

Sound Care Limited - Eltham Care 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:

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| Legal entity: | Sound Care Limited |
| Premises audited: | Eltham Care Rest Home |
| Services audited: | Rest home care (excluding dementia care); Dementia care |
| Dates of audit: | Start date: 25 May 2023 End date: 25 May 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: | 34 |

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 |
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|  | 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 |
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| | 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

Eltham Care Rest Home is certified to provide rest home and secure dementia care for up to 41 residents. The facility is owned by Sound Care Limited and is managed by a facility manager who has experience in the aged-care sector with the support of registered nurses. Residents and their whānau reported that the care provided is of a high standard.

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 Taranaki (Te Whatu Ora Taranaki). 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 nurse practitioner.

Improvements are required in the areas of dementia-specific education for staff, care planning, and engagement with local Māori organisations to benefit Māori residents and their whānau, and also to facilitate the participation of tāngata whaikaha in te ao Māori.

Ō tatou motika | Our rights

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| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs. | | Some subsections applicable to this service partially attained and of low risk. |
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Eltham works collaboratively with staff to support residents in all aspects of service delivery. All staff receive in-service education on Te Whare Tapa Whā, pronunciation of te reo Māori, tikanga, cultural diversity and the Code of Health and Disability Services Consumers’ Rights (the Code). There were residents who identify as Māori in the service, and they confirmed that they were treated equitably and that their mana motuhake was supported. The service was socially inclusive and person-centred. Te reo Māori and tikanga Māori were incorporated into daily practices.

Residents and 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

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| 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 medium or high risk and/or unattained and of low risk. |
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Sound Care Limited is the governing body responsible for the services provided by Eltham Care Rest Home. The director works with the facility’s manager and registered nurse 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 is analysed to identify and manage trends, and corrective actions were taken where this was necessary. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents; workforce planning is fair, equitable, and respects input from staff. The facility manager, with the support of a registered nurse, has the required skills and experience for the level of care provided. Staff are employed and rostered to be on site to meet the needs of residents 24 hours a day, seven days a week.

Ngā huarahi ki te oranga | Pathways to wellbeing

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| <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 medium or high risk and/or unattained and of low risk.</p> |
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On admission to Eltham Care Rest Home residents received a person-centred and whānau-centred approach to care. The rest home conducts routine analysis of entry rates, including specific data for entry rates for Māori.

Residents and their whānau participated in the development of a pathway to wellbeing, through timely assessments. Care plans were individualised.

The activity programme at Eltham Care Rest Home offered a range of activities and incorporated the cultural requirements of the residents. All activity plans were completed in consultation with residents and their whānau, noting their activities of interest. Residents and 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.

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.

Eltham rest home provides the necessary support during transfer or transition.

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

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| Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities. | | Subsections applicable to this service fully attained. |
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The environment is safe and fit for purpose, and a current warrant of fitness is displayed. 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.

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, including in the secure dementia area, and hazards are identified and managed.

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.

Eltham Care 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 programme was managed by the infection control coordinator and coordinated across the group by the organisation's group clinical manager. There was a pandemic plan in place which has been assessed periodically.

Surveillance of infections was undertaken, and results were 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.

The service has implemented policies and procedures that support the elimination of restraint. No restraint has been used in the facility since 2019 and no restraint was in use at the time of audit. Should restraint be required, there is a comprehensive assessment, approval and monitoring process for restraint requiring regular review. Restraint would be used only as a last resort and when all other interventions/strategies have failed.

The restraint coordinator is the facility's registered nurse who has a defined role providing support and oversight for restraint management. The registered nurse is new to the role and is being supported by the organisation's group clinical manager. Staff interviewed demonstrated a sound knowledge and understanding of restraint processes.

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 | 18 | 0 | 2 | 2 | 0 | 0 |
| Criteria | 0 | 54 | 0 | 2 | 2 | 0 | 0 |

| Attainment Rating | Unattained Negligible Risk (UA Negligible) | Unattained Low Risk (UA Low) | Unattained Moderate Risk (UA Moderate) | Unattained High Risk (UA High) | Unattained Critical Risk (UA Critical) |
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| 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 |
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| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | FA | <p>The directors of Eltham Care Rest Home (Eltham) have policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. They are aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation. There were residents and staff at Eltham who identified as Māori during the audit. Staff were employed across several organisational roles.</p> |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p> | FA | <p>A Pacific health plan is in place which utilises several different Pasifika models of care depending on the resident’s choice (e.g., Fonofale, Tivaevae, Fonua models). The policy documents care requirements for Pacific peoples to ensure culturally appropriate services are delivered. The plan has been developed with input from cultural advisers. There were no Pasifika staff or residents present at Eltham during the audit.</p> |

