

Y&P NZ Limited - Eden Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Y&P NZ Limited
Premises audited:	Eden Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 9 March 2023 End date: 9 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:	18

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

Eden Rest Home provides rest home level care for up to 19 residents. At the time of audit there were 18 residents, 17 of those residents identified as Chinese and one long-term resident that identified as European. The facility is operated by Y&P NZ Limited. The service is managed by a facility manager. Residents and families spoke positively about the care provided.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standards and the provider's contract with Te Whatu Ora – Te Toka Tumai. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, families, the assistant manager, and staff. The owner, facility manager, registered nurse and general practitioner were not available. An independent interpreter was provided on the day of audit.

There are no areas requiring improvement from this audit.


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.
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Processes are in place to ensure Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. 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. An interpreter was available to support with communication with residents and family/whānau interviews in this audit. There have been no complaints since the last audit.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The owner/director and facility manager assume accountability for delivering a high-quality service.

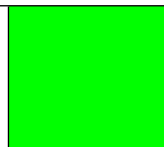
The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed 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.

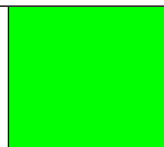
The service has developed meaningful partnerships with Māori communities and organisations to benefit Māori residents and whānau. Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and family/whānau and legal representatives to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

The planned activity programme promotes residents to maintain their links with the community and support community initiatives that meet the health needs and aspirations of Māori and whānau if admitted to the facility.

Medicines are safely stored and administered by staff who are competent to do so. The food service meets the nutritional needs of the residents with special needs catered for. Food culturally specific to te ao Māori is provided when requested. Food is safely managed.

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. Security is maintained.

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

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

Subsections applicable to this service fully attained.

The pandemic and infectious disease response plan in place is reviewed regularly. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support this plan.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. COVID-19 infection outbreak reported since the previous audit was managed effectively. Culturally safe practices in infection prevention are provided.

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 and is highlighted in policies and procedures. There were no 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	0	0	0
Criteria	0	54	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The assistant manager interviewed confirmed that the facility will employ staff representative of the residents and the local community. Māori applying for job vacancies would be employed if appropriate for the applied role. There were no staff that identified as Māori and the facility was not actively recruit at the time of audit.</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 which notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs. Eden Rest Home has knowledge of local Pacific communities and organisations who are available to advise and provide information. There are no residents and/or staff that identify as Pasifika. The assistant manager interviewed stated that if a resident was admitted who identified as Pasifika, the service would liaise with the Pacific community to help support with any cultural needs. Staff interviewed</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>highlighted the importance of understanding and supporting each other's culture. Residents and families interviewed 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>The cultural safety policy in place identifies how the service supports Māori mana Motuhake. The assessment for Māori residents' tool is available for use when required. Staff understood this requirement. Interviewed residents and family/whānau reported that staff respect their rights, and they were involved in planning their care.</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>There were no residents who identified as Māori on the day of audit. Cultural guidelines are in place to promote te reo Māori and tikanga practice when required. The assistant manager stated that Māori cultural advice is provided through Te Whatu Ora – Te Toka Tumai if required. Residents' records evidenced that tāngata whaikaha needs were responded to as assessed. Residents expressed satisfaction with the support provided in relation to their culture. Staff were observed supporting residents in a respectful manner. Guidelines for the provision of culturally safe services for Māori residents were available to guide staff practice to support residents to participate in te ao Māori when required. The Code of Rights posters in English, Mandarin and Māori were posted on notice boards including Te Tiriti o Waitangi poster. Staff have received training in Te Tiriti o Waitangi.</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</p>	<p>FA</p>	<p>The overall approach to care is strengths-based and holistic, taking each resident's capabilities and potential into account. Te Whare Tapa Whā model of care is available to use for Māori residents when required. Safeguards in place to monitor systemic and institutional racism include annual satisfaction surveys completed by the residents and family/whānau, regular meetings with residents</p>

