

Kerikeri Retirement Village Limited - Kerikeri Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Kerikeri Retirement Village Limited

Premises audited: Kerikeri Retirement Village

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 27 April 2023 End date: 28 April 2023

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 64

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Kerikeri Retirement Village provides rest home, hospital, and dementia levels of care for up to 68 residents. There were 64 residents on the days of audit.

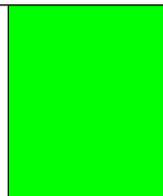
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand -Te Tai Tokerau. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a general practitioner.

The chief executive officer is appropriately qualified and experienced and is supported by a clinical nurse manager (registered nurse), two assistant clinical managers, an operations support manager, a health and safety/quality manager, and a staff development coordinator. There are quality systems and processes being implemented. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified an area for improvement related to registered nurse staffing. A continuous improvement has been awarded in the area of restraint minimisation.

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.



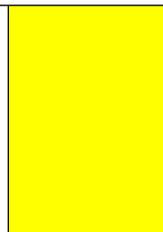
Subsections applicable to this service are fully attained.

Kerikeri Retirement Village provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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 are partially attained and of low risk.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality

improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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The nursing team efficiently manages the entry process to the service. The registered nurses, the general practitioner and nurse practitioner assess residents on admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents were reviewed regularly and referred to specialist services and to other health services as required.

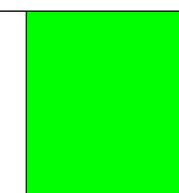
The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Activities developed cover a twenty-four-hour period for residents in the dementia wing.

The organisation uses an electronic medicine management system for e-prescribing, dispensing, and administration of medications. The general practitioner and nurse practitioner are responsible for all medication reviews. Medicines were safely stored and administered by staff who are competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day. The service has an approved food control plan and current menu. Residents verified satisfaction with meals.

Transfers and discharges were managed in a safe manner.

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 are fully attained.
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Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained with shade and seating available. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are constructed for ease of cleaning and conveniently located. Systems and supplies are in place for essential, emergency and security services.

Testing, tagging, and calibration of equipment is completed as required. There is a current building warrant of fitness. Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system responded to in a timely manner. Hazards are identified with appropriate interventions implemented. Security is maintained.

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

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

Subsections applicable to this service are fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There have been five outbreaks (three Covid-19, two scabies) since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

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 are fully attained
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The service has been restraint free since the last audit and aims to maintain a restraint-free environment. This is supported by the governing body and policies and procedures. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to prevent the use of restraint.

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	26	0	1	0	0	0
Criteria	1	166	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori.</p> <p>As part of staff training, Kerikeri Retirement Village Limited (KRVL) incorporate the Māori health strategy (He Korowai Oranga), Te Whare Tapa Whā Māori Model of Health and wellbeing and the Spark of Life principles and model of care. The importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents are included in training. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>The service is linked to Ngāti Rēhia, the iwi with whom many the KRVL staff whakapapa to. Kaumātua and kuia are available to support the organisation’s cultural journey.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff</p>

		<p>members. Seventeen staff members interviewed (three registered nurses (RNs), five health care assistants (HCAs), one physiotherapist, one maintenance supervisor, one activities and lifestyle coordinator, two kitchen operations managers, a chef, two cleaners, and one kitchen hand) interviewed stated that they are supported in a culturally safe way and staff are encouraged to use both te reo Māori and relevant tikanga in their work with the residents, as detailed in the Māori health plan and tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Clinical staff interviewed described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>KRVL recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific health plan documented as part of the Pasifika Peoples Health Policy. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights are available in a number of different languages, including the languages of the Pacific Islands.</p> <p>On the day of audit, there were no Pacific residents living at KRVL. For any that do enter the service, ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the electronic resident management system. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The service is actively recruiting new staff. The clinical nurse</p>