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| <p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | | |
| <p>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, as was a range of signage in te reo Māori. Residents who identified as Māori were evidenced to have their mana motuhake recognised and respected. Enduring power of attorney (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 education sessions that outline 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 Eltham have completed education on Te Tiriti o Waitangi, 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 has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Residents and whānau reported that their values, beliefs, and language were respected in the care planning process. The service was evidenced to respond to the needs of tāngata whaikaha (people with disabilities), however, there has been no formal specific engagement with local Māori organisations to support tāngata whaikaha participation in te ao Māori (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 procedure outlined the organisation's commitment to promoting an environment that did not support institutional and systemic racism. Cultural education included discussion on institutional</p> |

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| <p>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> | | <p>and systemic racism, and the ability to question its existence at Eltham if it was thought to exist.</p> <p>The organisation's director and the rest home manager stated that any observed or reported racism, abuse, or exploitation at Eltham would be addressed promptly, and that they were guided by a code of conduct.</p> <p>Residents expressed that they had not witnessed any abuse or neglect, they were treated fairly, they felt safe, and protected from abuse and neglect.</p> <p>During an interview with the organisation's director, group clinical manager (GCM) and the rest home manager, they stated that a holistic model of health was promoted at Eltham, which encompassed an individualised approach ensuring 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 to guide staff. Three 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 had received education on cultural safety and tikanga best practice.</p> <p>Files reviewed of residents in the secure unit, verified an activated EPOA was in place, as was a specialist authorisation for the residents' placement in a secure unit.</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</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. Additionally, information</p> |

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| <p>their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | | <p>regarding the complaints process is displayed in the facility along with advocacy information. Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There has been one verbal complaint made in the last 12 months. Documentation sighted showed that the complaint had been addressed appropriately and that the complainant had been informed of the outcome of their complaint. There have been no complaints received from external sources since the previous audit. There are processes in place in policy to ensure complaints from Māori will be treated in a culturally respectful 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> | FA | <p>Eltham is governed by Sound Care Limited. The director assumes 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. The director has completed education on Te Tiriti o Waitangi, health equity, and cultural safety.</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, Pasifika, or tāngata whaikaha. This was supported by interviews with residents and their whānau, and with staff.</p> <p>The service holds contracts with the Te Whatu Ora Taranaki for aged-related rest home services, secure dementia services, long-term support-chronic health conditions (LTS-CHC), and short-term care (respite). On the day of audit, 13 residents were receiving rest home services, 17 secure dementia services, and three LTS-CHC. There was also a resident in the service with a dispensation to receive hospital level services at Eltham, an email from the portfolio manager at Te Whatu Ora Taranaki confirming this was sighted. No residents were receiving respite services.</p> |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe,</p> | FA | <p>The director of Sound Care Limited is responsible for identifying the purpose, values, direction, scope, and goals for the organisation with the assistance of the service's manager, registered nurse (RN) and the</p> |

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| <p>are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | | <p>group's clinical manager (CM). Together they monitor and review 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 reporting documents. Ethnicity data is being gathered for residents and staff. Equity is considered as part of quality and risk management activities. 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 adverse and near-miss events, infection and outbreak events, internal audits, and complaints/compliments, 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 complies with statutory and regulatory reporting obligations. Two section 31 notifications have been made since the last audit in relation to a change in clinical management and one pressure injury.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>PA Moderate</p> | <p>There is a documented and implemented process for determining staffing levels 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. At least one staff member on duty has a current first aid certificate. Residents and whānau interviewed supported this.</p> <p>Rosters reviewed showed that staffing for the facility comprises RN cover five days per week and on-call. The RNs are supported by caregivers. Activities staff are available to provide the recreation programme five days per week. Domestic (cleaning and laundry) and</p> |

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| | | <p>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, 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 and competency in their training programmes, including information on cultural safety, Te Tiriti o Waitangi, tikanga, te reo Māori, and Māori and Pasifika models of care.</p> <p>Māori-related information is shared in the organisation through policy and procedure, 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.</p> <p>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 Taranaki; however, there are staff working in the secure dementia area who have not completed the required education programme to work in that area of the service (refer criterion 2.3.4).</p> <p>The RN is new to the facility and has been enrolled to complete interRAI assessments. In the interim, the group's CSM who is an RN maintains interRAI competency and is assisting with interRAI assessments at the facility until the RN has completed the interRAI competency programme.</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</p> | <p>FA</p> | <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, Podiatry and Dieticians 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</p> |

