

APPQ Limited - Freeling Holt House

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

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

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

The specifics of this audit included:

Legal entity:	APPQ Limited
Premises audited:	Freeling Holt House
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 31 March 2023 End date: 31 March 2023
Proposed changes to current services (if any):	This audit also included verifying the service as suitable to provide hospital-medical level care.
Total beds occupied across all premises included in the audit on the first day of the audit:	31

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
Yellow	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
Red	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

Freeling Holt House is certified to provide rest home, hospital-geriatric and residential disability-physical level of care for up to 35 people. There were 31 residents at the time of the audit. Residents and families/whānau reported satisfaction and positivity about the care, services, and activities provided. The service is one of four facilities owned by the owner/directors. There have been no significant changes to the facility or services since the last audit. The facility is run by the facility manager, who is assisted by the clinical manager, deputy charge nurse, residential care officer and owner/directors.

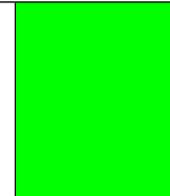
This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Te Whatu Ora Health New Zealand- Waitematā and Waikaha- Ministry of Disabled People. The audit processes included observations, a review of organisational documents and records, including staff records and the files of residents, interviews with residents and their family/whānau, and interviews with staff and management.

This audit also included verifying the service as suitable to provide hospital-medical level care.

This surveillance audit identified an area requiring improvement around staffing.

Ō tatou motika | Our rights

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



Subsections applicable to this service fully attained.

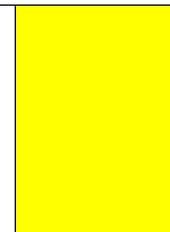
The service is focused on providing equitable services and has implemented a Māori focused recovery framework. The organisation strives to recruit and retain a workforce that will reflect the population of the residents. Te reo Māori and tikanga are actively promoted, with the principles of Te Tiriti well embedded across the organisation. Māori people will be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. There were no residents identifying as Māori.

The needs of tāngata whaikaha are catered for and enables participation in te ao Māori. The organisation promotes an environment which is safe and free of racism. The service works collaboratively to support and encourage a Māori world view of health and provides strengths-based and holistic models of care aimed at ensuring wellbeing outcomes for Māori. The service provides appropriate best practice tikanga guidelines in relation to consent.

The complaints process meets the requirements of consumer rights legislation.

Hunga mahi me te hanganga | Workforce and structure

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



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

The facility manager is supported by senior members of the management team including owner/directors. Governance is committed to improving pae ora outcomes and achieving equity. The needs of residents are considered. Management and owner/directors have knowledge and expertise in Te Tiriti o Waitangi, health equity and cultural safety. Incidents are well managed, quality data is collated and analysed, and internal audits are completed.

The business plan includes a mission statement and outlines current objectives. The plan is supported by quality and risk management processes that take a risk-based approach. Systems are in place for monitoring the services provided, including regular monthly reporting to the owner/directors. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff records are secure and staff ethnicity data is collected.

At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses are responsible for each stage of service provision. The care plans reviewed evidence assessment, planning and review of residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

An activities programme is implemented that meets the needs of all residents.

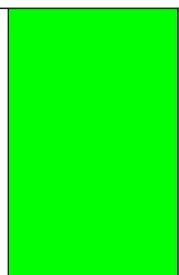
Residents' food preferences, dietary and cultural requirements are identified at admission and all meals are cooked on site.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. There is an approved fire evacuation plan in place. The facility is secure after hours.

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.
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A pandemic plan is in place. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support this plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There was an infection outbreak at the facility and was managed according to current guidelines.

