

Carter Society Incorporated - Carter Court Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Carter Society Incorporated

Premises audited: Carter Court Rest Home

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

Dates of audit: Start date: 31 May 2023 End date: 31 May 2023

Proposed changes to current services (if any): Reconfiguration of 11 rest home rooms to 6 dual purpose rooms in 2023.

Total beds occupied across all premises included in the audit on the first day of the audit: 36

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Carter Court Rest Home is currently certified to provide rest home and hospital level care for up to 48 residents. The facility is owned by the Carter Society Incorporated and is managed by a facility manager who is experienced in the sector, supported by a nurse manager who is a registered nurse. Residents and whānau stated the care provided is of a high standard.

Eleven rest home rooms are currently not in use in the Deller Wing of the facility as they are awaiting reconfiguration into six dual purpose (rest home or hospital care) rooms; the work is expected to commence in June 2023. Reconfiguration will bring the overall rooms available at Carter Court to 43 from the current 48 and will include the upgrade of the current hospital level respite room, a small residents lounge, and a large storage cupboard.

This surveillance audit was conducted against a subset of Ngā Paerewa: Health and Disability Services Standard (NZS 8134:2021) and the service provider's agreement with Te Whatu Ora – Health New Zealand Wairarapa (Te Whatu Ora Wairarapa). The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, managers, staff, and a general practitioner.

Improvements are required in the areas of statutory reporting, response to tāngata whaikaha, and partnership with local Māori for the support of Māori residents. Issues identified in a partial provisional audit following a new building project completed in February 2022 have been addressed. These related to having a certificate of public use and a new fire and evacuation plan approved by the NZ Fire Service to encompass the extension prior to occupancy of the new wing.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

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

Carter Court Rest Home collaborates with staff to provide support to residents in all aspects of service delivery. Staff had received in-service education on Te Tiriti o Waitangi, cultural awareness, and the Code of Health and Disability Services Consumers' Rights (the Code).

Residents at Carter Court Rest home who identified as Māori were treated equitably and confirmed that their mana motuhake (self-determination) was supported. The service was socially inclusive and person-centred. Te reo Māori and tikanga Māori were incorporated in daily practices.

Residents and their whānau confirmed that they were treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

There is a process in place to ensure that complaints are resolved promptly and effectively in collaboration with all parties.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The Carter Society Incorporated is the governing body for Carter Court and is responsible for the service provided. The directors work with the facility's manager to monitor organisational performance and ensure ongoing compliance. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined and monitored. Performance is monitored and reviewed at planned intervals.

There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. Quality data, including adverse events, are analysed to identify and manage trends. All incidents are being reliably reported and recorded with corrective actions taken where this is necessary.

There is a plan in place to refurbish the Deller Wing of the facility. When the refurbishment is complete, the wing will be reintegrated into the service and will work under the established Carter Court governance and quality and risk structure; there are already well documented strategic and business plans, with policies and procedures in place. Current quality and risk management plans reflect good practice standards.

Staffing levels and skill mix meet the cultural and clinical needs of residents, workforce planning is fair, equitable, and respects input from staff. Staffing for the refurbished Deller Wing is already in place as is capacity in the cleaning, laundry, and kitchen services to accommodate residents when the refurbished wing is re-opened.

The facility manager has the required skills and experience for the level of care provided. The facility manager and nurse manager confirmed understanding of the required skill mix to ensure residents' needs are met. Staff are employed and rostered to be on site

to meet the needs of residents 24 hours a day, seven days a week. Staff are suitably skilled and experienced, and competencies are defined and monitored. A systematic approach to identify and deliver ongoing learning supports safe service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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On admission to Carter Court Rest Home, residents received a person-centred and whānau-centred approach to care.

Residents and whānau participated in the development of a pathway to wellbeing, through timely assessment that was planned, coordinated, and reviewed to address residents' needs. Care plans were individualised and demonstrated wellbeing outcomes for all.

The activity programme offered a diverse range of activities and incorporated the cultural requirements of the residents. All activity plans were completed in consultation with residents and whānau with residents having noted their activities of interest. Residents and their Enduring Power of Attorney (EPOA)/whānau expressed satisfaction with the activities programme in place.

Medicines were safely managed and administered by staff who were competent to do so. All residents, including Māori residents and their whānau, were supported to understand their medications. Medication management for the refurbished wing is already in place and will be re-established when the wing is reopened.

The food service met the nutritional needs of the residents with special cultural needs catered for. Māori and their whānau had menu options that are culturally specific to te ao Māori.

A process is in place to support safe and timely transfer or discharge.

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.