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| <p>needs of Māori. 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>that the orientation programme prepared them for their role. 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). Staff ethnicity data is recorded and used in accordance with HISO.</p> |
| <p>Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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>Eltham conducts routine analysis of entry and decline rates, which includes specific data for entry rates for Māori. There had been no residents declined entry into Eltham in the last two years. The unit was closed due to a COVID-19 outbreak in June 2022. To assist Eltham to enable equitable services for Māori and their whānau, prior to entry, Eltham had developed a partnership and has access to kaumatua services in Hamilton through the Rauawaawa Charitable Trust. Meaningful partnerships with local Māori communities and organisations, including working with Māori health practitioners to benefit Māori had not yet occurred (refer criterion 3.1.6). This is an area requiring attention.</p> |
| <p>Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and 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> | PA Moderate | <p>The multidisciplinary team at Eltham worked in partnership with the residents and their whānau to support the residents' wellbeing. Seven residents' files were reviewed, three from the secure unit and four from the rest home. Files included residents under 65 years, residents on an LTS-CHC contract, and residents being cared for under the aged related residential care (ARRC) contract and with a dispensation to receive hospital level services within the facility. File reviews included residents who identified as Māori, residents fully dependent with high needs, residents with behaviours that challenge, residents who had recently experienced an acute event and residents who had had a recent fall. Files reviewed verified a care plan is 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> |

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| | | <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. Residents who identified as Māori had a cultural assessment and their cultural needs were addressed in the care plan using the Te Whare Tapa Whā model of care. Residents in the secure unit had activated EPOAs in place and a specialist's authorisation for placement in the secure unit. Residents in the secure unit had behaviour assessments and behaviour management plans in place. Evidence verified staff responded promptly to residents' needs and initiated often complex care and behaviour management strategies on a one-to-one basis when required. A resident who was observed to have a bruise had documentation that recorded a recent unwitnessed fall, neurological assessments, ongoing observation, records of family notification and a review by the NP. A resident displaying behaviours that were challenging to others, was provided with one-to-one guidance to redirect the resident.</p> <p>The care plans reviewed of five of the seven residents with complex needs however were not specific and did not clearly identify the strategies required to address, manage, or minimise the specific behaviours or problems. Additional areas of resident need were often not documented or updated in the residents' care plan, despite evidence being found that these cares were being provided. A coordinated planned approach to care was not evidenced in the care plans sighted. This was verified by sampling residents' records, from interviews, including with the nurse practitioner (NP), and from observations. This is an area requiring attention (refer criterion 3.2.4).</p> <p>Management of any specific medical conditions was well documented in the medical records with evidence of systematic monitoring and regular evaluation of responses to planned care, recorded in the progress notes. Where progress was different to that expected, changes were made to the care provided in collaboration with the resident and/or their whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p> |
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| <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>An activities coordinator with oversight from the organisation's diversional therapist provides an activities programme at Eltham five days a week. The programme supported all residents to maintain and develop their interests and aspirations. The service encouraged their workforce to support community initiatives that met the health needs and aspirations of whānau.</p> <p>Opportunities for Māori, staff and whānau to participate in some aspects of te ao Māori were facilitated. Matariki, Māori Language Week and Waitangi Day had been celebrated doing activities and teaching residents and staff aspects of Māori culture. Activities included baking Māori bread, making poi, singing, and teaching te reo Māori. A karakia was said at the beginning of each day's activities programme.</p> <p>Residents in the secure unit had a 24-hour activities plan in place that identified previous lifestyle patterns of the residents.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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 functions 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 stored were within the recommended temperature range. Prescribing practices met requirements. The required three-monthly NP review was consistently recorded on the medicine chart. Evidence was sighted that residents medicine related allergies were recorded and responded to appropriately.</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> |

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| | | Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. Standing orders were not used at Eltham. |
| <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>Observations, documentation and interviews verified 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.</p> <p>Whānau were welcome to bring culturally specific food for their relatives. The residents and whānau interviewed expressed satisfaction with the food options.</p> <p>Residents in the secure unit had access to food anytime, night and day.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | FA | <p>Transfer or discharge from Eltham 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> |
| <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> | FA | <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 1 May</p> |