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.
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Restraint minimisation and safe practice policies and procedures are in place. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. On the day of audit, the service had two residents using restraint.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	21	0	1	0	0	0
Criteria	0	60	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>There are policies in place around equitable employment processes. The facility manager (FM), clinical manager (CM) and owner/director interviewed confirmed that the facility will continue to employ staff representative of the residents and the community and Māori applying for job vacancies would be employed if appropriate for the applied role. There are Māori staff employed for various roles at all levels. The service has a current Māori health plan that reflects Māori health requirements.</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>The service provider has a current Pacific People’s policy that guides on how Pacific people who engage with the service are supported. The service had no residents who identify as Pasifika. There are currently staff employed that identify as Pasifika. Staff interviewed highlighted the importance of understanding and supporting each other’s culture. The CM interviewed said that service delivery is culturally safe and will support a Pacific worldview.</p>

<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 service recognises Māori mana motuhake, and this is reflected in the current Māori health care plan. The CM reported that the service will embed a Māori model of health into care planning process and mana motuhake is respected. The CM further reported that staff will respect residents' rights to self-determination, ensuring they felt culturally safe and not afraid to speak up if they feel their world view has not been fully considered.</p> <p>Staff members were interviewed in their different roles (four healthcare assistants (HCA), the diversional therapist (DT), the cook, maintenance, and housekeeper). Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes in relation to their roles.</p> <p>Six family members (five hospital and one rest home) and five residents (four hospital and one rest home) interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The organisation orientation requires all staff to read and understand the principles of Te Tiriti o Waitangi. Staff have completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the Māori health policy sighted. Policies and procedures were updated to ensure that te reo Māori is incorporated in all activities undertaken. Staff reported that national events are celebrated including Māori language week. The CM reported that all staff are required to respect residents' values, beliefs, and language in the care planning process.</p> <p>The service responds to the residents' needs, including those with a</p>

		disability and supports and encourages participation in te ao Māori.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The FM, CM, and staff stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the organisation's code of conduct. This has not been experienced since the previous audit.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, and said they are treated fairly, they feel safe, and protected from abuse and neglect. This was reiterated in family/whānau interviews conducted. There are systems and processes in place to safeguard residents from institutional and systemic racism. These include satisfaction surveys, a complaints process, resident meetings, and advocate services. Residents and family/whānau reported they felt safe, and their needs were considered. A cultural safety policy is used when required to ensure a strengths-based and holistic model, ensuring wellbeing outcomes for Māori.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The service ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family/whānau in interviews conducted. The CM stated that additional advice can be accessed from the local cultural advisors or Te Whatu Ora-Health New Zealand- Waitematā if required. Staff reported that they are encouraged to refer to the cultural safety policy on 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. 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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The service has a complaints' register in place. There were two complaints in 2022 and no complaints lodged in 2023 year to date. The complaints in 2022 in relation to delay in answering the call bells and staff behaviour have since been investigated, corrective actions developed and closed out. The complaint process timeframes were adhered to, and service improvement measures implemented. There have been no complaints received from external agencies.</p> <p>Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified from previous complaints lodged. Discussions with residents confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly.</p> <p>Families/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Residents and family/whānau spoken with expressed satisfaction with the complaint process.</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. 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. 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>Freeling Holt House is certified to provide rest home, hospital (geriatric) and residential disability- physical level of care for up to 35 residents. All rooms are classified as dual-purpose (able to accommodate either rest home or hospital level of care). Within the hospital level of care services, the organisation provides long-term, short-term, and respite care for people with chronic health conditions (contract with Te Whatu Ora Waitematā) and rehabilitation services (through contracts with Accident Compensation Corporation (ACC) as well as palliative/end of life care services.</p> <p>This audit also included verifying the service as suitable to provide hospital-medical level care. The service has appropriate allied health support, equipment, and suitably trained staff.</p> <p>On the day of the audit there were 31 residents; 18 hospital level,</p>