		<p>manager described how they encourage and support any staff that identifies as Pasifika, beginning at the employment process. This was confirmed in interviews with staff who identified as Pasifika.</p> <p>Interviews with staff, eight residents (six rest home residents, two hospital residents), and four family/whānau (one rest home, two hospital, and one dementia) identified that the service puts people using the services, whānau, and the Kerikeri community at the heart of their services. The service is able to consult with Pacific Island staff, Fale Pasifika Te Tai Tokerau, and one of the directors (who identifies as Pasifika) to access community links and continue to provide equitable employment opportunities for the Pacific community.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical nurse manager, or assistant clinical managers discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are also held during the quarterly resident/family meetings. The residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There is an independent resident advocate available who has their contact details prominently displayed in resident areas throughout the facility. There are links to spiritual support and local churches. Church services are held regularly.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services.</p>

		<p>Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</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>Staff members interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in December 2022 confirmed that residents and families/whānau are treated with respect. This was also confirmed during interviews with residents and families/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and families/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak and understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective. Staff complete a cultural competency in order to build knowledge and awareness about the importance of addressing accessibility</p>

		barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value both the younger and older persons, showing them respect and dignity. All residents and families/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. The staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, including those related to the spark of life concept, and Te Whare Tapa Whā. On interview, care staff confirmed an understanding of holistic care for all residents.</p>
Subsection 1.6: Effective communication occurs	FA	Information is provided to residents and family/whānau on admission. Quarterly resident meetings identify feedback from

<p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak and understand English. Healthcare assistants and registered nurses interviewed described how they would assist residents that do not speak English with interpreters or resources to communicate, should the need arise.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora Health New Zealand - Te Tai Tokerau specialist services. The delivery of care includes a multidisciplinary team; residents and family/whānau provide consent and are communicated with in regard to services involved. The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</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</p>	<p>FA</p>	<p>There are policies around informed consent. Eight resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what</p>

<p>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>informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on file for dementia level residents.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The service maintains a record of all complaints, both verbal and written, by using an electronic complaints' register. There have been two complaints in 2019, two in 2020, seven in 2021, eleven in 2022, and one in 2023 year to date, since the previous audit in 2019. There have been no external complaints. The management team could evidence the complaint documentation process, including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the staff, and quality meetings. Complaints are a standard agenda item in all staff, clinical and senior team meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held quarterly. Communication is maintained</p>

		<p>with individual residents, with updates at activities and mealtimes and one on one reviews. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori. Complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some 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>Kerikeri Retirement Village Limited (KRVL) is located in Kerikeri, Northland. KRVL provides care for up to 68 residents at rest home, hospital, and dementia levels of care.</p> <p>There are 23 rest home beds, 26 hospital beds, 4 dual purpose beds and 15 dementia beds. On the day of the audit, there were 64 residents: 22 rest home, 29 hospital (including one respite resident), and 12 dementia level residents (including one respite resident). All residents apart from the two on respite were under the aged related residential care (ARRC) agreement.</p> <p>KRVL has an overarching strategic plan (2021-2026) in place, with clear business goals to support their Spark of Life philosophy. The Spark of Life principles of care support residents to feel needed and useful; to have the opportunity to care; to love and be loved; to have self-esteem boosted by encouraging and supporting individuals' positive qualities; and having the power to choose. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Whā.</p> <p>The current business plan for 2021-2023 includes a mission statement and operational objectives with site specific goals. The management team report to the chief executive officer (CEO), who then reports to the KRVL Board of Directors.</p> <p>The KRVL Board consists of representatives from the Kerikeri Village Community Trust and Presbyterian Support North, containing</p>

		<p>both Pacific and Māori representation. The Board receives a report monthly and meet bi-monthly with the CEO.</p> <p>The CEO confirmed the strategic plan and its reflection of collaboration with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There is Māori representation on the Board, and community links that provide advice to the Board in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The working practices at KVRL are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha.</p> <p>The Board attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. Free te reo Māori education is available via a local tertiary education provider for any staff to access, including management.</p> <p>The quality programme includes a quality programme policy, and quality goals (including site specific business goals) that are reviewed monthly in meetings.</p> <p>The CEO (non-clinical) has managed KVRL for over seven years. They have a background of over 25 years in senior leadership, including the retirement village and aged care sector. The CEO is supported by a clinical nurse manager (at KVRL for 18 months), and a large management team.</p> <p>The CEO and clinical nurse manager have completed more than eight hours of training related to managing an aged care facility, including two days cultural training, Spark of Life, and aged care association conferences. Peer support is provided by an external consultant, well known, and respected in the aged care sector.</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</p>	<p>FA</p>	<p>KVRL has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits, an external consultant, and through the</p>

