

# Shalom Court Auckland Incorporated - Shalom Court 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:

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| <b>Legal entity:</b>  | Shalom Court Auckland Incorporated   |
| <b>Premises audited:</b>  | Shalom Court Rest Home   |
| <b>Services audited:</b>  | Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| <b>Dates of audit:</b>  | Start date: 17 March 2023 End date: 17 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> | 26   |

# 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 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

Shalom Court Rest Home (Shalom Court) provides rest home and hospital level of care for up to 26 residents.

This surveillance audit was conducted against the Nga Paerewa Health and Disability Standard 8134:2021 and the contract with Te Whatu Ora – Health New Zealand (Te Whatu Ora). The audit process included the review of policies and procedures, the review of resident and staff records, observation, and interviews with residents, family, staff management, the chairperson of the board and the general practitioner.

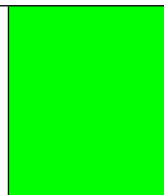
Shalom Court is a not-for-profit organisation that is governed by a board of governance and a separate Trust Board. The service is managed by a nurse manager who was recently appointed to this role. The nurse manager is supported currently by a contracted provider for clinical support 20 hours a month. A general manager has just been appointed to assist and support the nurse manager in non-clinical aspects of service delivery.

The residents and families spoke highly of the service, which provides a supportive cultural community based on Jewish values and beliefs and welcomes residents of all faiths and cultures.

Two areas identified from the previous audit for improvement have been addressed. Three newly identified areas for improvement for this surveillance audit relate to registered nurse coverage, care plan evaluations and infection prevention and control.

## 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.

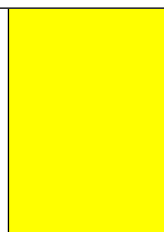
Shalom Court provides care that is centred around Jewish religious values and beliefs. The service has multicultural residents. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Policies are in place to ensure Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake when required.

Cultural and spiritual needs are identified and considered in daily service delivery. Information is communicated in a manner that enables understanding. Consent is obtained where and when required. There is a Māori health plan to guide staff practice to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs when required. There was no evidence of abuse, neglect, or discrimination.

Processes are in place to resolve complaints promptly and effectively with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

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



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

The quality and risk management systems are focused on quality service provision and care. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the requirements of the contract with Te Whatu Ora.

Staff coverage is maintained for all shifts, however there is a shortage of registered nurses. Agency staff are utilised to ensure adequate cover at all times. Staff are provided with orientation and receive ongoing education. All employed and contracted health professionals maintain a current annual practising certificate.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

The service has developed meaningful partnerships with Māori communities and organisations to benefit Māori residents and whanau when required. Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Eden Alternative principles are incorporated in residents' care. Residents are reviewed regularly and referred to specialist services and to other health services as required. Discharges and transfers are planned and managed effectively.

The planned activity programme promotes residents to maintain their links with the community.

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 cultural and other specific needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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

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| 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 is a current building warrant of fitness. Electrical equipment and calibration are up to date. External areas are accessible, safe and meet the needs of residents living in this rest home. Supplies and resources for emergency preparedness are stored and checked regularly. Security measures are well implemented internally and externally for the facility, and residents' safety.

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

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| 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. |
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The outbreak/pandemic 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 if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There were two Covid-19 infection outbreaks reported since the previous audit that 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.

Policies and procedures are in place that evidence promotion of eliminating restraint use. At the time of the audit four restraints were in use and these were managed effectively and safely for residents.

