

# Maungaturoto Residential Care Limited - Maungaturoto Rest Home

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## 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:

<b>Legal entity:</b>	Maungaturoto Residential Care Limited
<b>Premises audited:</b>	Maungaturoto Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 28 March 2023 End date: 28 March 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	24

# Executive summary of the audit

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## Introduction

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

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

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

Maungaturoto Residential Care Limited - Maungaturoto Rest Home provides rest home and secure dementia level of care for up to 30 residents. The new 14 bed secure dementia unit opened on 15 November 2021 and is full. There are currently only three vacancies for rest home level care, as three rooms that can be used for two rest home level care residents have single occupancy.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau/family members, staff, the general practitioner (GP), the nurse manager, and the chairperson of the Board of Directors.

There were six areas requiring improvement at the certification audit and ten different areas at the partial provisional audit. Those related to the risk register, recruitment records, long term care plans, the controlled drugs register, annual review of the infection control programme and the nurse manager attending education on infection prevention and control have been addressed. In addition, before the dementia unit was opened staff were provided with an orientation, a code compliance certificate was issued and telephone and internet connections installed, the fire evacuation plan approved by Fire and Emergency New Zealand, the external environment made safe, appropriate emergency supplies assembled, the call system is functioning and the dementia unit appropriately secure.

This surveillance audit has identified six improvements are required in relation to advance directives, ensuring there is a staff member with a current first aid certificate and medication competency always on duty, staff orientation records, recording staff

ethnicity data, dating eye medications when opened and including ethnicity information in the resident infection surveillance analysis.

## 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.		Some subsections applicable to this service partially attained and of low risk.
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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 model of care aimed at ensuring wellbeing outcomes for Māori. The service provides appropriate best practice tikanga guidelines in relation to consent.

There is a complaints management process in place. There has not been any resident or family/ whānau complaints since the last audit.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The quality and risk management systems are focused on improving service delivery and care. Actual and potential risks are identified and mitigated. The service complies with statutory and regulatory reporting obligations.

There is a minimum of three care staff on duty at all times.

Staff are given an orientation and participate in ongoing education. All employed and contracted registered health professionals maintain a current annual practicing certificate.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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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.

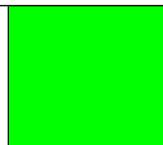
The planned activity programme promotes residents to maintain their links with the community and support community initiatives that meet the health needs and aspirations of Māori and whānau.

Medicines are stored securely.

The food service meets the nutritional needs of the residents with special needs catered for. Food culturally specific to te ao Māori is provided.

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

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



Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and meet the needs of residents living in a secure dementia service.

The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). Fire drills are conducted at least six monthly. Appropriate security is maintained and includes the use of security cameras.

## 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.

Some subsections applicable to this service partially attained and of low risk.

The service ensures the safety of residents and staff through a planned infection prevention (IP) programme. The infection prevention nurse manager coordinates the programme. An outbreak management plan is in place. 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 outbreaks reported since the previous audit were managed effectively.

## 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.

Organisation policy has a goal of being restraint free. Restraint has not been used since June 2019, until a few days prior to audit when emergency restraint was initiated for one resident. Appropriate consents and monitoring of the resident are occurring. All restraint use is discussed at staff meetings and reported to the board of directors.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	3	2	0	0
Criteria	0	58	0	4	2	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>Policy states a commitment to employ staff representative of the ethnic groupings of residents to better meet their cultural needs and provide culturally safe services through greater understanding and respect of cultural preferences and differences. The nurse manager stated there are challenges recruiting staff, so ensuring there are sufficient staff to provide safe service delivery is the current priority, rather than staff ethnicity. However, where there is opportunity and suitable applicants, consideration is given to employing staff to reflect the ethnicity of current residents. There are currently staff employed that identify as Māori.</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</p>	FA	<p>A number of policies and procedures were available to guide staff in the care of Pacific peoples. This references the Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and other documents that have been published related to models of care. The provision of equitable services that are underpinned by the Pacific people's</p>