<p>safe and protected from abuse.</p>		<p>and the complaints management processes. The interviewed residents, family/whānau and enduring power of attorney (EPOAs) confirmed satisfaction with the support being provided and they expressed that residents are treated fairly.</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>Residents' records reviewed evidenced that consent was obtained as part of the admission process with admission agreement and informed consent forms signed by residents, family/whānau or their legal representatives. Staff were observed to seek consent from residents for personal care tasks. Staff understood tikanga best practice in relation to consent. Interviewed residents confirmed that staff seek consent appropriately.</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 assistant manager interviewed expressed they would ensure that the complaints process works equitably for Māori if a Māori resident was admitted to the facility. The service has the code of rights and how to complain brochures available that are written in te reo Māori. The service would also offer external cultural support for the resident and/or whānau and provide extra time if required. The complaints management system has not been reviewed to ensure this works effectively for Māori as there are currently no residents admitted that identify as Māori. Residents and whānau understood their right to make a complaint and knew how to do so and felt comfortable to do so if needed.</p> <p>There have been no complaints since the previous audit. No complaints have been received from Te Whatu Ora – Te Toka Tumai, The Health and Disability Commissioner (HDC) 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 an interview with the assistant 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 staff have attended training specific to Te Tiriti o Waitangi and equity however the owner/director is yet to complete this training. Improving outcomes and achieving equity for Māori and review barriers for equitable access to services for Māori have not been evaluated.</p> <p>There were 17 residents at the time of audit. Sixteen residents identify as Chinese and one long-term resident identifies as European. The service holds an Aged Related Residential Care Contract (ARRC) with Te Whatu Ora – Te Toka Tumai for rest home 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 improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Eden Rest Home 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 manager is responsible for implementation of the quality and risk system.</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 assistant 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 no section 31's since the</p>

		<p>last audit.</p> <p>Eden Rest Homes Business and Strategic Plan for 2023-2024 acknowledges the need to be 'ethnically and culturally sensitive in accordance with the principles of social justice, the Treaty of Waitangi', Te Tiriti o Waitangi and 'the importance of 'being an equal opportunities employer', the risk register also acknowledges potential inequalities.</p> <p>The assistant manager interviewed stated that further training with regard to culture has been planned for the end of this month, a review of the menu is occurring and where information has been provided in Mandarin and English the same information will also be provided in Māori to support the already existing code of rights and 'how to complain' brochures that are currently available in all three languages.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Eden Rest Home adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and families interviewed supported this. At least one staff member on duty has a current first aid certificate and is medication competent.</p> <p>Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>The facility manager is supported by the owner/director, assistant manager, registered nurse who works three days a week and an external nurse consultant. The registered nurse is interRAI trained and both the registered nurse and nurse consultant have current practicing certificates and also support the rest home with a shared role of being on call.</p> <p>The facility manager was unavailable at the time of audit. The assistant manager stated that the facility manager has resigned, and</p>

		<p>their last working day will be the 17 March 2023. The assistant manager will then be moving into the role of facility manager.</p> <p>The residents were reported by the assistant manager to be fairly independent, and this was also observed at time of audit. The majority of the residents require little support with their personal cares, with most of the residents choosing to do their own laundry. There is an experienced care giver on each eight-hour shift who knows the residents very well. Though the owner/director is responsible for activities, this is a shared role that all staff are involved with and partake in.</p> <p>There are designated hours for the cooks, cleaners and maintenance. Bureau is not used at this facility.</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 performance is reviewed and discussed at regular intervals. 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, 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</p>	FA	<p>The service maintains a record of the enquiries and those declined entry. Work is in progress to implement routine analysis of entry and decline rates including specific data for Māori. The assistant manager reported that cultural support for the benefit of Māori residents and whānau can be accessed from Te Whatu Ora when required.</p>

<p>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>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>Care plans are developed by the registered nurse (RN). Assessment tools used include consideration of residents' lived experiences, cultural needs, values, and beliefs. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The Māori health care plan available for use when required includes the four cornerstones of Māori health (Te Whare Tapa Whā model of care) and Māori healing methodologies, such as karakia, rongoa and spiritual assistance. The care planning process supports residents who identify as Māori and whānau to identify their own pae ora when required. Cultural guidelines are available to guide staff to complete Māori health and wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process when required. Interviewed staff understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented.</p> <p>Residents' strengths, family/whānau goals and aspirations were documented in the care plans reviewed. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care.</p> <p>The care plans evidenced service integration with other health providers including specialist services, medical and allied health professionals. Any changes in residents' health were escalated to the general practitioner (GP). Referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled.</p>