## 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                           | 19                  | 0  | 3                                    | 0  | 0                                      | 0  |
| Criteria          | 0                           | 50                  | 0  | 3                                    | 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

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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>Shalom Court Rest Home has a cultural policy (November 2022). The nurse manager ensures Māori applicants for positions advertised are provided every opportunity for all roles, and all applications are acknowledged and recorded as part of the human resource management process. There are currently no staff or clients who 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 tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p> | FA                | <p>Policies and procedures are available to guide staff in the care of Pacific peoples. The provision of equitable services that are underpinned by the Pacific peoples’ worldview policy in place notes ‘to improve the health outcomes of Pasifika people, expert advice will be sought if not available from the resident and family’ and/or the community.</p> |

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| <p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>  |           | <p>Cultural assessment and care plans for residents of each Pacific descent are available to implement. Models of care for each are clearly documented and implemented. No residents on the day of the audit identified as Pasifika. There were four staff members who identified as Pasifika on the day of audit. Each spoke different Pacific languages fluently.</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>There were no residents who identify as Māori on the day of the audit. However, the registered nurse (RN) stated that the service will recognise Māori mana motuhake by involving residents, family/whānau or their representative of choice in the assessment process to determine residents' wishes and support needs when required. The Māori health plan in place guides staff practice when required for residents who identify as Māori.</p>  |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>  | <p>FA</p> | <p>Te reo Māori and tikanga is actively promoted and incorporated in activities. Information on the Code of Health and Disability Services Consumers' Rights (the Code) was displayed in English and te reo Māori. Te reo Māori words and English translation for locations were posted around the facility. For example, toilets, dining rooms, lounge and staff room. The activities programme includes Māori cultural activities. Tāngata whaikaha needs are assessed through the assessment process and identified needs are responded to as required. The Te Whare Tapa Wha model of care available for use enables Māori residents to participate in te ao Māori as desired. Work is in progress to provide Te Tiriti o Waitangi training for staff.</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>FA</p> | <p>The nurse manager stated that any observed or reported racism, abuse or exploitation is addressed promptly. Residents and family/whānau expressed that they have not witnessed or suspected any abuse or neglect. Residents confirmed that they are treated fairly and that they feel safe and protected from abuse and neglect. There are monitoring</p>   |

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| <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>  |           | <p>systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents from any form of exploitation, including systemic and institutional racism.</p> <p>There is a nominated resident advocate who visits the residents regularly and their contact details are posted on notice boards around the facility.</p> <p>Te Whare Tapa Wha Māori health model is used when required to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori.</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>Guidance on tikanga best practice is available. Consent was obtained as part of the admission process, with admission agreements and informed consent signed by the residents and their legal representatives where applicable. Staff were observed to seek consent from residents where required. Signed consent forms were available in residents' files. Staff understood tikanga best practice in relation to consent.</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</p>   | <p>FA</p> | <p>The complaint/compliment management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code) which is the right to complain and to be taken seriously and to receive a timely response. Shalom Court Rest Home has their own</p>  |

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| <p>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>Māori health advisor and resident advocate.</p> <p>Staff interviewed stated that they are fully informed about the complaints procedure and where to locate the forms if needed. The families interviewed were pleased with the care and management provided to their family members. They clearly understood their right to make a complaint or to provide feedback as needed to improve service delivery, or to act on behalf of their family member. Family members commented that any issues are dealt with swiftly and professionally. The nurse manager is responsible for complaints management and maintaining the reviewed complaints register.</p> <p>There have been eighteen minor complaints received since the last audit and all have been closed. Complaints were acknowledged, investigated and followed up in a timely manner. No complaints have been received via the Health and Disability Commissioner's (HDC) office, Te Whatu Ora or the Ministry of Health (MoH) since the last audit. One complaint from an independent advocacy service was received and resolved.</p> <p>In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of a te reo Māori interpreter if this was required. The service is considering translating the complaints form into te reo Māori.</p> |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>Shalom Court Auckland Incorporated known as Shalom Court Rest Home provides aged related residential care for rest home and hospital level care residents. There are two boards that oversee this service. One is the financial trust board consisting of three board members and the Shalom Court Rest Home governing board consisting of a chairperson (who has been in this role for two and a half years), and six board members. Each board member contributes in different ways and participation is voluntary. The board recently appointed a general manager to support board members and to manage the non-clinical aspects of service delivery. At the previous audit, three apartments external to the rest home were occupied. All residents now reside in the facility. The total beds are now 26.</p> <p>The board chairperson was available for interview and explained the</p>   |

