

Knox Home Trust - Elizabeth Knox Home and Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Knox Home Trust
Premises audited:	Elizabeth Knox Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 11 July 2023 End date: 12 July 2023
Proposed changes to current services (if any):	New build of a 67 bed home due completion March 2024.
Total beds occupied across all premises included in the audit on the first day of the audit:	206

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

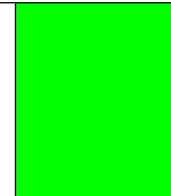
The Elizabeth Knox Trust provides residential care for up to 215 hospital, rest home and younger physically disabled people in nine homes on a single campus in Epsom, Auckland. The service is operated by the Elizabeth Knox Home and Hospital Trust board (EKHH) who employ a longstanding chief executive officer (CEO). A new temporary facility is now in use to accommodate residents during the rebuilding phase of a now demolished wing. This new Totara home will accommodate up to sixty-seven residents. The service remains fully committed to the implementation of the Eden Alternative model of care.

This is the first surveillance audit against the Health and Disability Services Standard 8134:2021. The process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family/whānau members, the chief executive officer and a board member. Care partners and contracted staff, allied health care providers, the care leader, clinical operations managers and a general practitioner were also interviewed.

Previous corrective actions related to the partial provisional audit in 2021 have been adequately addressed. Two new requests for improvement are identified in relation to records of staff training and residents' assessment.

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.

Elizabeth Knox Home and Hospital works collaboratively to support and encourage a Māori world view of health in service delivery, including input from a kaiāwhina. Māori have been provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Concerns and complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The Elizabeth Knox Trust board assumes accountability for delivering a high-quality service for its residents. Two new board members have been appointed over the past year, as part of succession planning. There is an increasing focus on honouring Te Tiriti o Waitangi and equity, through support for the kaiāwhina role. There is also a focus on improving outcomes for tāngata whaikaha using the service.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback about their experience of the service. Staff are involved in quality activities, such as through the internal audit programme, various specialist portfolios and improvement projects. An integrated approach includes collection and analysis of quality improvement data, and identifies trends in organisational performance, with this reported to the board. Actual and potential risks and opportunities are identified, and risk mitigated and monitored including health and safety risks. Adverse events are documented and reviewed, with action plans implemented where necessary. The service complies with its statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the clinical needs of residents. Staff are appointed, orientated, and managed using current good employment practices. A systematic approach to identify and deliver relevant ongoing learning, supports safe equitable service delivery.

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.		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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When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. The registered nurses (RNs) are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised, based on comprehensive information, and accommodate new problems that might arise. There is a multidisciplinary approach to care. The facility general practitioners are available when not on site.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. Activity plans are completed in consultation with residents, their whānau, and with staff. Residents and whānau expressed satisfaction with the activities programme in place.

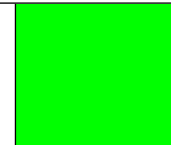
There is a medicine management system in place. Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for, including foods relevant to te ao Māori. Residents verified satisfaction with meals.

Residents are referred or transferred to other health services as required.

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.



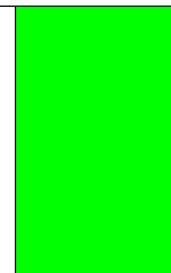
Subsections applicable to this service fully attained.

The environment is well maintained, with consideration of safe mobility and resident independence. The building has accessible, flat access, car parking and a covered drop off zone. Building, amenities, and equipment are fit for purpose and maintained according to a schedule. Electrical and biomedical equipment had been tested by external contractors and was current. Three building warrants of fitness for buildings on the site are current.

An approved fire evacuation scheme is in place, with trial evacuations held six-monthly. Security arrangements are in place.

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.

The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. It is adequately resourced.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required and results shared with staff.

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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The service aims to eliminate the use of restraint. This is supported by the governing body and the organisation’s policies and procedures. There were sixteen residents using restraints at the time of audit. A comprehensive assessment, approval and monitoring processes, with regular reviews occurs for any restraint used. Staff have received training and demonstrated a sound knowledge and understanding of de-escalation techniques and alternative interventions.