<p>tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>worldview policy notes ‘to improve the health outcomes of Pasifika people, expert advice will be sought if not available from the resident and whānau’. Residents will be encouraged to participate in cultural activities in the community and community groups will be invited to share their culture and knowledge with the care home.</p> <p>Residents have the opportunity to identify individual spiritual, cultural and other needs as part of the care planning process. There are currently no residents that identify as Pasifika. The nurse manager advised the family/ whānau of any resident that identifies as Pasifika would be consulted to ensure any individual needs and supports for the resident are identified and met.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Residents interviewed reported 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 Māori health care plan implemented supports Māori mana Motuhake.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Te reo Māori and tikanga Māori is incorporated in all activities undertaken. Policies and procedures were updated to reflect the current Ngā paerewa standards. Residents and family/whānau reported that their values, beliefs, and language is respected in the care planning process.</p> <p>The service responds to tāngata whaikaha needs and enables their participation in te ao Māori. Representatives from a local Māori organisation visit Māori residents in the facility and supports them in Māori cultural activities and converse with residents in te reo Māori.</p> <p>Staff are provided with training on cultural safety including te tiriti o Waitangi as part of orientation and residents and residents and family/whanau interviewed confirmed services provided are culturally</p>

		appropriate. Records demonstrating staff have completed orientation were not consistently maintained. This is raised as an area for improvement in 2.4.4.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	The overall approach to care is strengths based and holistic, taking each resident's capabilities and potential into account including well-being goals for Māori. Safeguards in place to monitor systemic and institutional racism include annual satisfaction surveys completed by the residents and family/whānau, regular meetings with residents and family/whānau, and the complaints management process. The interviewed residents, family/whānau and enduring power of attorney (EPOAs) for residents in the dementia unit confirmed satisfaction with the support being provided and they expressed that residents are treated fairly.
<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.  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.  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>	PA Low	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. Tikanga best practice guidance in relation to consent is available. Interviewed residents, family/whānau and EPOAs confirmed that staff seek consent appropriately. An area requiring improvement was identified where residents' EPOAs for residents in the dementia unit were signing advance directives.
<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.  Te Tiriti: Māori and whānau are at the centre of the health and</p>	FA	A fair, transparent and equitable complaint management system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code of Health and Disability Services Consumers' Rights (the Code).

<p>disability system, as active partners in improving the system and their care and support. 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>Residents and Whānau understood their right to make a complaint and knew how to do so. They informed they feel free and comfortable about raising any issue of concern.</p> <p>There have been no complaints received from residents, family/whānau or external agencies since the last audit. Three complaints were received from staff and these have been investigated and responded to in a timely manner. There were no open complaints at audit.</p> <p>The nurse manager is responsible for complaints management. There were residents that identify as Māori. In the event of a complaint from a Māori resident or whānau member, the service will ask how the resident/ whānau wanted the complaint investigation and follow up process to occur and would seek the assistance of a te reo Māori interpreter if this is required or an external Māori health service if applicable.</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>Maungaturoto Rest Home provides aged related residential care at rest home and secure dementia care. The 14-bed secure dementia care unit opened on 15 November 2021.</p> <p>There are six members on the board of directors (BOD). These directors and two others comprise the eight members on the board of Trustees (BOT). The BOT is responsible for oversight of the assets/facilities, and the chairperson is a kaumatua for their iwi. The BOD is responsible for operational matters. The chairperson of the board of directors is also on the board of trustees. The chair of the BOD has been a member of the board since 2016 and has been in the role of chairperson for approximately two and a half years.</p> <p>The nurse manager has been in role since prior to the last audit and reported a good working relationship with the directors and trustees and attends the monthly BOD meetings. The nurse manager is a registered nurse, with a current annual practising certificate, interRAI competency and is on call when not on site.</p> <p>The management team and the director have regular meetings together. The chairperson of the BOD is available by phone or other</p>

		<p>messaging methods when not on site and confirmed being informed of relevant operational and quality and risk issues in a timely manner.</p> <p>The director has attended training on Te Tiriti, and cultural safety training in other roles and is unsure if the other members of the BOD and BOT have completed training/competency on these topics and on equity and will review this.</p> <p>The service has a focus of ensuring services for tāngata whaikaha, are undertaken to improve resident outcomes and reduced barriers for accessing services. This being one of the reasons that dementia level care is now being provided on site. There are future goals to develop the facility and services available further, and these are in the planning stage. The chairperson of the BOD and nurse manager confirmed a continuing commitment to ensure that the residents receiving services and their whānau continue to actively participate in all aspects of planning, implementation, monitoring, and evaluation of their individualised services/care.</p> <p>The service has an Aged Related Residential Care (ARRC) contract with Te Whatu Ora for rest home and secure dementia level care. On the days of audit, 14 residents were receiving care at secure dementia level and 10 at rest home level of care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management complaints (if received), internal and external audit activities, monitoring of resident outcomes, policies and procedures, health and safety reviews and clinical and non-clinical incident management. The nurse manager is responsible for implementation of the quality and risk system with the input of the BOD chairperson.</p> <p>There are a range of internal audits, which are undertaken using template audit forms. The sampled audit results show a high level of compliance with organisation policy and results reported to relevant staff. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>Health and safety systems are being implemented according to the</p>