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

The environment is safe and fit for purpose. A current building warrant of fitness is displayed as well as a certificate for public use of the new extension completed February 2022. The building is fully sprinklered with wired smoke alarms.

The facility is designed and maintained in a manner that supports independence. Resident areas are personalised. Spaces are culturally inclusive, suited to the needs of the resident groups, and reflect cultural preferences. A request has been made to reconfigure and refurbish 11 rest home rooms to become 6 dual purpose rooms in the Deller Wing of the facility. The changes planned also include the upgrade of the current hospital level respite room, a small residents lounge, and a large storage cupboard. Once completed, the refurbished Deller Wing of the facility will have six rooms with full ensuite facilities. All the refurbished rooms will have overhead ceiling hoists installed.

Fire and emergency procedures are documented, and related staff training has been conducted. Emergency supplies are available. All staff are trained in the management of fire and other emergencies. Security is maintained and hazards are identified and addressed.

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

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

Subsections applicable to this service fully attained.

Carter Court Rest Home ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. The nurse manager coordinates the programme. The programme is already in place to cover the current 11 rest home rooms in the Deller Wing and will be reinstated once the refurbishment of the wing has been completed. There was a pandemic plan in place which is assessed periodically.

Surveillance of infections was undertaken, with results monitored and shared with all staff. Action plans were implemented as and when required.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Achieving a restraint free environment is the aim of the service. The governance group demonstrates commitment to this through policy. At the time of audit one resident was using a restraint. When restraint is used, this is as a last resort when all alternatives have been explored.

Policies and procedures meet the requirements of the standard. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring.

There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed and reported to governance level. Enduring Power of Attorney/whānau were involved in decision making.

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	15	0	5	0	0	0
Criteria	0	47	0	5	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>	Not Applicable	<p>The directors of Carter Court Rest Home (Carter Court) are aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation. There were residents and staff at Carter Court who identified as Māori during the audit. While the Human Resources Management Policy specifically states the service’s commitment to recruit and retain Māori, and ethnicity information is collected from staff, the application form does not ask for ethnicity information and there is no analysis of ethnicity data to support the aim of recruiting and retaining Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	Not Applicable	<p>There is no Pacific Health Plan or documented models of care to ensure culturally appropriate services can be delivered by the service. The service does not have any partnerships with Pacific communities at this time. There are no Pasifika staff employed at Carter Court and no Pasifika residents in the facility during the audit.</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>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 Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility. Residents who identified as Māori were evidenced to have their mana motuhake (self-determination) recognised and respected. EPOA/whānau or representatives of choice were consulted in the assessment process to determine residents' wishes and support needs when required. The service was guided by the cultural policies and training sessions that outlined cultural responsiveness to residents who identified as Māori.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>PA Low</p>	<p>Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Staff at Carter Court have had training on Te Tiriti o Waitangi and cultural awareness, and this was reflected in their practice. Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice with te reo Māori and tikanga Māori being promoted. The organisation had acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process.</p> <p>Residents and whānau reported that their values, beliefs, and language were respected in the care planning process. While there were no residents under 65 years of age receiving services from Carter Court, the service was evidenced to have no processes in place to respond to tāngata whaikaha needs. This is an area identified as needing to be addressed (refer criterion 1.4.6).</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe</p>	<p>FA</p>	<p>Policies and procedures outlined the facility's commitment to promoting an environment that does not support institutional and systemic racism. Cultural training included discussion on institutional and systemic racism, and the ability to question its existence at Carter Court if it was</p>

<p>services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>thought to exist.</p> <p>The facility manager (FM) and nurse manager (NM) stated that any observed or reported racism, abuse, or exploitation at Carter Court would be addressed promptly and that they were guided by a code of conduct.</p> <p>Residents reported that they had not witnessed any instances of abuse or neglect, they were treated fairly, they felt safe, and protected from abuse and neglect.</p> <p>During interview with the FM and NM, it was stated that a holistic model of health at Carter Court was promoted, that it encompassed an individualised approach and that it ensured best outcomes for all.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Appropriate best practice tikanga guidelines around informed consent were in place at Carter Court to guide staff. Two staff members who identified as Māori, and residents' whānau assisted staff to support residents with informed consent. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. Staff received training on cultural awareness and tikanga best practice.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of consumer rights legislation. All residents and their whānau are provided with information on entry regarding the complaints process and advocacy services. Information regarding the complaints process is displayed in the facility along with advocacy</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>information. Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There has been one complaint received from a whānau member since the last audit. Documentation sighted showed that the complaint had been addressed and that the complainant had been informed of findings following investigation. There have been no complaints received from external sources.</p> <p>There were no documented processes in place in policy to ensure complaints from Māori will be treated in a culturally appropriate and equitable fashion.</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>Carter Court is governed by the directors of the Carter Society Incorporated. The directors assume accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi and defining the leadership structure that is appropriate to the size and complexity of the organisation. Deller Wing at Carter Court already works under the established Carter Court governance structure, and this will not change following the refurbishment of the wing. There is already a well-documented strategic and business plan, with policies and procedures in place. The strategic plan outlines the purpose, values, scope, direction, and goals of the organisation with regular reporting to the board. Documented quality and risk management plans are in place reflecting good practice standards.</p> <p>There is a Māori health plan in place that guides care for Māori. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery for Māori. This was supported by interviews with Māori residents and their whānau, and with staff.</p> <p>The directors are aware of the need to complete education on Te Tiriti, health equity, and cultural safety but have not yet completed this.</p> <p>The service is currently developing policy around enabling independence for tāngata whaikaha.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Wairarapa (Te Whatu Ora Wairarapa) for aged-related rest home and hospital services, short-term care (respite), and has a fully funded</p>

