# Rotorua Continuing Care Trust - The CARE Village

## 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:

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| **Legal entity:** | Rotorua Continuing Care Trust |
| **Premises audited:** | The CARE Village |
| **Services audited:** | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care |
| **Dates of audit:** | Start date: 20 June 2023 End date: 21 June 2023 |

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 79

# 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 haumaru │ person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita │ infection prevention and antimicrobial stewardship
- here taratahi │ restraint and seclusion.

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

**Key to the indicators**

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

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

## General overview of the audit

The CARE Village on the shores of Lake Rotorua is run by the Rotorua Continuing Care Trust. The model of care is based on an adapted mixed-service model based on the New Zealand environment and similar to the Dutch De Hogeweyk Dementia Village concept, where people live in six or seven-bedroom households and are assisted to be as independent as possible with support from the staff. Residents live in the houses, sharing with people who have different assessed needs. The model of care is based on creating and conserving lifestyle, independence, and most importantly, community.

The village is certified to provide hospital (geriatric), rest home, and dementia level care for up to 81 residents across 13 houses. On the day of the audit, there were 79 residents.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand - Lakes. The audit process included a review of quality systems, the review of residents and staff files, observations, and interviews with residents, relatives, staff, management, the Board, and a general practitioner. The residents and relatives spoke positively about the care and support provided.

The service is managed by a chief executive officer, who is supported by the operations manager, the clinical team, and the Board.

This surveillance audit identified improvements around the monitoring of residents on restraint.

## Ō tatou motika | Our rights

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

The service provides an environment that supports residents' rights, and culturally safe care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The governance body and management have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

This service supports culturally safe care delivery to Pacific people. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau.

Residents, who identify as Māori are treated equitably and their self-sovereignty/mana motuhake is supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori are incorporated into daily practices.

Residents, and relatives interviewed confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

## Hunga mahi me te hanganga | Workforce and structure

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| Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce. | | Subsections applicable to this service fully attained. |

The CARE Village has a well-established organisational structure. Services are planned, coordinated, and appropriate to the needs of the residents. The chief executive officer is supported by the operations manager, which oversees the day-to-day operations of the organisations. Services are planned, coordinated, and appropriate to the needs of the residents and family/whānau. The organisation's goals and direction are clearly described and match the organisation's vision, values, and strategies put in place to assist in meeting resident needs through the Mixed Services Model of Care. These are formulated and approved by the governance body. There is a documented quality and risk management system which includes processes to meet health and safety requirements. All incidents are being reliably reported and recorded.

Workforce planning is fair and equitable. The management team, and staff have the required skills and experience to provide appropriate services to residents. Human resources guide the service to good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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| 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. |

Registered nurses are responsible for each stage of service provision. Residents' records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration.

The activity programme offers a diverse range of activities and provides activities for both rest home and hospital residents. The programme incorporates the cultural requirements of the residents.

Medicines are safely managed and administered by staff who are competent to do so. Residents and their family/whānau are supported to understand their medications when required.

The CARE Village has in-house food services for the facility. Resident's individual cultural and dietary needs were identified and accommodated.

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

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| Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities. | | Subsections applicable to this service fully attained. |

The building has a current building warrant of fitness. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose.

Fire and emergency procedures are documented, and related staff training has been carried out. There is an implemented policy around resident, staff, and the building security.

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

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| 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. |

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. The clinical lead implements the programme.

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 were Covid-19 infection outbreaks reported since the last audit that were managed effectively.

## Here taratahi | Restraint and seclusion

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

There is a governance commitment to minimise and eliminate restraint. The restraint coordinator is a registered nurse. At the time of the audit the facility had the use of bedrails and lap belts recorded as restraints. Restraint is part of the annual education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions when restraint is considered. Restraint use is part of the reporting process within the quality programme.