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	20	0	0	2	0	0
Criteria	0	55	0	0	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)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Elizabeth Knox Home and Hospital (EKHH) has developed a kaiāwhina role to support and encourage a Māori worldview in its day-to-day operation. The role incumbent was previously a Care Guide/Kaiāwhina since 2020. This new dedicated role is a commitment to ensure that the service is equitable. There is a strong focus on positive engagement and developing networks across Auckland, including Ngāti Whātua o Ōrākei. They report being well supported in the role and using initiatives, such as Māori Language Week and Matariki, to promote tikanga. The focus is on Te Tiriti o Waitangi, better health outcomes and wellbeing for Māori, and supporting a culturally safe service. The service is home to several Māori residents.</p> <p>‘Resident voices’ are heard in a number of forums and active participation in decision making is evident through the committee structure. Māori models of care including Te Whare Tapa Whā and Te Wheke are used in the service, with training provided to staff on</p>

		<p>implementing these with residents.</p> <p>EKHH has a diverse staff cultural mix, which also reflects the resident population. More than 23% of staff identify as Māori or Pasifika. Position descriptions include reference to Te Tiriti and all applicants who identify as Māori or Pasifika are interviewed as standard practice.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Elizabeth Knox Home and Hospital identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service. Work is underway to further develop and update the current, but limited, Pasifika plan, with input from a Pasifika staff member who has been funded to undertake the Bachelor of Nursing programme. This work is progressing and expected to be fully completed early in 2024.</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>	FA	<p>The Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed in English and 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. This aligns with the Eden Alternative Philosophy. The service is guided by the cultural policies and training sessions that outline cultural responsiveness to residents who identify as Māori. A kaiāwhina is available to support both residents and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p>	FA	<p>There were residents that identified as Māori on the day of audit. The service supports residents in a way that is inclusive and respects their identity and experiences. The Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility.</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>Residents interviewed were happy with the support provided in relation to their culture. Residents' records evidenced that tāngata whaikaha needs were responded to as required. Staff were observed supporting residents in a respectful manner.</p> <p>The organisation promotes te reo Māori, cultural safety and tikanga and guides staff practice to support residents to participate in te ao Māori when required. Te reo Māori is used on an ongoing basis within the lifestyle and leisure programme. Staff and residents had the opportunity to attend te reo Māori classes in 2022.</p> <p>The facility is promoting te reo Māori and tikanga Māori within the service and their activities and providing residents with access to appropriate community-based services.</p> <p>Te Tiriti o Waitangi training is included in the structured orientation programme and scheduled as part of ongoing training.</p>
<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>	<p>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of this. Residents reported that they and their property are respected. Professional boundaries are maintained. Te Whare Tapa Whā model of care is utilised to support Māori residents when required. This links in well with the Eden Alternative Philosophy.</p> <p>Safeguards in place to monitor systemic and institutional racism include the management team's open-door policy, satisfaction surveys, two-weekly resident meetings and the complaints management processes. Residents and whānau interviewed confirmed satisfaction with the support being provided.</p> <p>The kaiāwhina is involved in supporting residents and staff to ensure culturally appropriate practice, and any concerns raised are reported to be addressed.</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</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and</p>