		<p>health and safety policy by the management team. There is a hazardous substance register.</p> <p>A risk management plan is in place including a framework for assessing inequity. The director confirmed changes or the identification of any new risk, including those related to individual resident's care, are brought to their attention promptly. The risk register is dated 2023 and reflected current risk. The shortfall raised at the last certification audit in criterion 1.2.3.9 mapped to 2.2.4 has been addressed. There is a current hazard register that was reviewed in January 2023.</p> <p>There are monthly staff meeting's occurring using a template agenda. Relevant resident and facility quality and risk issues including hazards, training, staffing, adverse events, complaints / compliments, residents/whanau feedback and changes in process/systems including those related to Covid-19 management are discussed. Staff confirmed they felt well informed and well supported. Residents and whānau interviewed were very satisfied with services provided. The BOD and BOT are working on future plans that are aimed at further expanding services as part of an ongoing strategy of providing increased care options for the local community and improving health equity within the service. Care givers understood the Māori constructs of Pae Ora and there are residents that identify as Māori. The service is working with Te Uri O Hau and with residents and families to ensure the provision of individualised, resident focused culturally appropriate care and examples of this were provided.</p> <p>The nurse manager was familiar with essential notification reporting requirements. The nurse manager advised the two Covid-19 outbreak events (April 2022 and August 2022), a power outage and when a hospital level care resident is living in the rest home are events that were notified to the applicable authorities since the last audit.</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</p>	<p>PA Moderate</p>	<p>There is a documented process for determining staffing levels and skill mix to provide clinically and culturally safe care, 24 hours a day, seven days a week (24/7). Rosters are adjusted in response to resident numbers and level of care and when residents' needs</p>

<p>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>change. Care staff confirmed there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. An area for improvement was identified in relation to ensuring there is at least one staff member on duty with a medication competency and current first aid certificate. This shortfall raised at the last partial provision audit in criterion 1.2.8.1 mapped to 2.3.1 has yet to be fully addressed. Staff have been recruited to work in the secure dementia unit and this now meets the standards. Refer to subsection 3.4.</p> <p>Nine staff have completed an industry improved qualification in dementia care and seven staff are in progress. Three new staff will be enrolled and this includes the activities co-ordinator. The nurse manager is aware that care staff working in the secure dementia unit are required to complete this training within 18 months of employment. The nurse manager is an approved assessor.</p> <p>There is an education programme in place that is relevant to the service setting and ARRC contract requirements. Staff are provided with relevant ongoing training applicable to their role and records of attendance are maintained. There is a combination of online and in person education with external trainers utilised for topics including hoist use, fire evacuation and first aid. Staff have been provided with training on Te Tiriti and cultural safety during orientation. Work is yet to be undertaken to include high quality Māori health information in the education programme provided and invest in the development of staff health equity expertise.</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</p>	<p>PA Moderate</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. All employed and contracted registered health professionals have current annual practising certificates. Records are retained to demonstrate that interviews, reference checks, police vetting has occurred. The short fall from previous audits in criterion 1.2.7.3 mapped to 2.4.1 has been addressed.</p> <p>There is a documented orientation and induction programme relevant to the organisation. Only part of the records are being completed and</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>this is an area requiring improvement. Staff were provided with an orientation to the secure dementia unit before opening. The shortfall from the partial provisional audit in criterion 1.2.7.4 mapped to 2.4.4 has been addressed.</p> <p>Staff ethnicity data is not being collected. This is an area requiring improvement. Human resource's records are kept securely.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Maungaturoto Rest Home maintains a record of entry to services records and those declined entry. The service is working towards implementing routine analysis of entry and decline rates including specific data for Māori. Links with Māori communities and organisations have been established with a Kaumatua as chair of the board of trustees and a Māori advocate visiting the service regularly for the benefit of Māori residents 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>The nurse manager completes admission assessments, care planning and care plan evaluation. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p> <p>All residents' files sampled evidenced that relevant interRAI outcome scores have supported care planning. Goals of care and appropriate interventions were documented for all identified residents' needs. The previous area of improvement in criterion 1.3.5.2 mapped to 3.2.5 in relation to residents' care needs that were not documented has been addressed. The identified behaviours of concern, known triggers and strategies to manage the behaviours were documented. Behaviour monitoring charts were completed, and appropriate interventions</p>