## 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) |
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| **Subsection** | 0 | 22 | 0 | 1 | 0 | 0 | 0 |
| **Criteria** | 0 | 58 | 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) |
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| **Subsection** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

| Subsection with desired outcome | Attainment Rating | Audit Evidence |
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| Subsection 1.1: Pae ora healthy futures<br><br>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.<br>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. | FA | A Māori health plan (2018-2023) is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents and staff who identify as Māori.<br><br>The service continue to have a Māori Cultural Advisory Team (MCAT) led by two experienced Māori staff members, supported by the kaumātua. The MCAT team is responsible for training, cultural assessments, activities, and overall ensuring culturally safe care at the CARE Village. The CEO further reported that the team is actively involved in staff interviews, orientation, and cultural competences.<br><br>Four home leads (HLs), one home support (caregiver), two hospitality (activities), clinical lead (CL), enrolled nurse (EN), operations manager (OM), and the chief executive officer (CEO) interviewed demonstrated awareness of cultural safety and the need for the service to recruit suitably qualified Māori staff. The management is aware of the requirement to recruit and retain a Māori workforce across all levels of |

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| | | the organisation and this is identified in policy and procedure. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa<br><br>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.<br>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.<br>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. | FA | The Ola Manuia Pacific Health and Wellbeing Plan 2023-2026 is in place. The aim of the plan is to uphold the principles of Pacific people by acknowledging respecting relationships, valuing families/whānau, and providing high quality healthcare. The service has linkages with Pacific communities. There were staff who identify as Pasifika. |
| Subsection 1.3: My rights during service delivery<br><br>The People: My rights have meaningful effect through the actions and behaviours of others.<br>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).<br>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | Residents interviewed reported that all staff respected their rights, that they were supported to know and understand their rights, and that their mana motuhake was recognised, and respected. Care plans reviewed were resident centred and evidenced input into their care and choice/independence. A Māori health plan in place identified how the service supports Māori mana motuhake. Staff have completed cultural training which includes Māori current issues and rights in relation to health equity. The MCAT assist in cultural assessments, training staff, and creating strategies to deliver MCAT compulsory Wananga/in-service. The MCAT team reported that they also provide guidance, and advice on cultural protocols and practices to ensure respectful and appropriate care.<br><br>There are links to spiritual support documented in the policy and communion services and church services are held as required. |
| Subsection 1.4: I am treated with respect<br><br>The People: I can be who I am when I am treated with dignity and respect.<br>Te Tiriti: Service providers commit to Māori mana motuhake. | FA | Staff at the service had completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. The CL reported that te reo Māori and tikanga practices are incorporated into all activities |

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| As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | | undertaken. Residents and family/whānau interviewed reported that their values, beliefs, and language are respected in the care planning process.<br><br>The management and staff work in partnership with residents (including those with disabilities) and whānau to ensure residents who choose, have the opportunity to participate in te ao Māori. Opportunities for participating in te ao Māori, including blessings of rooms and karakia, are included in daily service delivery and this is facilitated by the MCAT team. There is MCAT team that is responsible for all cultural activities at the service.<br><br>The service responds to residents' needs. Three residents (one rest home and two hospital) and seven family/whānau (three dementia, three hospital and one rest home), confirmed they are treated with respect. |
| Subsection 1.5: I am protected from abuse<br><br>The People: I feel safe and protected from abuse.<br>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.<br>As service providers: We ensure the people using our services are safe and protected from abuse. | FA | An abuse, neglect, and prevention policy is being implemented. The CARE Village policies prevent any form of discrimination and acknowledge the impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. This management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive, and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias, and the understanding of injustices through policy, cultural training, available resources, and the code of conduct. The Māori health plan describes how care is provided.<br><br>There are monitoring systems in place, such as resident and family satisfaction survey, to monitor the effectiveness of the processes in place to safeguard residents. The Māori cultural policy in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for any Māori whānau admitted to the service. This was further reiterated by the MCAT team, CEO and OM who reported that all outcomes are managed and documented in consultation with whānau, enduring power of attorney, (EPOA)/whānau/family and Māori health organisations and practitioners.<br><br>The CARE Village promotes a holistic Te Whare Tapa Whā model of |

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| | | health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents. |
| Subsection 1.7: I am informed and able to make choices<br><br>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.<br>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,<br>keep well, and live well.<br>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. | FA | The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga guidelines. The Māori health plan is available to guide on cultural responsiveness to Māori perspective of health. The clinical lead interviewed demonstrated a good understanding of informed consent processes. Cultural training includes best tikanga guidelines. The operations manager interviewed had a good understanding of the importance of face-to-face communication for Māori. |
| Subsection 1.8: I have the right to complain<br><br>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.<br>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.<br>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. | FA | There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The CEO and OM are responsible for complaints management. They maintain a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically.<br><br>The complaints logged were classified into themes, with a risk severity rating, and available in the complaint register. Complaints logged include an investigation, root cause analysis, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).<br><br>There were 12 complaints logged for 2022 and six complaints and two compliments for 2023 (year to date). There were no external complaints reported since the previous audit. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability |

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| | | Commissioner (HDC). 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 have, are addressed promptly.<br><br>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. Residents and EPOA/whānau/family interviewed described the process of making a complaint, that includes being able to raise these when needed, or directly approaching staff, and management team. |
| Subsection 2.1: Governance<br><br>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.<br>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.<br>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. | FA | The CARE Village is owned by the Rotorua Continuing Care Trust. The village operates a Mixed Service Model of Care. The organisation is a Not-for-Profit Charitable Trust governed by a Board of Trustees. Business planning is undertaken at Board level, with input from the CEO.<br><br>The model of care is based on an adapted mixed-service model based on the New Zealand environment and similar to the Dutch De Hogeweyk Dementia Village concept, where people live in six-seven-bedroom households and are assisted to be as independent as possible, with support from The CARE Village staff. Residents live in the houses sharing with people who have different assessed needs. The CARE village is certified to provide hospital (geriatric and medical), rest home and dementia level care.<br><br>There are thirteen households in total at the service. The service is certified for 81 beds, and on the day of audit there were 79 residents. Residents included 22 at rest home level, including three residents funded through ACC. There were 33 residents at hospital level care, including one resident funded by ACC, and two on an LTS-CHC; and 23 residents have been assessed as dementia level care. The residents not on a contract are funded through the aged related residential care |

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| | | (ARRC) contract with Te Whatu Ora- Lakes.<br><br>There are currently seven Board members and the Board meet monthly. The Board members have experience in different respective fields such as property management, law, health sector, and business management. Meeting minutes reviewed included, Board; staff; quality; health and safety; resident; clinical; and manager's monthly reports. This evidenced that open and transparent communication was taking place.<br><br>The CARE Village has a well-established organisational structure. The governance body ensures the necessary resources, systems, and processes are in place that support effective governance. These include operations, care service standards, and outcomes, mitigation of risks, and a focus on continuous quality improvement. The Governance body has not yet completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The CEO and OM reported that the service monitors and evaluates equity in health outcomes by way of reporting on clinical indicators, funeral rites, healing preferences, spiritual, social, emotional, and environmental needs.<br><br>The (2023-2026) business plan is specific to the CARE Village and describes specific and measurable goals that are reviewed quarterly. Site specific goals relate to clinical effectiveness, risk management, and financial compliance.<br><br>There is a documented quality, risk, and quality plan which reflect the Mixed Model of Care. The organisation's goals and direction are clearly described and match the organisation's vision, values and strategies put in place to assist meeting resident needs through the Mixed Services Model of Care. The organisation philosophy and business plan reflect a resident/family-centred approach to all services. The plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback on all aspects of the service through annual satisfaction surveys and regular resident meetings. Feedback is collated, reviewed, and used by the management team to identify barriers to care, to improve outcomes for all residents. The CEO and OM reported that the plan has a focus on improving equitable outcomes for |

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| | | Māori and addressing barriers for Māori. There has been a comprehensive feedback system and complaints process that is focused on continual service improvement at the service. The governance and management team have an open and transparent decision-making process that includes regular staff and resident meetings. Cultural safety is embedded within the business and quality plan and staff training. The MCAT team ensures cultural safety at all times. |
| Subsection 2.2: Quality and risk<br><br>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.<br>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.<br>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. | FA | The CARE Village 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; a regular resident and staff satisfaction survey; policies and procedures; 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.<br><br>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.<br><br>There is a meeting schedule including monthly quality meetings, which includes discussion about clinical indicators (eg, incident trends, infection rates). Management meetings are held monthly, health and safety quarterly, and infection control monthly.<br><br>Leadership commitment to quality and risk management is evident in quality and risk documentation and management reporting documents sighted. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The CEO and OM 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.<br><br>There was a hazard register in place and evidence of completed environmental audits. The service complies with statutory and regulatory reporting obligations. There have been essential notifications completed |