		<p>including three residents on an ACC contract and one on respite, and two rest home level of care. All residents (except the residents in ACC and respite contracts) were on the age-related residential care (ARRC) contract. There were 11 residents living with lifelong disabilities who were on the residential disabilities- physical contract and are all hospital level of care.</p> <p>The organisation is owned and directed by the owner/directors. Day-to-day operations are managed by the FM who is supported by the clinical manager (CM), deputy charge nurse, and the residential care officer who is the administrator. All members of the management team are suitably qualified and maintain professional qualifications in management and clinical skills, experience, and knowledge in the health sector.</p> <p>The business, quality risk, and management plan are current and includes the scope, direction, goals, values, and mission statement of the organisation. The document describes annual and long-term objectives and the associated operational plans. The business plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The service has a Māori and Pacific health policy, which states the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pasifika people, including services for tāngata whaikaha. The FM reported that the service will ensure that residents maintain links with the community in all aspects of their care.</p> <p>The owner/directors and management team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety in the day to day running of the facility. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The service works in partnership with Māori organisation in the community and through Te Whatu Ora Waitematā.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my</p>	<p>FA</p>	<p>Freeling Holt has a documented quality and risk system that reflects the principles of continuous quality improvement. This includes: the management of incidents/accidents/hazards; complaints; audit activities;</p>

<p>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>a regular resident and staff satisfaction survey; policies and procedures; and clinical incidents, including falls, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls identified from internal audit activities. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data is conducted by comparing data with previous months' results.</p> <p>The resident satisfaction survey has been completed and indicates that residents have reported high levels of satisfaction with the service provided. Results of the survey have been collated and analysed, and a comprehensive report completed. Survey results were communicated to staff and residents (meeting minutes sighted).</p> <p>Monthly meetings, including clinical, staff, health and safety and infection control, document a comprehensive review and discussion around all areas, including (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing, education; quality data; health and safety; hazards; service improvement plans; emergency processes; incidents and accidents; internal audits; and infections. Leadership commitment to quality and risk management is evident in quality and risk documentation and management reporting documents sighted.</p> <p>A risk management plan is in place. A health and safety team meets monthly, and they provide health and safety as a regular topic in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. The risk management plan and policies and procedures clearly describe all potential internal and external risks and corresponding mitigation strategies, in line with National Adverse Event Reporting policy. The service complies with statutory and regulatory reporting obligations. There have been essential notifications completed related to Covid-19 infections, RN shortage, an unexpected death, and the change of clinical manager.</p> <p>A sample of 10 incidents/accidents recorded in the electronic system were reviewed and showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Family/whānau are notified following incidents when required.</p>
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		<p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The FM and CM reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</p> <p>The FM, and CM reported that collecting, collating, and reviewing residents' ethnicity data and staff to improve health equity through critical analysis of data and organisational practises, is being implemented.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a documented process for determining staffing levels and skill mixes 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. Rosters from the past four weeks showed that three nightshifts were not covered by the registered nurses (RNs) for the past six months. There is at least one staff member with a first aid certificate on each shift.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided to staff was sighted in attendance records. Training and competency topics included (but were not limited to): Covid-19 (donning and doffing of PPE, and standard infection control precautions); resident rights; restraint minimisation; first aid; fire evacuation; advocacy; catheter care; complaints and open disclosure management; sexuality and intimacy; falls prevention; mobility and safe transfers; and safe use of chemicals. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement.</p> <p>Staff records reviewed demonstrated completion of the required training and competency assessments. Each of the staff members interviewed reported feeling well-supported and safe in the workplace. The FM reported the model of care ensured that all residents are treated equitably.</p> <p>The provider has an environment which encourages collecting and sharing of quality Māori health information. The service works with Māori</p>