		health recovery bed. On the day of audit, 23 residents were receiving rest home services, and 13 hospital level services. There were no residents receiving respite or health recovery care.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	PA Low	<p>The directors are responsible for identifying the purpose, values, direction, scope, and goals for the organisation, and monitoring and reviewing performance at planned intervals. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. This includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies in line with the National Adverse Event Reporting Policy.</p> <p>Leadership commitment to quality and risk management was evident in quality and risk documentation and board reporting documents. Ethnicity data is being gathered for residents. High-quality care for Māori is embedded in organisational practices and the efficacy of this was confirmed by Māori residents and their whānau.</p> <p>Quality data includes incidents/accidents, infection and outbreak events, complaints/compliments, and internal audits, all of which are analysed to identify and manage issues and trends. A sample of quality and risk and other documentation showed that where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs.</p> <p>The service has not fully complied with section 31 notifications and the FM and NM were unsure of the requirements around them. This is an area identified as needing to be addressed (refer criterion 2.2.6).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this.</p>

<p>through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>Staffing to manage the changes in the Deller Wing are already in place. The refurbishment will remove five rooms from the service capacity. Current rosters are sufficient to manage the change in care needs as residents enter the refurbished wing. The service already has RNs on duty 24 hours per day/seven days per week (24/7). Carter Court already has comprehensive human resources policies in place including recruitment, selection, orientation, and staff training and development. Induction and orientation procedures are also already in place. No additional orientation will be required for the new area as the layout and systems are similar to current areas and the wing will be staffed with personnel who are currently employed by the facility.</p> <p>Rosters reviewed confirmed staffing in the facility comprises of 24/7 RN cover. The RNs are supported by enrolled nurses (ENs) and caregivers: six in the morning, five in the afternoon and three on night shift. Activities staff are available to provide the recreation programme five days per week. Domestic (cleaning and laundry) and food services are conducted by dedicated staff seven days per week.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Education includes mandatory training on topics such as medication management, infection control (including management of COVID-19, hand hygiene and donning and doffing of personal protective equipment), management of emergencies and civil defence response, manual handling and safe transfer, resident cares, and residents' rights. The service has also embedded cultural values in their training programmes, including information on cultural awareness, Te Tiriti o Waitangi, and Māori models of care.</p> <p>Māori-related information is shared in the organisation through policy and procedure, the care planning process, and through communication with residents and their whānau. All staff who administer medicines are regularly competency-assessed to ensure compliance with known best practice and safe procedures in medicine management. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Wairarapa. Seven of the eleven RNs employed maintain interRAI competency.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Records are kept confirming that all regulated staff and contracted providers have proof of current practising certification with their regulatory bodies (e.g., the NZNC, the NZ Medical Council, and the Pharmacy, Physiotherapy, and Podiatry Boards). All new staff engage in a comprehensive orientation programme tailored for their specific role, which includes being 'buddied' with a peer. Staff interviewed confirmed that the orientation programme prepared them for their role.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO), including information on staff ethnicity.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	PA Low	<p>Carter Court do not routinely analyse entry and decline rates, this included specific data for entry rates for Māori. There has been a number of residents who had been declined entry recently as an eleven-bed rest home wing was closed as a result of a refurbishment project (refer criterion 3.1.5). This project was about to commence and planned to take six months. The rest home had been closed briefly in January 2023 due to a Norovirus outbreak.</p> <p>Carter Court had at the time of audit not developed formal meaningful partnerships with the local Māori community organisations to benefit Māori individuals and whānau. This requires attention (refer criterion 3.1.6).</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</p>	FA	<p>The multidisciplinary team at Carter Court worked in partnership with the residents and their whānau to support the residents' wellbeing. Five residents' files were reviewed: three from the hospital and two from the rest home, all receiving care under the Aged Related Residential Care (ARRC) contract. File reviews included residents who identified as Māori, residents admitted with pressure injury (which is now healed),</p>