	<p>The GP was not available for interview. Residents were referred or transferred to other allied health providers when required.</p> <p>Onsite medical services are provided once per week and on-call after hours services are provided when required. Medical assessments were completed by the GP and routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evidenced in sampled records. Referrals to specialist services were completed where required with the resident, resident's representative or EPOA's consent.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Any changes noted were reported to the RN, as confirmed in the residents' records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. All residents' files sampled evidenced that relevant interRAI outcome scores have supported care planning. Goals of care and appropriate interventions were documented. The identified behaviours of concern, known triggers and strategies to manage the behaviours were documented. Behaviour monitoring charts were completed, and appropriate interventions implemented where applicable. Residents, family/whānau or EPOAs confirmed being involved in the assessment and care planning processes.</p> <p>Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. The evaluations included the residents' degree of progress towards the agreed goals and aspirations as well as family/whānau goals and aspirations where applicable. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the level of care provided, and in accordance with the residents' needs. Residents and family/whānau confirmed</p>
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		their involvement in evaluation of progress and any resulting changes.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	Not Applicable	<p>The owner/director who is the activities coordinator is in the process of implementing activities that provide opportunities for current residents to participate in te ao Māori and Māori residents if admitted to the facility. The assistant manager interviewed stated that the service would also support community initiatives that meet the health needs and aspirations of Māori and whānau. Van outings are completed weekly into the community. Independent residents are allowed to go out of the facility into the community as desired. Family/whānau visit the residents in the facility as desired.</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>	FA	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is used. Staff were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had a current medication administration competency.</p> <p>Medicines were prescribed by the GPs. Over the counter medication and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for as-required (pro re nata PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication was stored safely in the locked medication room and trolley. Medication reconciliation was conducted by the RN when regular</p>

		<p>medicine packs were received from the pharmacy and when residents are transferred back to the service. All medicines in the medication room and trolley were within current use-by dates. Clinical pharmacist input was provided on request and six-monthly. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperature for the medicine fridge and the medication room sampled, were within the recommended range.</p> <p>There were no controlled drugs stored on site. There is a secure controlled drugs cupboard in a place that complies with the requirements for use if required. The interviewed staff understood the management of controlled drugs.</p> <p>Appropriate procedures were completed for residents who were self-administering medication. Residents and their family/whānau are supported to understand their medications when required. The assistant manager reported that appropriate support, and advice for treatment for Māori would be provided when required.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action plans implemented, as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau where applicable. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences.</p> <p>The current menu in use was last reviewed by the dietitian on 12 May 2022. The cook stated that menu options culturally specific to te ao Māori will be provided per residents' request. Family/whānau are welcome to bring culturally specific food for their relatives if desired. The interviewed residents and family/whānau expressed satisfaction with the food options provided by the service.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>The transfer or discharge policy and procedures are documented. Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the residents and their family/whānau or EPOAs where applicable. Family/whānau reported being kept well informed during the transfer of their relative. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation was evidenced in residents' transfer records 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.</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 29 September 2023. Tag and testing of electrical equipment was last completed in 2022. Maintenance records and observation demonstrated regular maintenance is occurring.</p> <p>There are internal and external shared spaces that suited the needs of the resident group/s, with several small and large areas available for residents and their visitors to gather. Residents were observed frequently accessing the garden and front court-yard via the stairs or ramp and going for regular walks down the street. Residents and whānau interviewed were happy with the environment.</p> <p>The assistant manager confirmed 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 and</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. There is a first aid trained staff member on each shift. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency</p>

<p>safe way, including during an emergency or unexpected event.</p>		<p>recommendations for the region.</p> <p>Fire evacuation trials were completed on 7 June 2022 and 24 January 2023 with a copy sent to the New Zealand Fire Service. The fire evacuation plan has been approved by the New Zealand Fire Service, 5 August 2008.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau interviewed confirmed that staff respond promptly to call bells.</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 afternoon and night duties with rounds occurring regularly. Cameras monitor the main corridors of the facility, and the outside perimeter, camera signage was evident.</p> <p>Care staff confirmed they have access to appropriate equipment, that equipment is checked before use and they are competent to use it.</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>	<p>FA</p>	<p>The pandemic and outbreak management plan in place was last reviewed in January 2023. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) was available. The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>Culturally safe practices in IP that acknowledge the spirit of Te Tiriti were included in the cultural safety policy. The assistant manager stated that these guidelines will be used when required. In interviews, staff understood these requirements. Educational resources in te reo Māori were available. Hand hygiene posters in te reo Māori were posted around the facility.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	<p>FA</p>	<p>The IP nurse's responsibility is documented in their job description. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The infection report</p>

<p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>form includes ethnicity data. Culturally safe processes for communicating with residents who have developed healthcare associated infections was evidenced in residents' records sampled for review. Family contact records in relation to infection notification was evidenced in the progress notes. The interviewed residents and family/whānau expressed satisfaction with the communication provided. COVID-19 infection outbreak reported since the previous audit only affected staff and not residents. It was managed effectively.</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 assistant manager interviewed demonstrated commitment to this. The registered nurse is the restraint co-ordinator. Eden Rest home has been restraint free since the previous audit. The staff interviewed had a good understanding of restraints. Staff are provided with training around restraint and managing challenging behaviours.</p> <p>Restraint is discussed at each staff meeting of which the owner/director attends, including the restraint quarterly review meeting.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.