviews conducted. There are systems and processes in place to safeguard residents from institutional and systemic racism. These include satisfaction surveys, a complaints process, resident meetings, and advocate services. Residents and family/whānau reported they felt safe and their needs were considered. A cultural safety policy is used when required to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The service ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family/whānau in interviews conducted. The clinical nurse lead stated that additional advice can be accessed from the local cultural advisors or Te Whatu Ora-Health New Zealand- Waitemata, if required. Staff reported that they are encouraged to refer to the cultural safety policy on tikanga best practice.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. The previous audit identified an area for improvement related to (HDSS:2008 # 1.1.13.1 to ensure that complainants are satisfied, and that resolution has been achieved). The corrective action is now addressed, and records were available to demonstrate this. The code of rights and how to make complaint pamphlets were provided in Māori.</p> <p>The facility nurse manager and general manager interviewed expressed they would ensure that the complaints process shall work equitably for Māori by offering internal and/or external cultural support</p>

		<p>for the resident and/or whānau and extra time required, if necessary. The complaints management system has not been reviewed to ensure this works effectively for Māori as no residents who identify as Māori have made a complaint.</p> <p>There have been 32 complaints for 2022 – 2023 to date. The majority of issues raised were around food, laundry and residents’ approach to situations. Thirteen (13) of the 32 complaints have been submitted by one resident who has a cognitive impairment. Another five of the 32 complaints have come from a resident who is adjusting to a new environment. The facility nurse manager is now meeting with both residents throughout the day to help address any concerns.</p> <p>The facility received a letter from the Health and Disability Commission (HDC) acknowledging they had received a complaint on the 12 April 2023 by a visitor who complained about not able to visit throughout the covid lockdown. The HDC advised in the letter that no action was going to be taken and the complaint was closed.</p> <p>There have been no complaints received from Te Whatu Ora – Waitematā or Ministry of Health (MoH) since the last audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>In interviews with the facility nurse manager and general manager and review of the services policy and procedures there is a commitment to deliver services that improve the outcomes and achieve equity for Māori. The service has a Māori and Pacific health Policy, which states the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pasifika people including services for tangata whaikaha.</p> <p>Training records showed that the facility nurse manager, facility co-ordinator, assistant manager/quality co-ordinator, regional manager, general manager and the two directors have attended training specific</p>

		<p>to Te Tiriti o Waitangi and equity. Staff have also been provided with information about Te Tiriti o Waitangi and equity and formal compulsory training as per the education 2023 calendar has been booked for all staff April 2023. The general manager completed an analysis in February 2023 to help support the improvement of outcomes and achieving equity for Māori and review barriers for equitable access to services for Māori.</p> <p>There were 48 residents at the time of audit. Craigweil House has 20 dedicated hospital beds and 14 dual purpose beds. There are also eight double rooms however one resident is residing in each of those rooms. The service holds contracts with Te Whatu Ora (Waitematā) for rest home, hospital and dementia level care, aged residential care, Ministry of health (MoH) for young persons with disability requiring rest home and hospital level of care and long-term support – Chronic health conditions (LTCH) and Primary Options for Acute Care (POAC) contract.</p> <p>Thirteen (13) residents have been assessed as requiring rest home level of care. One of those the 13 residents has been admitted under the POAC contract. Twenty-four (24) residents were assessed as requiring hospital level care and 11 residents were assessed as requiring Dementia level care. There were no residents admitted as a boarder.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures and staff training. The facility nurse manager with support from the assistant manager/quality co-ordinator, clinical nurse lead, regional manager and general manager is responsible for implementation of the quality and risk system.</p>

<p>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>Internal audits are completed as per the annual calendar. Relevant corrective actions are developed and implemented to address any shortfalls and discussed at the relevant meeting/s. Progress against quality outcomes is evaluated and closed out as required.</p> <p>The facility nurse manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. There have been 49 section 31 notification forms completed and sent to HealthCERT since the last audit. Thirty-one (31) of the section 31s relate to registered nurse shortage, one section 31 relates to a hospital acquired stage three pressure injury. One section 31 relates to the power outage due to the cyclone and three section 31s acknowledging a change in clinical lead.</p> <p>Staff have been provided with information about Te Tiriti o Waitangi and equity and formal compulsory training as per the education 2023 calendar has been booked for all staff April 2023.</p> <p>An evaluation of any potential inequalities for Māori was completed in February 2023, the focus moving forward is on equity and equality for residents that identify as Māori based on the fundamentals of the Te Tiriti o Waitangi and actively recruiting and retaining a Māori health workforce across all organisational roles.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Interviews with Māori residents and their whānau revealed that staff work in ways to deliver health care that is responsive to the needs of Māori. Māori staff are supported and encouraged to have input toward the methods for delivering care and improving health outcomes for Māori residents which demonstrates collecting and sharing of high-quality Māori health information. Care staff reported there were adequate staff to</p>