<p>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>collection, collation, and benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. The management team described available reports which are available to review ethnicity data that can be generated for this purpose.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and are updated to meet HDSS:2021. New policies or changes to policy are communicated to staff.</p> <p>Monthly senior team meetings, monthly clinical meetings, staff meetings, and three-monthly quality meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff in their staffroom and nurses' stations. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The 2022 resident and family/whānau satisfaction surveys indicate that both residents and family/whānau have reported high levels of satisfaction with the service provided.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is a part of all staff and senior management meetings, with a focus on health and safety three-monthly as part of the senior team/quality meeting. There is a health, safety and quality manager who has a graduate diploma in health, safety, and incident investigation, in addition to having completed level one and two health and safety training. Manufacturer safety datasheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in April 2023 (sighted). Health and safety policies are implemented and monitored by the</p>
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		<p>health and safety committee.</p> <p>A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the electronic accident/incident form. Health and safety meetings are held monthly. Well-being programmes include offering employees the employee assistance programme.</p> <p>All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is employed for 12 hours per week, and a physiotherapy assistant for 24 hours per week. Strategies implemented to reduce the frequency of falls include the use of sensor mats, regular resident checks, comprehensive handovers and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and updated when changes occur. The clinical nurse manager, and assistant clinical managers evaluate interventions for individual residents. Residents are encouraged to attend daily exercises as part of the activities programme.</p> <p>Electronic reports on the resident management system are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Benchmarking occurs internally, and with an external consultant (for infections).</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT around a trespasser, absconding residents, and registered nurse shortages. There have been five outbreaks (Covid-19 April, July, September 2022; scabies January, and February 2022) since the previous audit, which were appropriately notified, managed and staff debriefed.</p>
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<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>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site from 1845 hours - overnight for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising enrolled nurses, overseas trained nurses (awaiting New Zealand competency and registration), and senior HCAs acting as night shift duty leads on site.</p> <p>The registered nurses and a selection of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The clinical manager is available Monday to Friday and an assistant clinical manager is available Monday to Friday. They share an on-call roster with the RN staff.</p> <p>Interviews with HCAs, RNs and the clinical management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of PPE, cultural safety and moving and handling. A record of completion is maintained on an electronic register.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 53 healthcare assistants, 30 have achieved a level 3 NZQA qualification or higher. Sixteen of the HCAs work in the dementia unit, with eight having attained the dementia unit standards, and eight being in progress. These staff have been employed within the last 18 months.</p> <p>Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Six RNs</p>
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		<p>(including the clinical nurse manager and assistant clinical managers) are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Local Employee Assistance Programme (EAP) are available to staff that support staff to balance work with life.</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>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Ten staff files reviewed evidenced the implementation of recruitment processes, and had employment contracts, police checking and completed orientation documentation on file.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy in place and all staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>Volunteers are used (particularly with activities) and an orientation</p>

		<p>programme and policy for volunteers is in place.</p> <p>Staff files are securely stored electronically, and in hard copy. Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</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>	FA	<p>The information pack has accurate information about the services provided. The entry criteria is clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies, verbally on enquiry. Information about the services provided is explained and discussed with the enquirer as required.</p> <p>Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and</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>service coordination (NASC). Residents assessed as requiring dementia level of care, were admitted with consent from the enduring power of attorneys (EPOAs) and documents sighted verified that EPOAs consented to referral and specialist services. Evidence of specialist referral to the service was sighted. Signed admission agreements and consent forms were sighted in the records reviewed. Family/whānau and EPOAs interviewed stated they were satisfied with the admission process and the information that was made available to them on admission.</p> <p>Residents' information is kept confidential and in password protected electronic files. The clinical nurse manager (CNM) stated that any delay to entry to service will be discussed with the resident or family/whānau as required. The CNM reported that entry to service can be declined if the prospective resident does not meet the entry criteria or there is no vacancy. The resident and family/whānau are informed of the reason for the decline and of other options or alternative services if required. The service maintains a record of the enquiries and of those declined entry. The pre-admission information form includes ethnicity data. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented. The general practitioner (GP) stated that Māori health practitioners and traditional Māori healers can be accessed if required 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>Eight residents' files were sampled for review (two rest home, three hospital, one respite, and two dementia level of care). The nursing team is responsible for completing the admission assessments, care planning and evaluation. The interim assessments and care plans sampled were developed within 24 hours of an admission in consultation with the residents and family/whānau where appropriate, with resident's consent. The service assessment tools included consideration of residents' lived experiences, cultural needs, values, and beliefs. Initial interRAI assessments were completed within three weeks of an admission and six-monthly reassessments were completed.</p> <p>The Māori health and wellbeing assessments support kaupapa Māori</p>