<p>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>care staff interviewed understood the principles and practice of informed consent and tikanga best practice. Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the residents' records. Residents and whānau interviewed confirmed that staff seek consent appropriately.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints in accordance with the Code, and which leads to improvements. The organisation has an open approach to receiving feedback from residents, with much of the feedback being concerns rather than formal complaints. These are addressed at an early stage by staff or management, as appropriate. Feedback is also actively encouraged through the regular surveys (including family and 'first impressions' survey), or directly through the structured complaint process using a feedback form. Action plans are used where improvement is required.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. There are no current open complaints. The organisation is not yet able to demonstrate that the complaints process works equitably for Māori complainants.</p> <p>There have been two Health and Disability Commission (HDC) complaints since the previous audit – one is still open and being managed by the district hospital. A more recent complaint has a draft response prepared (sighted at audit) in accordance with the timeframe requested by HDC.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The service holds contracts with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai) and ACC for aged residential care, respite, complex medical conditions, and younger people with disabilities. At the time of audit, 206 residents were receiving services under the contracts, made up of 152 hospital care and ACC, 27 rest home and 27 younger people with disabilities.</p> <p>A trustee interviewed as part of the audit process, discussed the capability of the board of trustees in relation to cultural competency. Two recently appointed trustees bring experience in publicly listed companies and diversity. The long-standing skills-based board is very experienced with backgrounds in commerce, medicine, construction and law. There is clear strategic planning, and an annual planning session was held in December 2022.</p> <p>There is a commitment to improving outcomes for Māori and people with disabilities. Recently, the Ministry of Disabled People held a meeting on site and there have been ongoing efforts to achieve equity of funding for disabled people using the service. Individual examples of equitable service for tāngata whaikaha were described, in which efforts to accommodate specific needs of the individual were made. Development of core competencies for the board and appropriate outcome and equity measures, is work in progress.</p> <p>There is growing inclusion of Māori in leadership roles and through resourcing for the new kaiāwhina role. This will ensure input into the co-design of any new services. The board supports celebrations, such as blessings for new buildings and promotion of cultural activities, such as Matariki. The service routinely engages with tāngata whaikaha and includes them in day-to-day activities and resident committees in line with the consistent with the Eden Alternative philosophy of care.</p>
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		<p>Elizabeth Knox Home and Hospital demonstrates leadership and commitment to quality and risk management. A defined governance and leadership structure, including clinical governance, is well established and appropriate to the size and complexity of the organisation. A review of reports provided to the board showed comprehensive information is collected and reported to monitor performance.</p> <p>The long serving chief executive officer (CEO) has extensive knowledge of the sector, regulatory and reporting requirements and maintains currency within the sector.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and 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>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, internal audit activities, and regular resident and whānau satisfaction surveys, including the new resident 'first impressions' survey. A good response rate (49%) was received for the 2023 family survey which also indicated that whānau felt their family members' health had improved since admission. This demonstrates the organisation is using analysis of data to improve health outcomes for residents. A survey is due shortly, to capture the level of satisfaction with the recent change to food service provision.</p> <p>The service monitors, reports and evaluates outcomes as part of its monthly reporting and committee framework. Examples discussed at the care and quality meetings include updated policies and procedures, clinical indicators including falls, call bell response times, infections and restraint use. These are reported and benchmarked across homes as a percentage of occupied bed days in each home. Staff document adverse and near miss events and these are reviewed and analysed, with follow-up actions taken when necessary. Residents, whānau and staff contribute to quality improvement through participation in audit processes. There is an ongoing focus on residents' safety, freedom of choice, humanity and</p>

		<p>respect as part of the commitment made to residents.</p> <p>The CEO manages the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and undertakes due diligence with suppliers and subcontractors, and the development of mitigation strategies. Changes in risk are identified and tabled at the risk subcommittee which is attended by a board member.</p> <p>The CEO understood and has complied with essential notification reporting requirements. There was a recent report of a resident with an unstageable pressure injury on admission, as part of Section 31 notifications made in the past year.</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. 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. 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 and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). A rostering team use software to allocate staff across homes according to an agreed formula to ensure continuity of care. Rostering is planned and shift vacancies identified, and then these shifts are made available to staff to 'bid' for the shift. There are clear guidelines implemented to ensure contracted hours are met and additional hours are within defined safe work parameters. Formal training for care partners (support workers) ensures roster flexibility. More than one third of care partners are trained to level four on the New Zealand Qualification Authority (NZQA) framework. Occasional external bureau staff are used, primarily for night duty.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. Care staff and registered nurses reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. All staff members are required to complete the appropriate level of first aid (see CAR 2.3.4) and there is 24/7 registered nurse coverage across each of the nine homes.</p>

		<p>Continuing education is planned on a biennial basis, including mandatory training requirements. The training programme is extensive, with online learning modules and face-to-face sessions undertaken to support clinical competency where appropriate. Related competencies are assessed and support equitable service delivery, however there are discrepancies between electronic records and hard copy records of completed training held by the service (see CAR 2.3.4). Care staff have either completed (including recognition of prior learning) or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Te Toka Tumai.</p> <p>The organisation has invested in the development of organisational and health care and support worker health equity expertise with the appointment of the kaiāwhina, whose networks and attendance at external training has supported a greater focus on health equity within the service.</p> <p>Performance reviews were current (or not yet due) in the records sampled. These are used to plan for any learning needs and professional development priorities. Staff described a supportive workplace that encourages ongoing learning.</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>Human resources management policies and processes are based on good employment practice and relevant legislation.</p> <p>A comprehensive orientation programme is well established and implemented over a two-week period. It covers core skills delivered through the organisation's 'skills lab', the use of electronic systems, reporting of incidents and accidents, infection control, health and safety including evacuation procedures, and moving and handling. 'Buddy shifts' are scheduled before being fully included in the roster cycle. Staff reported this gave them a sound foundation for their role.</p> <p>The organisation has recently offered a competence assessment programme (CAP) to registered nurses from overseas. These staff may already be working at EKHH as a level four care partner.</p>