<p>whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>residents with a behaviour that challenged, residents who had fallen, and residents with weight loss. Files reviewed verified a care plan was developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment was based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, short-term care plans and review/evaluation timeframes met contractual requirements. This was verified by sampling residents' records, from interviews, including with the general practitioner (GP), and from observations.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care provided in collaboration with the resident and whānau. Residents and whānau confirmed active involvement in the process.</p> <p>All of the residents (ten) and whānau (four) interviewed expressed a high degree of satisfaction with the care provided at Carter Court. They could not identify any areas where they thought there were opportunities for Carter Court to improve its services.</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>A diversional therapist with the support recreation assistants and a number of volunteers, provided a comprehensive activities programme at Carter Court. Staff at Carter Court are encouraged to enrol in the He Papa Tikanga programme to gain a New Zealand Certificate in tikanga.</p> <p>Opportunities for Māori, staff and whānau to participate in te ao Māori was facilitated. Matariki, Māori Language Week and Waitangi Day had been celebrated which included activities related to Māori, and teaching residents and staff aspects of Māori culture. Activities included baking Māori bread, making poi, singing, and teaching te reo Māori.</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 was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they manage.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines were stored were within the recommended temperature range. Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>A process was in place to identify, communicate and document medication related allergies or sensitivities.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. Standing orders were used at Carter Court, and instructions met standing order guidelines.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Each resident had a nutritional assessment on admission to the facility. The Māori health plan in place included cultural values, beliefs, and protocols around food. The personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this. Māori residents had menu options culturally specific to te ao Māori.</p> <p>Whānau were welcome to bring culturally specific food for their relatives. Residents and whānau interviewed expressed satisfaction with the food options.</p> <p>Food services to the newly refurbished Deller Wing at Carter Court will</p>

		be provided by the main kitchen in the same way as prior to the refurbishment.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	Transfer or discharge from the service was planned and managed safely with coordination between services and in collaboration with the resident and whānau. The resident and whānau interviewed reported being kept well informed during a recent transfer of their relative, to an acute facility.
<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>	PA Low	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, maintained and that they meet legislative requirements. The building warrant of fitness for the facility is current, expiring on 30 June 2023. A certificate of public use was displayed for the building of a new wing of the facility completed in 2022, this was a finding requiring a corrective action following a partial provisional audit undertaken in February 2022 and this is now closed.</p> <p>Spaces promote independence and safe mobility and are culturally inclusive and suited the needs of the resident groups, with smaller spaces for the use of residents and their visitors. Residents and their whānau reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance.</p> <p>A request for reconfiguration and refurbishment of 11 rest home rooms to become 6 dual purpose rooms was made to the Ministry of Health. The work on the refurbishment is centred in the Deller Wing of the facility; it is expected to commence in June 2023 and will take up to six months to complete. It is also intended that, at the same time, an upgrade of the current hospital level respite room, a small residents</p>

		<p>lounge for the enjoyment of residents, and a large storage cupboard will be completed. The Ministry of Health has advised that a partial provisional audit is not required for the reconfiguration (letter dated 25 May 2023) but advised that the changes were to be verified at the next routine audit. When completed the refurbishment will need Certificate of Public Use prior to any residents moving into the refurbished wing (refer criterion 4.1.1).</p> <p>Other than the planned refurbishment, there are currently no plans for further new building projects at Carter Court, the directors are aware of the requirement to consult and co-design with Māori if this should be envisaged.</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>PA Low</p>	<p>The fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand (FENZ) on 19 June 2017. This was reviewed following a partial provisional audit in February 2022 on completion of a new wing built onto the facility. No changes to the current scheme were required and this closes the finding requiring corrective action from the previous partial provisional audit of the new wing.</p> <p>The fire evacuation scheme requires fire cell evacuation six-monthly, and this was conducted on 14 December 2022. The facility is fully sprinklered with wired smoke alarms. The sprinkler system automatically calls through to the fire department if these are activated. Fire extinguishing equipment is in place in the facility, serviced in June 2022.</p> <p>An updated fire evacuation scheme and fire and emergency evacuation plan may be required following refurbishment of the Deller Wing of the facility, and this may need to be approved by Fire and Emergency New Zealand (refer criterion 4.2.1).</p> <p>Residents and staff were familiar with emergency and security arrangements. Staff wore identification badges on the day of audit. Appropriate security arrangements are in place, closed-circuit television (CCTV) is in place on the outside of the building and notices advising of this were sighted. External doors and windows are locked at a predetermined time each evening. These are accessible from the inside</p>