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|  | <p>roles of the board members and explained that the board is totally invested in the implementation of the Nga Paerewa standards, and that the health and safety of residents is a priority. The general manager (GM) interviewed, also provides support to the nurse manager as needed. The service is supported by Howick Baptist Hospital (HBH) for 20 clinical and quality support hours a month as there is a new nurse manager, and the service is focusing on ensuring there are adequate registered nurses employed. HBH is recognised as an accredited employer and now has full accreditation to recruit nationally. The board members are booked to complete a Te Tiriti o Waitangi course on 2 July 2023. A Māori health consultant presentation and a marae setting has been arranged as the venue.</p> <p>The nurse manager has previously attended training on Te Tiriti but is yet to do training on equity. The service provider endeavours to provide equitable services for Māori as documented in policy and aims to reduce any barriers for those residents who identify as Māori and those with disabilities. However, the nurse manager is yet to review services, to ensure that they improve outcomes and achieve equity for Māori.</p> <p>The board and management staff (the GM is currently orientating in this role) ensure they maintain a good honest relationship with all residents, families and extended families/whānau and local community organisations. Core competencies are completed by all staff as part of the orientation process.</p> <p>The service has a focus of ensuring services for tāngata whaikaha are undertaken to improve resident outcomes and this is explicit within the business and strategic plan.</p> <p>Shalom Court Rest Home provides Aged Related Residential Care (ARRC) contracts with Te Whatu Ora for rest home and hospital level care residents. Eighteen residents on the day of audit were receiving hospital level care and eight residents rest home level care. The facilities twenty-six beds are occupied. The service has a waiting list. Eleven residents are of the Jewish faith, but all cultures/faiths are welcomed. A core of volunteers 'Friends of Shalom Court' (FOSC) receive newsletters, arrange special events (membership involved) and visit residents as able. The board chairperson meets and greets all family/residents when they enquire about the service and when a resident is admitted, the chairperson makes time available to welcome</p> |
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|  |    | the resident and family to Shalom Court Rest Home.   |
| <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> | FA | <p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, internal and external activities, monitoring of outcomes, policies and procedures, health and safety reviews, and clinical incident management. The nurse manager is responsible for implementation of the quality and risk system with input from the HBH group manager/quality as a contracted quality consultant, providing advice and policy review for the organisation whilst the nurse manager is learning the role. A new documentation control system is being introduced to the service and was in the transitional phase.</p> <p>There are a range of internal audits which are undertaken using template audit forms. The service prioritises those related to key aspects of services and resident and staff safety. Any issues are addressed with corrective action requests. The staff are informed of any results.</p> <p>Internal audits evidenced that neurological observations are being undertaken following unwitnessed falls. This was an area of improvement identified at the previous audit which has been effectively addressed (1.2.4.3).</p> <p>Health and safety systems are implemented. There was a current up to date hazard register and a hazardous substance register.</p> <p>A risk management plan 2023, with aims and objectives and ambitions being documented, was in place.</p> <p>A resident/family survey was undertaken in September 2022 with a poor response. A further survey is to be completed in April 2023 along with one for staff.</p> <p>Staff meetings are held regularly, and minutes of meetings were reviewed. Quality service review meetings are held two-monthly. Relevant resident and facility quality and risk issues including hazards, training, staffing, adverse events, complaints/compliments, residents'/family feedback and changes in process/systems, including</p> |