	<p>perspectives to permeate the assessment process. The Māori health care plan was developed in consultation with a cultural advisor. The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau. There were residents who identify as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as karakia, Rongoa and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training.</p> <p>The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, referral information, observation and the NASC assessments served as a basis for care planning. Residents' and family/whānau representatives of choice and EPOAs for residents in the dementia unit were involved in the assessment and care planning processes, as confirmed in interviews with residents, family/whānau and EPOAs. All residents' files sampled had current interRAI assessments completed.</p> <p>The long-term care plans sampled identified residents' strengths, goals, and aspirations. Where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed for residents in the dementia unit or other residents having the same concerns. Triggers were identified and strategies to manage these were documented. Behaviours that challenge were monitored and recorded on the behaviour monitoring charts.</p> <p>The care plans evidenced service integration with other health providers, including medical and allied health professionals. There is a contracted podiatrist who visits the service six-weekly, and a contracted physiotherapist who completes assessment of residents,</p>
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	<p>and manual handling training for staff. Notations were clearly written, informative, and relevant. Any changes in residents' health were escalated to the general practitioner (GP) or nurse practitioner (NP). Records of referrals made to the GP or NP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. Examples of evidence of referrals sent to specialist services included referrals to the mental health services for older adults, wound care nurse specialist, dentist, ophthalmologists, and radiology department. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>There were 42 active wounds at the time of the audit and one pressure injury (stage I). Wound management plans were implemented with regular evaluation completed.</p> <p>The contracted GP and NP visits the service on alternate weeks and attends to two-weekly phone consults with the office registered nurse. Medical assessments were completed by the GP or NP within two to five working days of an admission. Routine medical reviews were completed in a timely manner. More frequent reviews were completed if required, as determined by the resident's needs. Medical records were evidenced in sampled records.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Any acute changes of health were reported to the registered nurses (RNs), as confirmed in the records sampled. The long-term care plans were reviewed at least six-monthly following six-monthly risk reassessments using the organisation's own assessment tools. Short-term care plans were completed for acute conditions and have been reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations, as well as whānau goals and aspirations. Where progress was different from expected, changes to the care plan was completed. Where there was a significant change in the resident's condition, an interRAI reassessment was completed and a referral made to the local NASC team for reassessment for level of care.</p> <p>Residents' records, observations, and interviews verified that the</p>
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		<p>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. The residents and family/whānau confirmed their involvement in the 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>	<p>FA</p>	<p>The activity programme is led by a lifestyle and leisure coordinator/team leader, supported by two activities coordinators. The team is also assisted by four volunteers. The activities programme covers seven days a week. Weekly activities programme is posted on noticeboards around the facility. Residents are invited to the activities on the programme each day by the activities team.</p> <p>Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whanau and EPOAs. Activities plans were developed as part of the long-term care plans. The activities were varied and appropriate for people assessed as requiring rest-home, hospital, and dementia level of care.. The activities programme is regularly reviewed through satisfaction surveys, residents' meetings and one-on-one conversations with residents to help formulate an activities programme that is meaningful to the residents. Resident's activity needs were evaluated as part of the formal six-monthly interRAI assessments and care plan review and when there is a significant change in the resident's ability. This was evident in the records sampled and confirmed in interviews with the activities team, residents and EPOAs for residents at the facility.</p> <p>Individual, group activities and regular events are offered. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. The activities on the programme include: exercises; van trips; puzzles; quiz; walks; coffee clubs; happy hour; walks on wheels/spark of life; movie; church services; story-time; and birthday celebrations. International days celebrated include Queen's birthday and St Patrick's Day. Cultural events that facilitate opportunities for Māori to participate in te ao Māori include Waitangi celebrations, Matariki day and kapa haka performances from local schools. Māori artwork and</p>