	<p>implemented as required. Residents, family/whānau or enduring power of attorney (EPOAs) confirmed being involved in the assessment and care planning processes.</p> <p>Care planning for Māori residents includes accessing cultural advice if required. Residents and their whānau/family are involved in wellbeing assessments to ensure that tikanga and Kaupapa Māori perspectives permeate the assessment process. The Māori health care plan used supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care plan. The Māori health care plan 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 long-term care plans reviewed reflected partnership and support of residents, whānau, and the extended whānau as applicable to support wellbeing. Barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. Cultural support is accessed when required. Staff understood the process to support residents and whānau. Interviewed residents and family/whānau confirmed satisfaction with cultural support provided by the service.</p> <p>Residents' strengths, 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. Changes in residents' health were escalated to the general practitioner (GP). Referrals were sent to relevant specialist services as indicated. The GP confirmed satisfaction with the care being provided.</p> <p>Medical assessments and reviews comply with the contractual requirements. Medical records were evidenced in sampled records. Referrals to specialist services were completed where required with</p>
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		<p>the resident or EPOA's consent.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Changes noted were reported to the nurse manager, as confirmed in the residents' records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. 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 achievement of agreed goals and aspirations as well as family/whānau goals and aspirations. 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 levels of care provided, and in accordance with the residents' needs. Residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities coordinator is in the process of enrolling to complete the required training for dementia level care. Opportunities for Māori residents to participate in te ao Māori are provided. Representatives from a local Māori health organisation visits Māori resident in the secure dementia unit and converse in te reo Māori with them and sing Waiata with them. National cultural event celebrations that include celebration of Waitangi Day and Matariki were observed. Residents are taken out for outings into the community by their family/whānau and family can visit the residents in the facility. Staff were observed greeting residents who identify as Māori in te reo Māori.</p> <p>Twenty-four-hour activity plans were completed for residents in the dementia unit. Residents had access to the secure garden and were observed accessing the secure garden independently. Residents and family/whānau for residents who identify as Māori expressed satisfaction with the activities programme.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<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. A paper-based medication management system is used.</p> <p>Medicines were prescribed by the GP. 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 as required for 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 used, were current and complied with guidelines. A new area requiring improvement was identified in criterion 3.4.1. Eyedrops in use did not have a date stating when they were opened.</p> <p>There is a medicine competency assessment programme and new caregivers are assessed as competent before administering medications. All staff administering medications have been assessed as competent. However, applicable staff are required to undertake annual medication competency. This has been overlooked for existing staff and is included in the area for improvement raised in 2.3.1.</p> <p>Residents and their family/whānau are supported to understand their medications when required. Appropriate support, and advice for treatment for Māori was provided where required. There were no residents who were self-administering medications. Appropriate policies and procedures are in place to ensure that this is managed in a safe manner when required. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p>	<p>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the</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>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 summer menu in use was reviewed by a qualified dietitian. The winter menu is in the progress of being reviewed. Culturally specific food options for Māori are provided per 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. Snacks and drinks are provided for residents in the dementia unit on 24-hourly basis.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the 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 emergency department (ED) 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</p>	FA	<p>Appropriate systems are in place to ensure the residents’ physical environment and facilities (internal and external) are fit for their purpose. The courtyard in the secure dementia unit is secure and appropriately landscaped and furnished. A code compliance certificate was issued for the new secure dementia unit before it opened and internet and telephone connections installed. The two shortfalls raised at the partial provisional audit criterion 1.4.2.1 mapped to 4.1.1 and criterion 1.4.2.6 mapped to 4.1.2 have been addressed.</p> <p>There is a current building warrant of fitness (expiry 13 July 2023). Electrical test and tagging is due 6 April 2023. Clinical equipment has</p>