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|  |               | <p>those related to infection prevention are discussed. The nurse manager reports to the board monthly. Staff interviewed confirmed they feel well supported. While there was satisfaction with services provided there is not yet a critical analysis of organisational practices at the service level aimed to improve health equity within Shalom Court Rest Home. The care staff understood the Māori constructs of Pae Ora and have completed cultural competencies and endeavour to ensure Māori residents receive culturally appropriate care.</p> <p>The nurse manager is familiar with essential notification reporting requirements. Previously to the new nurse manager being appointed one month ago, Section 31 notifications were forwarded to HealthCERT in relation to the registered nurse shortage and again more recently as two further registered nurses are required to meet the full time equivalent (FTE) requirements. Another registered nurse is resigning in April.</p>   |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>PA Low</p> | <p>There is a documented process 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 change. Care staff confirmed that there were adequate staff to complete the work allocated to them. Bureau staff were regularly employed to cover the registered nurse role. No shifts were left uncovered. The same bureau nurses cover, to ensure continuity of service delivery continues. Family interviewed supported this. The service was two FTE registered nurses down and one further registered nurse has resigned and will be leaving April 2023.</p> <p>The healthcare assistants (HCAs) have all completed the competencies required on employment. There were 18 care staff in total, with six having complete recognised New Zealand Qualification Authority (NZQA) aged related courses, seven were at level four and one was at level two. Four are enrolled for the 2023 programme. Thirteen of 18 HCAs have completed medication competencies, and 12 of 14 have completed first aid training. On each shift, there is always at least one staff member who has completed this required training. Two registered nurses plus the nurse manager are interRAI trained. One registered</p> |

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|  |    | <p>nurse is enrolled in the interRAI training for this year.</p> <p>The nurse manager presently covers the after-hours service, 24 hours a day seven days a week 24/7.</p> <p>A diversional therapist (Level 4) is employed 9.30 am to 1.30 pm Monday to Friday.</p> <p>Staff have been provided with training on cultural safety and aspects of Te Tiriti. Work is yet to be undertaken to develop the competencies of healthcare assistants to meet the needs of people equitably and to include high quality Māori health information in the education programme provided and invest in the 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 culturally safe, respectful, quality care and services.</p> | FA | <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.</p> <p>A comprehensive orientation and induction programme is implemented, and staff confirmed their usefulness and applicability and felt well supported. New care partners are 'buddied' to work with a senior healthcare assistant for orientation and spend time with the clinical manager. Additional time is provided as required. A checklist is completed.</p> <p>Staff ethnicity is being identified, along with country of birth. There are staff of different nationalities employed. Ethnicity data is collected, recorded and used in accordance with Health Information Standards Organisation (HISO) requirements and is 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</p>  | FA | <p>The service maintains a record of entry to service enquiries, admissions and those declined entry. Routine analysis to show entry and decline rates is scheduled to be completed quarterly. The enquiry register has residents' ethnicity data. A Māori cultural advisor supports the service for the benefit of Māori residents and whānau when required.</p>  |



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| <p>care.<br/>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>The general practitioner (GP) stated that support for Māori residents to access Māori traditional medicine will be provided when required for residents and whānau who may benefit from these interventions.</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>PA Low</p> | <p>The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. InterRAI assessments were completed within three weeks of an admission. There are cultural guidelines available to provide guidance for Māori health and wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. Tikanga guidelines and Māori residents' care guidelines includes Māori healing methodologies, such as karakia, rongoā, spiritual assistance, tohunga, whanaungatanga.</p> <p>The care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, and the needs assessment and service coordination assessments (NASC) served as a basis for care planning. Residents' and family/whānau representatives of choice were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family confirmed their involvement in the assessment process.</p> <p>The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The Eden Alternative principles were incorporated in the care plans. These are promoting wellbeing and combating loneliness and helplessness. 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</p> |