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| <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>2024. There are closed-circuit television cameras (CCTV) in the hallways and outside the facility and there are notices in place alerting that these are in use.</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>Access into and out of the secure dementia unit was through the use of a pin pad. Rooms were personalised and spaces appropriate for the needs of the residents in the unit. Residents had access to external secure garden areas.</p> <p>The service had planned to build a hospital level wing at the facility in 2022. This is currently on hold. The director is aware that if the building goes ahead in the future that there is a requirement to consult and co-design with 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> | FA | <p>The fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand (FENZ) on 30 June 2010. The scheme requires trial evacuation, and this was conducted on 12 April 2023.</p> <p>Residents and staff were familiar with emergency and security arrangements. Appropriate security arrangements are in place including the specialised pin pad security arrangements for the secure dementia area. Staff wore identification badges on the day of audit. External doors and windows are locked at a predetermined time each evening. These are accessible from the inside but not from outside the building. There is a doorbell in place to alert staff to any visitors when the facility has been closed for the night.</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> | FA | <p>A pandemic preparedness plan was in place, and this was reviewed at regular intervals. The plan was evaluated following a COVID-19 outbreak in June 2022. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP</p> |

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| <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. 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>resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>Eltham had educational resources available in te reo Māori and these were accessible to Māori. Partnerships with Māori had not yet been established for the protection of culturally safe IP practices (refer criterion 5.2.13).</p> |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | FA | <p>Surveillance of healthcare-associated infections (HAIs) at Eltham 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 developed a hospital-acquired infection.</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. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | FA | <p>The director of Eltham is committed to a restraint free environment and the service has been restraint free since 2019. The restraint coordinator (RC) is a defined role undertaken by the RN, currently supported by the CSM (the RN is new to the facility). Together they would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the CSM has had specific education around restraint and its use. Education on the restraint process is planned for the new RN. Documentation confirmed that restraint is reported to Eltham's director, the CM and CSM, and shared with staff at staff meetings.</p> |

Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
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| <p>Criterion 1.4.6</p> <p>Service providers shall respond to tāngata whaikaha needs and enable their participation in te ao Māori.</p> | PA Low | Eltham had a number of tāngata whaikaha residents. Staff were evidenced to be responsive to their needs but there has been no meaningful partnerships established with local Māori communities or organisations to enable their participation in te āo Māori. | There were no formal links in place to enable tāngata whaikaha residents at Eltham to participate in te āo Māori. | <p>Provide evidence that formal links have been established with local Māori to enable tāngata whaikaha participation in te āo Māori.</p> <p>180 days</p> |
| <p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p> | PA Moderate | Nine staff work in the secure dementia area. Of this two have the required dementia qualification to work in the area. The remaining seven do not have the qualification and have not been registered for it. | Not all staff have the required education to work in the secure dementia unit as required by the service’s contract with Te Whatu Ora Taranaki. | <p>Provide evidence that all staff who work in the secure dementia unit have the appropriate qualifications to meet the service’s contract with Te Whatu Ora Taranaki or have been registered for the qualification and complete this in the appropriate timeframe.</p> |

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| | | | | 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>Eltham has developed relationships with the Rauawaawa Charitable Trust in Hamilton. It has not, however, developed any meaningful partnerships with local Māori communities or organisations to benefit Māori individuals or whānau, this includes access to Māori health practitioners.</p> | <p>Eltham had not developed meaningful partnerships with local Māori organisations and communities to benefit Māori.</p> | <p>Provide evidence meaningful relationships with Māori organisations and communities have been developed, to benefit Māori.</p> <p>180 days</p> |
| <p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> | PA Moderate | <p>Seven residents' files were reviewed. Evidence verified staff responded promptly to residents' needs and initiated often complex care and behaviour management strategies on a one-to-one basis when required. A resident who was observed to have a bruise had documentation that recorded a recent unwitnessed fall, neurological assessments, ongoing observation, records of family notification and a review by the NP. A resident displaying behaviours that were challenging to others, was provided with one-to-one guidance to redirect the resident.</p> <p>Four files had no behaviour</p> | <p>The documentation that details the care the resident requires to meet their assessed needs is not consistent with the care required, and changes are not documented.</p> | <p>Provide evidence that the documentation in the care plan is consistent with meeting the residents' assessed needs.</p> <p>90 days</p> |

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| <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p> | | <p>management plan documented that accurately identified the behaviours that challenged, the triggers to those behaviours, and the management strategies to minimise or manage those behaviours. A resident with congestive heart failure had no mention in the care plan of the required observations to detect a deterioration in the resident's condition. An exacerbation occurred and resulted in an acute event. The NP, in the medical notes, had requested for the resident to be weighed daily and report to the NP if the resident's weight gain was over 2kg. The request was recorded in the progress notes at the time of that request, however, this was not documented in the care plan. The daily weights were recorded in the progress notes. A coordinated view of the results and trends to be able to track weight fluctuations was not evidenced.</p> <p>A resident's change in medication was implemented by a visiting practitioner to see if this would address an aspect of concern. The change was documented in the progress notes, at the time of the visit, however not recorded in the care plan. There was no evidence sighted of a coordinated approach to monitoring the effectiveness of the change.</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.

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End of the report.