		but not from outside the building.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A pandemic preparedness plan was in place, and this has been reviewed at regular intervals. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>Carter Court had no educational resources available in te reo Māori accessible to Māori. Partnerships with Māori had not been established for the protection of culturally safe IP practices.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) at Carter Court Rest Home was appropriate to that recommended for long term care facilities and was in line with priorities defined in the infection control programme. Surveillance data collected included ethnicity data.</p> <p>There were culturally safe processes for communicating between service providers and people receiving services who develop an HAI.</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</p>	FA	<p>Achieving a restraint free environment is the aim of the service. The governance group demonstrates commitment to this through its policy documentation. At the time of audit one resident was using a bedrail restraint. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>Policies and procedures meet the requirements of the standard. The restraint coordinator (RC) is a defined role undertaken by the manager who is a registered nurse. The RC provides support and oversight for</p>

<p>restraint in the context of aiming for elimination.</p>		<p>any restraint management. The RC has undergone education appropriate for the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring.</p> <p>The restraint approval group are responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved and appropriately consented by the resident EPOA or next of kin, and the overall use of restraint is being monitored and analysed.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.6</p> <p>Service providers shall respond to tāngata whaikaha needs and enable their participation in te ao Māori.</p>	PA Low	Carter Court was observed to be responding to tāngata whaikaha (people with disabilities) needs on a day-to-day basis, however there was no evidence of formal processes to manage the response in place. There had been no specific engagement with tāngata whaikaha to enable their participation in te ao Māori if residents required this.	No evidence was sighted that identified how Carter Court would respond to tāngata whaikaha needs and enable their participation in te ao Māori.	<p>Provide evidence that Carter Court will respond to tāngata whaikaha needs and enable their participation in te ao Māori.</p> <p>180 days</p>
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	PA Low	The service has completed two section 31 notifications since the last audit. The first was in relation to the change of nurse manager in 2022 and this was managed appropriately. The second related to a medication error leading to hospitalisation. The notification was sent to the portfolio manager at Te Whatu Ora Wairarapa only,	Section 31 notifications are not being made appropriately and staff making notifications are not fully aware of the requirements for reporting essential notifications.	Provide evidence that section 31 notifications are being made to the appropriate authorities and that staff making notifications understand the requirements for essential notification.

		and not the Ministry of Health. On interview the FM and NM were unsure of the requirements for reporting section 31 notifications.		60 days
<p>Criterion 3.1.6</p> <p>Prior to a Māori individual and whānau entry, service providers shall:</p> <p>(a) Develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau;</p> <p>(b) Work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau.</p>	PA Low	<p>Carter Court had, at the time of audit, not developed formal meaningful partnerships with the local Māori community organisations to benefit Māori individuals and whānau. There was no planned process in place that identified a local Māori health provider in the area that offered access to traditional Māori healers and organisations to benefit Māori and whānau.</p>	<p>Carter Court has not developed meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p> <p>Carter Court was not working with Māori health practitioners, traditional Māori healers, or organisations to benefit Māori individuals and whānau.</p>	<p>Provide evidence that partnerships with Māori communities and organisations have been established to enable access to Māori health practitioners to benefit Māori individuals and whānau.</p> <p>180 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>Carter Court has a current building warrant of fitness which expires 30 June 2023. The refurbishment of the Deller Wing of the facility will significantly change the interior of the wing. Prior to occupancy of the newly refurbished wing, Carter Court will need to obtain a Certificate of Public Use.</p>	<p>Carter Court has a building warrant of fitness in place but will need a Certificate of Public Use following the planned refurbishment prior to occupancy in the Deller Wing of the facility.</p>	<p>Prior to occupancy, Carter Court will need to obtain a Certificate of Public Use for the refurbished Deller Wing.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and</p>	PA Low	<p>A fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand (FENZ) on 19 June 2017.</p>	<p>The current approved fire evacuation scheme may require an updated</p>	<p>Provide evidence that a new fire evacuation approval has been received from FENZ</p>

<p>Emergency New Zealand-approved evacuation plan.</p>		<p>Refurbishment of the Deller Wing of the facility may require a further approval from FENZ. Prior to occupancy the facility will need to check if an updated approval is required.</p>	<p>approval from FENZ following the completion of the refurbishment of the Deller Wing.</p>	<p>following the completion of the refurbishment of the Deller Wing, or written confirmation that a new approval is not required.</p> <p>Prior to occupancy days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.