		<p>words were displayed throughout the facility. Te reo Māori week was observed. Daily activities attendance records are maintained.</p> <p>Activities for residents in the dementia unit cover a twenty-four-hour period and reflected residents' preferred activities of choice. Day activities included daily walks, singing, van outings, art & craft, church services, watching TV and movies, and one-on-one and group activities were conducted as per programme.</p> <p>Residents were observed participating in a variety of activities on the days of the audit. Competent residents in the rest home and hospital wings are supported to access community events and have the independence of going out on their own, as desired/if able. Interviewed residents, family/whānau and EPOA confirmed they find the programme satisfactory.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management was in use. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP and NP completed three-monthly medication reviews.</p> <p>A total of 16 medicine charts were reviewed. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. Eye drops were dated on opening. There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridges and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly by the maintenance team. Records were sighted.</p> <p>Medication reconciliation was conducted by the nursing team when a</p>

		<p>resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit. The RN was observed administering medications safely and correctly in the rest home wing. Medications were stored safely and securely in the trollies, locked treatment rooms, and cupboards. There were no residents self-administering medications. There was a self-medication policy in place when required. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. The GP reported that when requested by Māori residents or family/whānau, appropriate support for Māori treatment and advice will be provided. This was reiterated in interviews with the CNM, registered nurses and family members, and residents who identify as Māori.</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>	FA	<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. Copies of individual dietary preferences were available in the kitchen folder. All food and baking are prepared and cooked on site by a contracted service and was in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns in a six-weekly cycle. The menu was reviewed by a qualified dietitian on 31 March 2023. The food is transported to the dining rooms and individual rooms in scan boxes. The kitchen also provides meals on wheels to the residents in the village.</p>

		<p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food control plan and registration issued by Ministry of Primary Industries. The current food control plan will expire on 30 January 2024. Food, freezer, and fridge temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>Residents' weight was monitored regularly by the clinical staff and there was evidence that any concerns in weight identified were managed appropriately. Additional supplements were provided where required. The two operations managers and the chef stated that if any residents request for culturally specific food, including menu options culturally specific to te ao Māori, this is offered as requested. Residents who identify as Māori and their family/whānau were satisfied with the food services. Whānau are welcome to bring culturally specific food for their family/whānau.</p> <p>Mealtimes were observed during the audit. Residents received the support they required and were given enough time to eat their meals in an unhurried fashion. Residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Meals going to rooms on trays had covers to keep the food warm. Family and residents expressed satisfaction with meals. This was verified in satisfaction surveys and residents' meeting minutes.</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,</p>	FA	<p>The transfer and discharge policy guide staff on transfer, exit and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, their family/whānau, the GP or NP. A standard transfer form is used to transfer residents to acute services. The CNM reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency</p>

<p>transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>situations. Transfer documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care. The reason for the transfer was documented on the transfer letter and progress notes in the sampled files. The transfer and discharge planning included risk mitigation, and current needs of the resident. Referrals to other allied health providers to ensure the safety of the residents were completed.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. The CNM reported that social support or Kaupapa Māori agencies, where indicated or requested, are provided. Referrals to seek specialist input for non-urgent services are completed by the GP, NP, or the clinical team. Examples of referrals completed were in residents' files sampled. The resident and family/whānau (including EPOAs for residents in the dementia unit) were kept informed of the referral process, reason for transition, transfer or discharge, as confirmed by documentation and interviews.</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>	<p>FA</p>	<p>The building has a current warrant of fitness that expires on 31 August 2024. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their whānau to utilise are available inside and in the courtyard.</p> <p>The planned maintenance schedule includes testing and tagging of electrical equipment, resident equipment checks (this was last completed on 4 August 2022), and calibrations of the weighing scales and clinical equipment. The scales were checked on 9 December 2022. Hot water temperatures have been tested and recorded in every resident room, laundry, and kitchen monthly. All hot water temperatures were within safe recommended ranges of below 45 degrees Celsius in residents' rooms and 60 degrees Celsius in the laundry and kitchen areas. Reactive maintenance is</p>