		<p>organisations who provide the necessary clinical guidance and decision-making tools that are focussed on achieving healthy equity for Māori.</p> <p>The service supports people’s right to speak their own language, endorses tikanga and supports connections to iwi, hapū, and whānau. Reading material related to health equity has been distributed to staff and in-service education is ongoing.</p> <p>Four RNs are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</p> <p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>The recruitment process includes credentialing of qualifications, which are completed by the management team prior to an interview with the facility manager and owner/directors. Reference checks and police vetting occur before commencement of employment.</p> <p>A total of six staff files were reviewed and these included the clinical manager, deputy charge nurse, diversional therapist, chef, cleaner and one healthcare assistant. Staff records sampled confirmed the organisation’s policies are being consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities. Records were kept, confirming all regulated staff and contracted providers had proof of current membership with their regulatory bodies.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. The management team is identifying and recording staff ethnicity. There is a diverse mix of staff employed.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. This always includes being allocated to a peer/buddy for at least three shifts.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The facility manager follows the admission policy/decline to entry policy and procedure guide for admission and declining processes, including required documentation. The facility manager keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals. These records capture ethnicity.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were staff members identifying as Māori. The service continues to strengthen meaningful partnerships with Māori communities and organisations, to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed (one rest home, one hospital, one accident compensation (ACC), one respite, and one young person with a disability (YPD). The registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes. The service has a Māori health plan and would support Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service completes a nursing assessment and an initial support plan within 24 hours of admission. The outcomes of risk assessments are reflected in the care plan. Initial interRAI assessments, and reassessments were completed for residents on the ARRC contract. Long-term care plans and care plan evaluations were completed for all residents. All assessments, care plans and assessments were completed within expected timeframes. Care plan interventions were holistic, resident centred and provided guidance for staff around all medical and social needs of residents. Evaluations were completed for any change in health condition routine. Evaluations documented included written progress towards care goals. Short-term care plans were well utilised for</p>

	<p>infections, weight loss, and wounds.</p> <p>Residents funded by ACC, YPD and respite had appropriate risk assessments completed and comprehensive individualised care plans documented.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with a local medical centre and a regular GP provides weekly visits. The GP service also provides out of hours cover. The GP records their medical notes in the integrated resident file. The GP interviewed was complimentary of the care provided by the service. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist for four hours a week and a physiotherapist assistant for nine hours a week. A podiatrist visits regularly. Other specialist services are available by referral.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written on every shift and as necessary by healthcare assistants The RN's further add to the progress notes if there are any incidents or changes in health status.</p> <p>Family members interviewed reported the needs and expectations regarding their family/whānau were being met. When a resident's condition alters, the RN's review the resident, or there is a review initiated with the GP. Family/whānau was notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. The wound register is electronic and informs staff when dressings are due. Wound dressings were being changed appropriately. There is currently one pressure injury (stage I). Healthcare assistants and the RN interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>Healthcare assistants and RN's complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; blood sugar</p>
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		levels; behaviour; and toileting regime. Neurological observations are completed for unwitnessed falls, or where there is a head injury.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There is a range of activities available for residents. YPD residents have a choice of activities appropriate to their age group, including coffee club, shopping, and movies. The facility has Netflix. When residents prefer to stay in their room, activities staff visit. Community visitors include entertainers, church services, Kapa Haka groups and pet therapy visits. Important days/weeks such as Matariki, Waitangi Day, Māori language week and Anzac Day are celebrated with appropriate resources available. Residents and families/whānau interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident meetings. The service has a Māori health plan and would provide opportunities for Māori to participate in te ao Māori and meet the needs of any future residents and whānau who identify as 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>	FA	<p>There are policies documented around safe medicine management that meet legislative requirements. The RN's and medication competent healthcare assistants who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The clinical manager and healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses robotic packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in a medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops in use have been dated on opening. All over the counter vitamins or alternative therapies residents choose, are prescribed and reviewed by the GP. There are standing orders and all medication</p>