		<p>Clinical experience is shared through an arrangement with another Eden facility.</p> <p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, with a small administration team responsible for recruitment and associated documentation. All files sampled included applications, police vetting, referee checks and documented interview records, in addition to the relevant contracts and professional qualifications where relevant. There is a system to manage and update records of professional qualifications for staff requiring this, and all sighted were current.</p> <p>Staff performance is reviewed and discussed at regular intervals. Ethnicity data is recorded and used in line with health information standards.</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>	FA	<p>The admission policy for the management of inquiries and entry to EKHH is in place which includes guidance regarding cultural support. The service does not consistently collect ethnicity data as part of the enquiry and decline process and will implement a process to do so.</p> <p>The service has a kaiāwhina employed and is working to develop meaningful partnerships with Māori communities. A Te Pou Consumer grant enabled some residents to participate in a tikanga programme learning te reo Māori, rongoā, waiata, poi making and to visit Ngāti Whātua o Ōrākei Marae. Residents have access to Māori health practitioners and traditional Māori healers. The kaiāwhina is a traditional Māori health practitioner.</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>	PA Moderate	<p>The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration,</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>where required.</p> <p>The Māori health care plan is available for use when required and includes the four corner stones of Māori health (Te Whare Tapa Whā model of care) and includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia if requested. The care planning process supports residents, including residents who identify as Māori, and whānau to identify their own pae ora. Barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified and strategies to manage these were documented.</p> <p>Assessment is based on a range of clinical and medical assessments and includes resident and whānau input. Some residents' interRAI assessments are not consistently within contractual requirements. The monitoring of residents' neurological status post unwitnessed falls is occurring inconsistently, and organisation policy is not sufficiently detailed to guide practice. Resident restraint monitoring is being documented as occurring at the end of the shift rather than at the time of assessment and care. These are areas requiring improvement.</p> <p>Management of any specific medical conditions were well documented with evidence of early intervention, systematic monitoring, and regular evaluation of responses to planned care which include the degree of achievement against the person's agreed goals and aspirations, as well as whānau goals and aspirations. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau, and specialist referrals are implemented as required. Residents and whānau confirmed active involvement in assessment and the care planning process.</p>
<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</p>	<p>FA</p>	<p>The lifestyle and leisure coordinator organises the provision of an activities programme over the seven-day period. This supports residents to maintain and develop their interests, that includes their cultural beliefs within the facility and in the community and was suitable for their ages and stages of life.</p>

<p>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>There were residents that identified as Māori on the days of the audit. The kaiāwhina and lifestyle and leisure coordinator interviewed stated that opportunities for Māori and whānau to participate in te ao Māori are facilitated and multiple examples were sighted or discussed. Matariki is celebrated.</p> <p>Residents and whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A safe system for medicine management using an electronic system was observed on both days of audit. The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. An electronic medication management system is in use, with each GP and applicable staff member having their own unique log-on. The required three-monthly reviews of resident medications by the GP were recorded, with one exception. This is not raised as an area for improvement as it is not a systemic issue. There is space for documenting resident allergies and sensitivities on the medication chart and in the resident's record. Special instructions related to the route of administration, for example crushing medications, are noted. The service has policies and procedures on management of medication adverse events and staff interviewed demonstrated knowledge of these. Photographs of residents linked with the medication system are updated to ensure they are an accurate likeness of each resident.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures are checked daily. Medications were stored securely in accordance with requirements.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering both regular and pro re nata (PRN) controlled drugs. The controlled drug register provided evidence of weekly and six-</p>