<p>belonging, independence, interaction, and function.</p>		<p>a current performance monitoring and clinical validation.</p> <p>Residents and whānau were happy with the environment being suitable for their family member's needs. Each resident has their own bedroom, although there are rooms that can be used for two residents. These are currently single occupancy. There are multiple lounge or resident rest areas. The kaumatua and chair of the BOT are involved with the review of all building and site development plans to ensure they are both culturally and practically appropriate.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>There is a programme underway for ongoing renovation and refurbishment of the rest home. This has started near the internal entrance to the secure dementia unit and is moving progressively through the rest home. This is in the initial stages.</p> <p>There is a fire evacuation plan in place that has been approved by Fire and Emergency New Zealand (FENZ) on 3 December 2020. This includes the plan that aligns with the layout of the secure dementia unit. The shortfall raised at the partial provisional audit criterion 1.4.7.3 mapped to 4.2.1 has been addressed. A fire evacuation drill was last conducted on 2 December 2022. There is a list of current residents and their individual abilities/needs in the event of a fire or other civil defence emergency.</p> <p>Appropriate utilities and emergency supplies are available in both the secure dementia unit and rest home. The purchase of a generator has been recently approved for purchase. Staff working in the secure dementia unit are able to call for assistance. The call bells in the two rest home bedrooms nearest the internal access to the secure dementia unit were functioning. The shortfall raised at the partial provisional audit criterion 1.4.7.4.and 1.4.7.5 mapped to 4.2.7 and 4.2.5 respectively have been addressed.</p> <p>Security cameras are located on site monitoring the external and internal environment. Information on the use of cameras is alerted via external signage. The images display in two areas and can be checked in real time by staff. Images are archived for a designated period and are accessible by the nurse manager. Security arrangements are appropriate for a secure dementia care unit. The</p>

		shortfall raised at the partial provisional audit criterion 1.4.7.6 mapped to 4.2.6 has been addressed.
<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>	FA	<p>The outbreak management plan and pandemic plan were last reviewed in January 2023. The IP programme was last reviewed in January 2023. The previous area of improvement in criterion 3.1.3 mapped to 5.2.2 in relation to annual review of the infection control programme has been addressed. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) was available. The infection control coordinator has attended to appropriate infection prevention education on 11 November 2022. The previous area of improvement in criterion 3.4.1 mapped to 5.2.6 in relation to infection control coordinator requiring appropriate training in infection prevention has been addressed. Culturally safe practices in IP that acknowledge the spirit of Te Tiriti were included in the Māori Health Plan and staff were aware of them. Cultural advice is accessed where appropriate. In interviews, staff understood these requirements. Work is in progress to provide educational resources in te reo Māori.</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-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>	PA Low	<p>Healthcare associated infections were communicated to residents and family/ whānau in a culturally safe manner. The interviewed residents and family/whānau expressed satisfaction with the communication provided. Infection outbreak reported since the previous audit was managed effectively with appropriate notification completed. Links with subsection 2.2. Surveillance does not include ethnicity data.</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</p>	FA	<p>The chairperson of the board of directors, the nurse manager and staff advised restraint is not usually used in this care home. Rather a focus is taken on de-escalation and managing challenging behaviour.</p>

<p>restrictions.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>However, one resident has restraint in use. This was initiated as an emergency event and intended short term due to falls to enable the GP to review medications and other possible contributing factors that are contributing to the fall's events. Refer to subsection 3.2. Appropriate consents were obtained prior.</p> <p>The nurse manager and director and the restraint register identified the last episode of restraint prior to this current emergency restraint occurred in June 2019. The use of restraint is an agenda item at staff meetings.</p> <p>The director confirmed this is a key organisation priority to having a restraint free environment. The director confirmed this is explicitly detailed in policy (sighted) and is communicated to staff during orientation and as part of the ongoing education programme. Staff were provided with training on managing disturbing behaviours in January 2023. This includes de-escalation and restraint prevention. The nurse manager takes responsibility for ensuring the restraint free focus is promoted.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.7.7</p> <p>My advance directives (written or oral) shall be followed wherever possible.</p>	PA Low	Advance directives were available in all clinical files sampled for review. However, in three files for residents in the dementia unit, advance directives were authorised by the EPOAs.	In three out of five files sampled for review, advance directives for residents in the dementia unit were signed for/authorised by the residents' EPOAs in contrary to the legislation.	<p>Ensure advance directives process comply with legislation.</p> <p>180 days</p>
<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>	PA Moderate	There is always a minimum of three care staff on duty. This includes a caregiver based in the rest home and one based in the secure dementia unit working 8-hour shifts. There is another caregiver on duty based in of the secure dementia unit and who 'floats' and assists in the rest home as required. The 'float' caregivers are rostered for a 12-	A staff member with a current first aid certificate and medication competency is not rostered on duty at all times.	Ensure a staff member with a current first aid certificate and medication competency is rostered on duty at all times.