		<p>guidelines are followed.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. There was one resident self-administering medication. Consent was signed by the resident and GP, competency was assessed, and the medications are stored safely. Review occurs three-monthly with the GP.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. There are no difficulties for residents with a disability accessing medication or advice. The clinical manager described working in partnership with all residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs, values, and protocols around food. Menu options would be provided as requested for residents who identify as Māori or Pasifika. There are two Chinese residents, and their food preferences are catered for. Chinese staff translate their needs for the cook. The five-week menu plan has been approved by an external dietitian.</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>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. There is open communication evidenced in the progress notes of family/whānau being kept up to date with the referral process, and reason for transition, as</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>		<p>confirmed by documentation and interviews.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for use and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 21 June 2023. All equipment has been tagged, tested, and calibrated annually as scheduled. Hot waters are tested regularly and were evidenced to be within expected ranges. Essential services are on call 24 hours a day. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The service has no plans to expand or alter the building. The facility manager reported they would consult with the local kaumātua around how designs and the environment would reflect the aspirations and identity of Māori if they were to do this in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness (last drill 18 November 2022).</p> <p>The building is secure after hours and staff complete security checks at 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</p>	<p>FA</p>	<p>A pandemic plan is in place, and this is 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 plan if required.</p>

<p>infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI) 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>	<p>FA</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers, and at monthly staff meetings. The CM reported that the GP is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practiced.</p> <p>Surveillance of healthcare-associated infections includes ethnicity data, which is reported to staff, and management respectively. There were infection outbreaks reported since the previous audit (Covid-19). These were managed appropriately with appropriate notification completed. Residents and relatives were kept well informed during the outbreaks.</p>
<p>Subsection 6.1: A process of restraint 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>	<p>FA</p>	<p>The facility is committed to providing services to residents without use or minimal use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible.</p> <p>The designated restraint coordinator is the clinical nurse manager. There are two residents listed on the restraint register as using a restraint. One is a lap belt and the other a bedrail. All policy guidelines have been followed including assessment, reasons for restraint, evaluation of risks and consent. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana</p>

		enhancing. The use of restraint is reported at the monthly facility quality/staff meetings and to the owners at the fortnightly management meeting. The service is working towards Māori and resident or relative representation on the restraint committee.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There is a significant shortage of RNs in the service, and this is evidenced in some shifts; especially three nightshifts that are not covered by the registered nurses and this has been going on for the past six months. The FM and CM work across two sites and are on site at each site for 20 hours a week. They alternate so there is always one at each facility. Both are available on-call 24/7 a week. The staff work as a cooperative team carrying out tasks and duties that are documented according to each shift. All staff maintain current first aid certificates so there is always a first aider on site.</p> <p>Currently there are five RNs, available to support resident care in the facility. Deficits are covered by healthcare assistants (HCAs) who are health and wellbeing qualified at</p>	<p>Three out of seven night shifts each week were not covered by a registered nurse, therefore not meeting the ARRC contract D17.4 a- i. Since the draft report, the manager advised they have now employed an additional two registered nurses, plus one that was on orientation at the time of audit and is now part of numbered staff. There are now registered nurses covering all shifts over the 24-hour period.</p>	<p>Ensure there is adequate coverage of all shifts by a registered nurse to meet the requirements of the ARRC contract D17.4 a-i.</p> <p>90 days</p>

		<p>level four staff, who are internationally qualified nurses awaiting registration with the Nursing Council of New Zealand. Four weeks of roster were analysed (28 days). During the four weeks, there was no registered nurse available in the facility to cover three-night shifts. The FM reported that the shift was currently being covered by an internationally qualified registered nurse who is medication competent.</p> <p>The morning shift consists of a registered nurse who works 7.00am – 3.00pm and is supported by a total of four HCAs from 7.00am – 3.00 pm, and one HCA from 7.00am to 1.00pm.</p> <p>The afternoon shift consists of a registered nurse who works 3.00pm- 11.00pm and is supported by a total of two HCAs from 3.00pm– 11.00pm, one HCA from 3.00pm – 7.00pm, and one HCA who works 4.00pm-8.00pm.</p> <p>The night shift consists of an RN who covers four nights 11.00pm-7.00am, supported by two HCAs who work from 11.00pm – 7.00am and the other three nightshifts have been covered by an overseas trained RN with support of two senior HCAs.</p> <p>The service has recruited two registered nurses who have completed the competence assessment programme and are due to officially start working on 24 April 2023.</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.