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|  | <p>systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed for any behaviours of concern identified. The previous area for improvement related to criterion 1.3.5.2 mapped to criterion 3.2.4 (b) which related to documenting all required interventions, has been resolved. Any family/whānau goals and aspirations identified were addressed in the care plan. Te Whare Tapa Wha model of care in place supports residents who identify as Māori and whānau to identify their own pae ora outcomes in planning their care when required. The staff confirmed they understood the process to support residents and whānau when required.</p> <p>The care plans evidenced service integration with other health providers including activity notes, and medical and allied health professionals. Notations were clearly written, informative and relevant. Changes in residents' health were escalated to the general practitioner (GP). Records of referrals made to the GP when a resident's needs changed, and to relevant specialist services as indicated were evidenced in the residents' files sampled. In interview, the GP confirmed satisfaction with communication from the nursing team and the care provided to residents.</p> <p>Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed every three months and included members of the multidisciplinary team. Medical records were evidenced in sampled records. There is a contracted physiotherapist who visits the service once a week. Referrals to the physiotherapist were completed where required and these were in the residents' records sampled for review.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. However, six-monthly care plan evaluations did not provide evidence of the progress towards achievement of agreed 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. The residents and family confirmed their involvement</p> |
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|   |    | in evaluation of progress and any resulting changes.  |
| <p><b>Subsection 3.3: Individualised activities</b></p> <p>The people: I participate in what matters to me in a way that I like.<br/> Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.<br/> 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 on the programme support community initiatives that meet the health needs and aspirations of Māori and whānau. The activities assessment tool “domain of wellbeing” is in the English language and has translation of te reo Māori for the main domains of Eden Alternative principles.</p> <p>Waitangi Day and Matariki Day were celebrated with a video showing a brief history of the Treaty of Waitangi shown to residents. Māori Language Week was celebrated with te reo Māori used during activities to promote Māori language.</p> <p>Residents visit their family/whānau in the community and family can visit the residents in the facility. This was observed on the day of audit.</p>   |
| <p><b>Subsection 3.4: My medication</b></p> <p>The people: I receive my medication and blood products in a safe and timely manner.<br/> Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.<br/> 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. The service uses an electronic medication management system. An RN was 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 are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the GP. The prescribing practices included the prescriber’s name and date recorded on the commencement and discontinuation of medicines and all requirements for ‘as required’ (PRN) medicines. Over-the-counter medication and supplements were documented on the medicine charts where required. 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> |

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|  |           | <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. This was verified in medication records sampled. All medicines in the medication room and trolley were within current use by dates. Clinical pharmacist input was provided six monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support and advice will be provided.</p> <p>Residents who were self-administering medications had appropriate processes in place to ensure this was managed in a safe manner.</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. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. The menu in use was reviewed by a dietitian on 18 October 2022. The current template food control plan expires on 30 January 2024.</p> <p>The Māori health plan in place included cultural values, beliefs and protocols around food. The chef stated that menu options culturally specific to te ao Māori will be provided to Māori residents per resident's</p>  |

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|  |    | request. The chef gave some examples of culturally specific food that might be offered when required. Family/whānau are welcome to bring culturally specific food for their relatives. The interviewed residents expressed satisfaction with the food options.  |
| <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 process is documented in the discharge or transfer policy. Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the residents' family/whānau and EPOAs. Family/whānau reported being kept well informed during the transfer of their relative. An escort is provided for residents, where required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents 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>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose.</p> <p>There was a current building warrant of fitness (expiry 8 December 2023). Electrical testing and tagging were completed 4 December 2022 as verified. Calibration and hoists have had annual checks completed and this was recorded. An inventory of all medical equipment was available.</p> <p>Whānau/family interviewed were happy with the environment being suitable for their family member's needs. There are gardens for the residents with shade and seating provided. The business plan includes a commitment to ensuring the environment reflects the identity and aspirations of Māori. Each resident has their own bedroom. There are large lounge/dining areas with easy access for residents and smaller areas for residents to read or enjoy a peaceful quiet environment as needed. There is appropriate signage and cultural notice boards are in</p> |