		<p>monthly stock checks and accurate entries. The CD cabinet and medication fridge have been installed in Puka Home. The shortfall from the partial provisional audit has been addressed.</p> <p>Standing orders are not used. There were residents self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner with the GP's prior consent and ongoing review.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management.</p> <p>There is a staff medication competency assessment programme. Records are not available to demonstrate all applicable staff have completed requirements. The shortfall raised at the partial provisional audit remains open and is now included in the area for improvement raised in criterion 2.3.4. The RN team oversees the use of all pro re nata (PRN) medicines and documentation regarding effectiveness was noted in the electronic medication management system. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Residents (including residents that identify as Māori) interviewed stated that medication reviews and changes are discussed with them, including the understanding of their medications. Eighteen medication charts were reviewed. The medication policy described use of over-the-counter medications and traditional Māori medications. Interviews with RNs and observation confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their whānau. No difficulties accessing medication in this large aged care facility.</p> <p>There was an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	<p>FA</p>	<p>There is an approved food safety programme, and a verification audit was undertaken on 19 January 2023. The three areas of non-</p>

<p>consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>compliance and one recommendation have been addressed.</p> <p>Personal food preferences, any special diets and modified texture requirements are assessed as required and accommodated in the daily meal plan. The menu was reviewed by a qualified dietitian on 3 February 2023. The kitchen manager interviewed confirmed that there are menu options available that are culturally specific to te ao Māori and that whānau can also bring culturally specific food for their relatives. The menu planned to celebrate Matariki has been altered to include a selection of cultural food items if residents would like to try these.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, with one exception.</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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. The reasons for transfer were documented in the transfer documents reviewed. The ‘yellow envelope’ processes are used. Whānau reported being kept well informed about all aspects of care.</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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents’ physical environment and facilities (internal and external) are fit for their purpose, well maintained through preventative and reactive maintenance and meet legislative requirements. Three building warrants of fitness applicable to the buildings on the site are current. The testing and tagging of electrical equipment and calibration of biomedical equipment is current as confirmed in documentation reviewed, interviews with staff and inspection of various items.</p>

<p>deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>Checks occur on a regular cycle by an externally contracted service.</p> <p>The environment was comfortable, warm and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups, including public and quieter spaces. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>A new build is underway to replace aged and now demolished buildings. The work commenced prior to the revised HDSS 2021 requirements for co-design, however, increasingly significant networks within Auckland, including by board members and the kaiāwhina, are in place to support any further developments. Blessing of the temporary Puka home was also undertaken at the time of commissioning of the building, which included a more family-centric layout and model of care. Management report that this has been a successful model with improved clinical outcomes (eg, reduced falls, improved call bell response times), that supports both Te Wheke and Te Whare Tapa Whā models of care. This approach is likely to be replicated for any new builds.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The fire evacuation plan has been approved by the New Zealand Fire Service, including for the new Puka building (EV-2021-529844-03 dated December 2021). This now fully meets outstanding compliance requirements for this building.</p> <p>Appropriate security arrangements relevant to the people using services and the setting are in place, with a local contractor who visits around the site twice each night. Any issues are reported to staff. Doors and windows are locked at a predetermined time. Entry to the facility after hours is controlled with a manual door release by staff or swipe card access. Visitors sign into and out of a manual on-site visitor system. Staff wear Elizabeth Knox identification.</p> <p>Call bells alert staff to residents requiring assistance with response times monitored and reported as a quality indicator. Residents and</p>

		whānau reported staff respond promptly to call bells.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention (IP) and control policies and antimicrobial stewardship (AMS) policies reflected the requirements of the standard and are based on current accepted good practice. This includes a general infection outbreak plan and a COVID-19 outbreak plan. The IP programme has been tested during a recent outbreak of COVID-19 within the facility that involved 27 residents in four homes as well as a small number of staff. There are appropriate resources available including personal protective equipment as observed and verified by staff interviewed. Residents and whānau interviewed confirmed staff kept them well informed and updated.</p> <p>There were no IP educational resources in te reo Māori available. The infection prevention and control service is yet to consult with the kaiāwhina to ensure the programme is culturally appropriate and has plans to address these aspects.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Evidence:</p> <p>Surveillance of hospital-acquired infections (HAIs) is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and is defined in the infection prevention (IP) programme. The infections reported in individual residents' clinical records were included in the sampled surveillance data. Infections are communicated to residents and family in a culturally appropriate manner with the kaiāwhina available for support if required.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and actions plans are</p>