		<p>hour shift and do not administer medications. The caregivers do not provide any services in the residential care village. In the rosters sampled, alternative cover is arranged to cover staff with unplanned leave. The nurse manager advised there is one position vacant.</p> <p>The nurse manager is on call when not on site.</p> <p>A cook works daily from 7.30 am to 3 pm and provides some meals to the residential care village residents.</p> <p>Care givers are responsible for laundry and some cleaning activities over the 24-hour period as resident care needs permits. A cleaner is rostered on duty for four hours each day including weekends.</p> <p>The activities coordinator works four days a week from 9 am to 4 pm.</p> <p>A gardener works four days a week (weekdays) for four hours each day. Maintenance services are provided three days a week.</p> <p>Staff confirmed there are sufficient staff on duty to meet the residents care needs. This is verified by staff and family/whānau interviewed.</p> <p>A staff member with a current first aid certificate is not rostered on duty on Friday nights and weekend morning and afternoon shifts. Whilst new staff have current medication competency, care staff employed for more than 12 months are overdue annual medication competency review. Medication competency reassessments are overdue by</p>		90 days
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		at least six months. This links with subsection 3.4.		
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Moderate</p>	<p>Staff were provided with an orientation to the secure dementia unit before opening. The shortfall from the partial provisional audit has been addressed.</p> <p>There is a documented orientation program that is relevant to the service setting. This includes the facility, key policies and procedures, the organisation vision and values, individual resident care needs, fire and emergency response, health and safety, quality and risk and human resources. Care staff are required to complete a hoist competency and medication competency if this is applicable. These records were completed and in applicable staff files. There is an additional document that covers the practical aspects of caring, taking vital signs, testing blood glucose levels and other care related tasks. While staff are being provided with training, the records of this are not being retained. This is a new area requiring improvement. Staff confirmed they felt well supported during orientation. New staff were 'buddied' to work with a senior care giver for orientation and worked a morning, afternoon and night shift in the rest home and in the secure dementia care unit and worked one of each floating shift to learn the care activities and programme for each shift.</p>	<p>The orientation form/checklist that includes the practical aspects of caregiving is not being completed.</p>	<p>Ensure records are retained to demonstrate staff have completed all orientation requirements.</p> <p>90 days</p>
<p>Criterion 2.4.6</p>	<p>PA Low</p>	<p>Staff ethnicity is not being formally collected and used in accordance with Health</p>	<p>Ethnicity data is not being collected, recorded, and</p>	<p>Collect, record, and use staff ethnicity data</p>

<p>Information held about health care and support workers shall be accurate, relevant, secure, and confidential. Ethnicity data shall be collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.</p>		<p>Information Standards Organisation (HISO) requirements. However, there are staff from at least five different countries employed. Human resource files are kept securely.</p>	<p>used in accordance with Health Information Standards Organisation (HISO) requirements.</p>	<p>in accordance with Health Information Standards Organisation (HISO) requirements.</p> <p>180 days</p>
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Low</p>	<p>The service uses pre-packaged medication packs. The medication was stored safely in locked medication cupboards and trolleys. There were no controlled drugs on site at the time of the audit. Appropriate storage was available for use when required. The previous area requiring improvement in criterion 1.3.12.1 mapped to 3.4.1 related to six-monthly controlled drugs stock checks is closed. The nurse manager was aware of the required stock checks.</p> <p>Medication reconciliation was conducted by the nurse manager when regular medicine packs were received from the pharmacy and when residents are transferred back to the service. All medicines in the medication cupboards and trolleys were within current use by dates. Unwanted medicines are returned to the pharmacy in a timely manner.</p> <p>The records of temperatures for the medicine fridges and the medication cupboards sampled were within the recommended range.</p> <p>Care 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</p>	<p>Three eyedrops in use did not have the date they were opened to evidence if they were still safe to use.</p>	<p>Ensure that eyedrops are dated when opened to ensure safety.</p> <p>180 days</p>

		<p>medicine management. However, three opened bottles of eyedrops in use did not have the date of when they were opened. The instructions on the bottles stated that they were to be used with 30 days of being opened. Staff understood this requirement.</p> <p>Vaccines are not stored on site.</p>		
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	<p>Infection responsibilities are described in the surveillance policy. Infection data is collated and analysed to identify any significant trends or common possible causative factors monthly and action plans are implemented. Standardised infection criteria guidelines are used. Ethnicity data was not evidenced in surveillance records. The nurse manager confirmed they will include this data.</p>	<p>Infection surveillance did not include ethnicity data.</p>	<p>Ensure ethnicity data is included in infection surveillance to meet the criterion requirements.</p> <p>180 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.