	<p>carried out by the maintenance supervisor, supported by two maintenance officers and certified tradespeople where required. The service employs three maintenance people who work from Monday to Friday, share weekends on a rostered basis, and are on-call 24 hours a day when required. There are four full-time gardeners. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes. The two vehicles which are used to transport residents had a current warrant of fitness and registration.</p> <p>The service is divided into three different wings, namely the rest home, hospital, and dementia wings. The rest home (Paterson Annexe) wing has a total of 23 beds that includes six rooms with ensuites including two double rooms; the hospital (Robinson wing) has 30 beds including four dual-purpose beds, and the dementia wing has 15 beds respectively.</p> <p>All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. There are adequate numbers of shared showers and toilets in close proximity to resident areas.</p> <p>All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Activities take place in the large hospital lounge and dementia wing respectively.</p> <p>Residents' rooms were personalised according to the residents' preferences. All shared rooms have dividing curtains in between to maintain privacy and consent has been given. Shared rooms, shower rooms, and toilets are of a suitable size to accommodate mobility equipment. All rooms have external windows to provide natural light and have appropriate ventilation and heating. Healthcare assistants interviewed stated they had adequate equipment for the safe delivery of care, including: weighing scales; pressure prevention mattresses; hoists; electric beds with high-pressure rating mattresses; and lazy boy chairs on wheels.</p> <p>The grounds and external areas were well maintained. External</p>
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		<p>areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas. There is one outdoor area where residents smoke. All other areas are smoke free.</p> <p>The dementia wing is secure and has 15 beds, a lounge and dining room area, adequate space for storage, a secure walking courtyard with a seating bench, umbrella available, and one sluice room. There is adequate space for residents to wander. The secure dementia unit has a large, enclosed walking courtyard and garden area where residents can mobilise freely.</p> <p>The maintenance supervisor reported that when there is a planned development for new buildings, there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</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>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service on 12 April 2005. A trial evacuation drill was performed on 21 February 2023. The drills are conducted every six months, and these are added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the main car park area is the designated assembly points. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, continence products, three portable generators, three gas BBQs, and three gas burners to meet the requirements for 68 residents (including rostered staff). Emergency lighting is available and is regularly tested. All staff had current first aid certificates. Staff confirmed their awareness of the emergency procedures.</p>

		<p>The service has a working call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance staff. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times in the evenings. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. Security camera surveillance is installed in communal areas. There are infra-red rays that can be used to alert staff when a resident gets out of bed in the dementia unit. Staff stated that these are seldom used but can be used to monitor activity if required. The dementia unit is secure.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers and wear masks within the facility at all times.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>An assistant clinical manager (registered nurse) oversees infection control and prevention across the service, with support from the clinical nurse manager. The job description outlines the responsibility of the role. The content and detail of the infection control programme and antimicrobial stewardship (AMS) programme is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed quarterly and annually by the external consultant and infection prevention and control committee, and infection control audits are conducted. Infection rates are presented at staff meetings and discussed at quality meetings. Infection control data is also reviewed by the management team and benchmarked externally with other aged care groups via the external quality consultant. Infection control is part of the strategic and quality plans. The governing body receive reports on progress quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak</p>

		<p>management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) on a monthly basis, including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Te Whatu Ora Health New Zealand -Te Tai Tokerau.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a comprehensive pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GP, laboratory, external consultant, and Te Whatu Ora Health New Zealand -Te Tai Tokerau infection control nurse specialist. There are sufficient quantities of PPE equipment available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team in consultation with an external consultant. Policies are available to staff. There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti.</p>

		<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19, and staff were informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practice were displayed in English, te reo, and other languages.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare-acquired infections (HAI). The infection control coordinator has input to the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products, in collaboration with the clinical nurse manager. The management team would liaise with their external consultant should the design of any new building or significant change be proposed to the existing facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial policy and procedures in place, and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting and management team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the KRVL infection control manual. Monthly infection data is collected for all infections based on signs,</p>

<p>surveillance programme.</p> <p>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>		<p>symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually.</p> <p>Infection control surveillance is discussed at staff meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator, clinical nurse manager and quarterly external benchmarking is completed by the consultant. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The service receives information from Te Whatu Ora Health New Zealand -Te Tai Tokerau for any community concerns.</p> <p>There has been five outbreak (three Covid-19, and two scabies) since the last audit. The facility followed their pandemic plan. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with residents, relatives, and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks and families/whānau were kept informed by phone or email. Visiting was restricted.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. There is appropriate sluice and sanitiser equipment available. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p>