		<p>implemented. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data was included in surveillance records, however, has yet to be included in the analysis and reporting processes. Refer to criterion 2.3.6.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Elimination of restraint is a clear aim of the service. The governance group demonstrated a strong commitment to achieving this, including the voice of the consumer. At the time of audit, sixteen residents were using some form of restraint (approved restraints are bedrails or lap belts). Together with the multidisciplinary team, residents and whānau/EPOA were involved in decision-making about restraint use.</p> <p>Restraint use and falls are reviewed monthly and reported through the quality committee. Staff are working with several residents towards eliminating restraint over time with clear evidence of reduced restraint use. Input from the care team may include physiotherapist input or clinical education to support progress towards elimination of a particular resident restraint. This includes removal of preventable risk wherever possible. There has been investment in enabling devices such as beds which alert staff when a resident gets out of bed. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>Policies and procedures have been updated to meet the requirements of the standards. The clinical operations manager is the restraint coordinator, and the care leader is defined as the executive leader responsible for restraint elimination. Mandatory training includes the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the training schedule.</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)
<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>	<p>PA Moderate</p>	<p>While there is a system to record training in an electronic system and some hard copy records maintained, the information sighted is not current or adequately maintained to provide a consistent overview of completion of training or maintenance of the required competencies.</p> <p>This includes examples such as:</p> <ul style="list-style-type: none"> • First aid and CPR records • Medication competencies • Restraint elimination • Moving and handling <p>There are discrepancies between the electronic and hard copy records available to confirm that the required training and associated competencies have been completed in the timeframes required. Overall,</p>	<p>Accuracy and completeness of records of training and clinical competencies could not be confirmed.</p>	<p>The system to record training and competencies is maintained and current and ensure staff are suitably trained to provide care and support to residents.</p> <p>90 days</p>

		it indicates a lower level of completion than expected from the scheduled and mandatory sessions which are regularly held. Staff stated that they have undertaken various modules, but this cannot be evidenced in the records sighted. Further work is required to collate and ensure accuracy of this information.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The</p>	<p>PA</p> <p>Moderate</p>	<p>Assessment is based on a range of clinical and medical assessments and includes resident and whānau input. Timeframes for the initial assessment, general practitioner assessment, and initial care plan aligns with requirements. A GP (there is a team of six general practitioners) is rostered to work weekday mornings and afternoons and all sampled residents were seen by the on-duty GP on the day of admission, and again by their allocated primary GP within another few days. Residents are seen by a physiotherapist in a timely manner and ongoing as required. A new occupational therapist is being recruited. Podiatrists visit regularly and have input into applicable residents' care.</p> <p>A six-monthly multidisciplinary team meeting that includes the resident and family is planned as part of the care planning and review process.</p> <p>Due to COVID-19 outbreaks and the number of registered nurses (RNs) with interRAI competency, eight residents' interRAI assessments are overdue by between 30 and 69 days. This was verified by sampling residents' records, from interviews and from observations.</p>	<ol style="list-style-type: none"> 1. Neurological monitoring post unwitnessed fall is not consistently completed. The organisation's policy does not clearly detail expectations. 2. Restraint monitoring records are completed retrospectively at the end of the shift rather than at time of review/assessment. 3. Eight residents are overdue interRAI assessment or reassessment by between 30 to 69 days. 	<ol style="list-style-type: none"> 1. Consistently undertake neurological monitoring post unwitnessed fall. Review and update the organisation's policy to clearly detail expectations. 2. Complete restraint monitoring records at time of review/assessment. 3. Complete interRAI assessments and reassessments when due. <p>90 days</p>

<p>support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>In the sampled residents' records, there were at least five occasions in which a resident had a fall. The neurological monitoring of residents following and unwitnessed fall, including where the resident is noted to have hit their head, is variable. The associated organisation policy does not provide sufficient guidance on what is required.</p> <p>Restraint monitoring is occurring in applicable sampled files . However, care partners are documenting this at the end of their shift for all the various checks that occurred throughout the shift, rather than when the restraint monitoring/interventions occurred.</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.