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|   |        | place for staff and residents to view.   |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>   | FA     | <p>There is a fire evacuation plan in place that has been approved by Fire and Emergency New Zealand (FENZ). A fire evacuation drill was last performed February 2023. 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>Security is managed by staff on each shift ensuring the door and windows are closed in the evening and night shifts. There are bells to ring for visitors at the entrance gates at the entrance and rear of the facility. Staff and family/residents have information about the gate access code, for entry and exiting the facility. This is for safety and security reasons, as the facility is located on a high-risk busy road. Staff wear identification in the form of name badges.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | FA     | <p>The outbreak/pandemic plan in place was last reviewed in July 2022. There were sufficient infection prevention (IP) resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>Tikanga guidelines and Māori residents' care guidelines provide guidance on culturally safe practices in IP to acknowledge the spirit of Te Tiriti. The nurse manager reported that residents who identify as Māori will be consulted on IP requirements as needed. In interviews, staff understood these requirements.</p> <p>Educational resources in te reo Māori were available. Hand-washing posters in te reo Māori and English were posted around the facility.</p>  |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p>  | PA Low | <p>All infections are recorded, treatment prescribed, and resolution of infections was documented. The short-term care plans sampled for review evidenced that residents who developed a healthcare associated infection were advised of the condition in a timely manner. Culturally safe processes for communicating healthcare associated</p>   |

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| <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>infections were provided as required. The interviewed residents and family/whānau expressed satisfaction with the communication provided. Infection surveillance did 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 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>The nurse manager and care staff advised restraint is eliminated whenever possible. The nurse manager confirmed this is explicitly detailed in policy (sighted) and is communicated to staff during orientation and as part of the ongoing education programme. The nurse manager takes responsibility for ensuring the restraint register is maintained. There were four hospital level care residents using restraint. Processes to report on and analyse restraint use were in place.</p> |

## Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome   | Attainment Rating | Audit Evidence  | Audit Finding  | Corrective action required and timeframe for completion (days)   |
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| <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 Low            | Five weeks recent rosters were reviewed and evidenced skill mix is considered on every shift. Fourteen of 18 care staff are very experienced to assist with added responsibilities as needed, however the roster reflects the regular use of bureau staff to fill in the registered nurse requirements while endeavouring to employ permanent registered nurses. The nurse manager is on call twenty- four hours a day, seven days a week 24/7. | The staff rosters were reviewed. Whilst bureau staff are utilised on a regular basis, there is a significant shortage of registered nurses to adequately cover the roster. A registered nurse is required every shift to provide hospital level care and for meeting the service contract with Te Whatu Ora. | <p>Ensure further registered nurses are employed to cover the service and to meet the needs of residents and to meet the Te Whatu Ora contract obligations.</p> <p>90 days</p> |
| <p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with</p>                                 | PA Low            | Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Changes noted were escalated to the RNs, as confirmed in the records sampled. The care plans  | Four out of five care plan evaluations sampled did not include the residents' degree of progress towards their agreed goals and aspirations as well as   | Ensure evaluation of care plans evidence the degree of progress towards the achievement of each resident's agreed goals and  |



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| <p>the person and whānau, together with wider service providers;<br/> (b) Include the use of a range of outcome measurements;<br/> (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;<br/> (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;<br/> (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p> |               | <p>were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, or because of care measurement triggers. Short term care plans were reviewed weekly or earlier if clinically indicated. New care plans were completed every six months. As a result, evaluation of the progress towards the achievement of residents' agreed goals and aspirations were not evident.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or family, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local NASC team for reassessment of level of care.</p> | <p>family/whānau goals and aspirations.</p>                   | <p>aspiration as well as family/whānau goals and aspirations to meet the criterion requirements.</p> <p>180 days</p>   |
| <p>Criterion 5.4.3<br/> Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes</p>   | <p>PA Low</p> | <p>All infections are recorded on the infection report form. The data is collated and analysed to identify any significant trends or common possible causative factors monthly, and action plans are implemented. There are standardised surveillance definitions used. Surveillance records did not include ethnicity data. The infection</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> |

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| ethnicity data. |  | control coordinator is responsible for monitoring infection data and the responsibility is documented in the infection control coordinator's job description. |  |  |
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## 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.