		<p>All laundry is outsourced and processed off site. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system, which is reviewed by the infection control coordinator. The two cleaners interviewed were knowledgeable around systems and processes related to hygiene, and infection prevention and control.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards. If a Māori resident requires restraint, prior to this decision cultural advice is sought alongside whānau to explore spiritual and cultural values. The interviewed restraint coordinators stated that the service is committed to a restraint-free environment in all its wings. They have strong strategies in place to eliminate the use of restraint. The two assistant clinical managers co-share the role of a restraint coordinator, including monitoring restraint use and developing elimination strategies at the service. Restraint is discussed at the staff, registered nurse meetings, and quarterly quality meetings. Information about restraint is included in the manager's report and discussed at Board level.</p> <p>At the time of the audit, there were no residents using a restraint. When restraint is used, this is a last resort when all alternatives have been explored. The restraint coordinators have a defined role of providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint coordinators, including the physiotherapist, registered nurse, and CNM are responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints are approved, and the overall use of restraint is monitored and analysed. Family/whānau/EPOA and residents are involved in decision-making.</p> <p>The service has been awarded a continuous improvement rating for maintaining a restraint-free environment.</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 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	<p>As per the ARC contract with Te Whatu Ora – Health New Zealand, an aged care facility providing hospital level care is required to have at least one registered nurse on duty at all times; however, the service has been unable to provide a registered nurse on site overnight from 1845 hours for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising enrolled nurses, internationally qualified nurses awaiting New Zealand registration, and senior healthcare assistants acting as night shift duty lead on site. There is always a clinical nurse manager, assistant clinical manager, or senior registered nurse on-call out of hours.</p>	<p>The service does not have an RN on duty at all times as per the ARC contract D17.4 a. i.</p>	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 6.1.1 Governance bodies shall demonstrate commitment toward eliminating restraint.	CI	A review of the clinical indicator data indicated Kerikeri Retirement Village to be restraint free from March 2022 to date. Restraint use had fallen consistently from the last audit period in 2019 when 30 restraints were in use. The CEO, clinical nurse manager and assistant clinical managers interviewed confirmed that a range of initiatives are implemented to ensure the restraint-free environment is maintained. Meeting minutes reviewed evidenced discussions around strategies to maintain a restraint-free environment. Healthcare assistants and registered nurses interviewed could explain current strategies that assist to keep the environment restraint free.	The service wanted to support residents' independence and safety with proven strategies and initiatives that maintains the restraint-free environment. Individual strategies to respond to specific resident needs were identified, including: falls prevention; early intervention to identify changes in behaviour; quality use of medication; safe environment, including the spark of life philosophy; review of timing of other activities; and individual schedules/routine. Rosters include a physiotherapist and physiotherapy assistant to promote residents' independence through mobility support and exercise. Carer support assistants assist HCAs to oversee residents in the lounge areas to assist with supervision, activities and de-escalation where required, and fluid assistance to ensure residents are hydrated. Education sessions for staff have been provided to include dementia related training, restraint minimisation

			<p>practices, and behavioural and psychological symptoms of dementia (BPSD) management. This resulted in an increased understanding of the importance of early intervention, encourage staff input into residents' cares and empower staff through accountability. Ongoing communication and involvement of the next of kin and with residents improved an understanding of the KRVL strategy to maintain a restraint-free environment.</p> <p>The strategies allow for early interventions of distressed behaviour. Staff aim to understand the unmet need, identify trends in times or locations, and incorporate this into the care plans. Pain management includes non-pharmaceutical interventions and medication optimisation ensures cognitive abilities are supported. The data evidenced the service maintained the restraint-free environment since the start of the initiative, with no incidences of restraint. Quality data related to incidence of falls during the same period show they have also decreased.</p> <p>Positive feedback from residents and family/whānau indicates that residents have been able to enjoy a safer and more comfortable home experience, with less distress and anxiety. These positive results were discussed at clinical, staff and quality meetings.</p>
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End of the report.