<p>services.</p>		<p>complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and two staff are medication competent on each shift. A contracted podiatrist, hairdresser and maintenance person support the service and visit regularly. The facility nurse manager interviewed confirmed that bureau is not used at this facility.</p> <p>The previous audit identified an area for improvement related to criterion (HDSS:2008 # 1.2.8.1 to ensure that there were enough RNs and other staff to safely meet the needs of residents and fulfil contract requirements. The previous area related to staffing has been partially addressed but further improvements are required as there is no registered nurse cover from 12 midnight – 8.00am Monday to Sunday.</p> <p>Observations and review of the rosters found that staff when ringing in sick are replaced. When there is no RN available, an experienced level 4 HCA is rostered on with either the facility nurse manager or clinical nurse lead on call.</p> <p>The previous facility nurse managers last working day was the 9 September 2022. The current facility nurse manager has been in their role since 26 September 2022 and is experienced in working with the older adult. In the interim while awaiting the current facility nurse manager to start the clinical nurse lead took clinical responsibility for the facility.</p> <p>The facility nurse manager works Monday to Friday 8.30am – 4.30pm and is supported by the clinical nurse lead who works the same hours on the floor. The facility nurse manager and clinical nurse lead are on call on alternative weekends. The team are also supported by a facility co-ordinator and assistant manager/quality co-ordinator, and both work 8 hours a day Monday to Friday along with the regional manager and general manager.</p>
------------------	--	--

		<p>A clinical nurse manager (CNM) has been appointed and due to commence their orientation at Craigweil on the 6 March 2023. The CNMs office will be based in the memory unit (Dementia wing). The CNM will work Tuesday and Wednesday from 7.45am to 4.00pm, Thursday, Friday and Saturday from 4.00pm to 12 midnight and will be the registered nurse working on the floor Friday and Saturdays.</p> <p>Craigweil have had one HCA commence their role on the 01 March 2023 and there are a further two HCAs awaiting their visas before they can start. A registered nurse was appointed on the 29 January 2023. The facility is currently continuing to advertise for night registered nurses and a casual RN to cover leave.</p> <p>The am shift consists of a registered nurse who works 7.45am – 4.00pm and is supported by a total of three HCA from 7.45am – 4.00 pm, six HCA from 8.00am to 4.00pm, two HCA from 8.00am – 4.30pm. The pm shift consists of a registered nurse who works 3.45pm- 12 midnight and is supported by a total of two HCA from 3.45pm– 12 midnight, four HCA from 4.00pm – 12 midnight, one HCA who works 4.00pm- 10.00pm and two staff from 4.00pm – 9.00pm. The night shift is supported by two senior team leader/HCAs who work from 11.45pm – 8.00am and three staff that work from 12 midnight to 8.00 am.</p> <p>The residents are supported by two trained Diversional Therapists (DT). One DT works from Tuesday – Saturday from 9.00 – 5.00 pm, the second DT working Sunday to Thursday. The facility is currently advertising for a second DT as there their last working day is 5th March 2023.</p> <p>A chef and cook have a shared role working Monday to Sunday from 7.00am – 3.30pm. They are supported by two kitchen hands from</p>
--	--	--

		<p>7.00am – 3.00pm and 3.00pm – 8.00pm.</p> <p>Laundry hours from Monday to Sunday 8.00am – 3.00pm is shared between three laundry staff. There are two cleaners Monday to Friday from 8.00am – 2.30pm and one cleaner who works Saturday and Sunday from 8.00am – 2.30pm. The facility is currently advertising for a second cleaner to help support over the weekend.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. Related competencies are assessed and are up to date. Staff have been provided with information about Te Tiriti o Waitangi and equity and formal compulsory training as per the education 2023 calendar, has been booked for all staff April 2023. There is currently two registered nurses and the facility nurse manager who are interRAI trained. The newly appointed CNM is also interRAI trained. The majority of the care staff working in memory care (Dementia unit) have either completed their Dementia papers with several staff having commenced their training.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There were job descriptions available. Records of professional qualifications were on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals. Orientation and induction programmes are fully utilised and additional time is provided as required. Staff interviewed felt well supported. Staff ethnicity data is being recorded.</p> <p>All staff information held on record is relevant, secure and confidential.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access,</p>	FA	<p>Craigwell House admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry</p>

<p>timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>were recorded on the pre-enquiry form.</p> <p>There were Māori residents and staff members at the time of the audit. Ethnicity, including Māori, is being collected and routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service is working in partnership with local Māori communities and organisations. The clinical nurse lead stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Residents files sampled identified that initial assessments and initial care plans were resident centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, family/whānau/EPOA. Long-term care plans were also developed, and six-monthly evaluation processes ensures that assessments reflected the resident's daily care needs. Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care.</p> <p>The GP completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p>

		<p>The clinical nurse lead and facility nurse manager reported that sufficient and appropriate information is shared between the staff at each handover, which was observed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>Each resident's care was being evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the manager and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whanau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents</p>
--	--	---

		and whānau.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme for the hospital, rest home and memory care unit is coordinated by the diversional therapist (DT). The DT reported the service supports community initiatives that meet the health needs and aspirations of Māori and family/whānau. Residents and family/whānau interviewed felt supported in accessing community activities such as celebrating national events, Matariki, Anzac holidays, Māori language week, and local visits from schools, kapa haka groups and use of basic Māori words. The planned activities and community connections were suitable for the residents. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Van trips occurred once a week except under COVID-19 national restrictions.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. A safe system for medicine management (an electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications, including, over the counter medications and supplements. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any</p>

		<p>external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. The previous audit shortfall (HDSS:2008 # 1.3.12.1) relating to completing six-monthly controlled drugs has been addressed. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The health care assistants from all wings were observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were no residents self-administering medicines. There is a self-medication policy in place, and this was sighted. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications.</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</p>	<p>FA</p>	<p>The Māori health plan in place included cultural values, beliefs, and protocols around food. The regional manager and chef stated that culturally specific menu options were available and offered to Māori and Pasifika residents when required. These included 'boil ups' and 'Island' food. EPOA/whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau/family expressed satisfaction with food portions and</p>

needs are met to promote and maintain their health and wellbeing.		the options available.
<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>A standard transfer notification form from Te Whatu Ora - Waitemata, is utilised when residents are required to be transferred to the public hospital or another service. Residents and their EPOA/whānau/family were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>There is a current building warrant of fitness with an expiry date of 8 February 2024. This is displayed at the entrance to the facility. Tag and testing of electrical equipment was last completed in April 2022.</p> <p>The facility nurse manager and general manager confirmed in an interview that they would consult with local iwi if a decision was made to make any changes to the current building.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned</p>	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>A fire evacuation trial was last completed on the 21 February 2023. The fire evacuation plan has been approved by the New Zealand Fire Service on the 12 July 2012.</p> <p>Appropriate security arrangements are in place. Residents and staff were familiar with emergency and security arrangements. Staff ensure that the building is locked, and windows are closed during that afternoon and night duties with rounds occurring regularly. Cameras monitor the main corridors of the facility, outside perimeter and signage was evidenced.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A pandemic plan is in place, and this is reviewed at regular intervals. There was an infection outbreak of COVID-19 in March, April and December 2022. Residents and the service were managed according to MoH guidelines and requirements. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic plan if required.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-</p>	<p>FA</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers, at monthly staff meetings. The facility nurse manager reported that the GP is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p>

<p>drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</p> <p>Surveillance of healthcare-associated infections includes ethnicity data and the data is reported to staff, and management respectively.</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>Maintaining a restraint free environment is the aim of the service. The governance group demonstrates commitment to this. The facility nurse manager is the restraint co-ordinator. The facility nurse manager, general interviewed demonstrated commitment to this by attending the staff monthly meeting alongside the management meeting. At the time of audit there were three residents using restraint. The staff interviewed had a good understanding of restraints. Staff are provided with training around restraint and managing challenging behaviours.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>The night shift is supported by five senior health care assistants. The night shift has an HCA whom is a first aider and is supported by two medication competent staff. Craigwell is continuing to advertise the role of registered nurses and is awaiting the commencement of the clinical nurse manager and another registered nurse.</p>	<p>A registered nurse is not rostered on shift Monday to Sunday between the hours of 12 midnight – 8.00am to support hospital level care residents</p>	<p>To ensure there is a registered nurse rostered on each shift to meet contractual requirements.</p> <p>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.