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| | | since the previous audit and these included registered nurses' shortages in the past, and challenging behaviours involving residents. A sample of incidents/accidents recorded in the electronic record management 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.<br><br>The CEO and OM reported that they collect resident's ethnicity data to support improving health equity. Critical analysis of organisational practice is completed through benchmarking, analysis, and reports, review of policies, and internal audits. |
| Subsection 2.3: Service management<br><br>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.<br>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.<br>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | There is a documented and implemented 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 service adjusts staffing levels to meet the changing needs of residents. Care staff reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced home leads, home support with support from clinical and management team. All staff maintain current first aid certificates so there is always a first aider on site.<br><br>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 topics included: Covid-19, donning and doffing of PPE, and standard infection control precautions; safe food handling; chemical training; spirituality; cultural safety; code of conduct; te reo Māori; tikanga Māori; Te Tiriti o Waitangi; infection prevention and control; privacy; safe medicines management; restraint minimisation; first aid; and fire evacuation. Related competencies are assessed as per policy requirements.<br><br>Care staff are encouraged to gain a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. There are 73 care staff in total; 45 have completed dementia standards and with level 3 and 4; 17 caregivers are |

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| | | currently in training; and 11 new staff are yet to commence training.<br><br>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 CEO reported that the model of care ensured that all residents are treated equitably.<br><br>The provider has an environment which encourages collecting and sharing of quality Māori health information. The ethnic origin of each staff member is documented on their personnel records and used in line with health information standards. The service works with Māori organisations who provide the necessary clinical guidance and decision-making tools that are focussed on achieving health equity for Māori. All Māori concerns are addressed by the MCAT team.<br><br>The service supports peoples' 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.<br><br>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments. |
| Subsection 2.4: Health care and support workers<br><br>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.<br>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.<br>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. | FA | Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job description. A total of eight staff files (operations manager, clinical lead, registered nurse, hospitality, clinical support, home lead, and two home support) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions.<br><br>Professional qualifications are validated. There are systems in place to ensure that annual practising certificates are current for all health care |

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| | | professionals. Current certificates were evidenced in reviewed records for all staff and contractors that required them. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment, including management of emergencies.<br><br>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. |
| Subsection 3.1: Entry and declining entry<br><br>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.<br>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.<br>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. | FA | The service maintains a record of entry and decline rates. The service collects ethnicity information at the time of admission from individual residents and this is recorded on admission record. The service identifies entry and decline rates for Māori and this information is reported to the Board. There were residents who identified as Māori at the time of audit. The service works in partnership with local Māori communities, organisations, and their kaumātua to benefit Māori individuals and whānau. |
| Subsection 3.2: My pathway to wellbeing<br><br>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.<br>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.<br>As service providers: We work in partnership with people and whānau to support wellbeing. | FA | Five resident files were reviewed, two rest home (including one resident on LTS-CHC), and two hospital level, including one resident on an ACC contract resident; and one dementia level resident.<br><br>A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes and all communication is linked to the electronic system.<br><br>All residents have admission assessment information collated and an |

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| | | initial care plan completed within required timeframes. All interRAI assessments, re-assessments, care plan development and reviews have been completed within the contractual required timeframes. The residents on the ACC and LTS-CHC resident had all assessments and a long-term care plan completed within the required timeframes.<br><br>Risk assessments are conducted on admission. A cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans. The long-term care plan is holistic, includes cultural activities, and identifies resident focused goals. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident and family/whānau or significant others form the basis of the long-term care plans. The service supports Māori and family/whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these documented. Māori wellbeing model of Te Whare Tapa Whā is followed in the Māori health care plan. The Māori health care plan in place reflects the partnership and support of residents, family/whānau, and the extended family/whānau as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan.<br><br>Residents identified to be assessed at dementia level of care all have a behaviour assessment and a behaviour plan with associated risks and supports needed and includes strategies for managing/diversion of behaviours over a 24-hour period.<br><br>All residents had been assessed by a general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. A group medical practice provides after-hours support when needed. The GPs visits three times a week and as required. The GP (interviewed) was complimentary of the care, communication, and the quality of the service provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, palliative care clinical nurse specialist, and wound care specialist nurse is available as required through Te Whatu Ora - Lakes service. |

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| | | The physiotherapist and occupational therapist are contracted to attend to residents four hours per week.<br><br>The registered nurses are based in the nurse's hub in the administration block. Each home lead provides a verbal handover at the beginning of each shift and keeps the village coordinators and registered nurses up to date throughout the shift. The registered nurses visit each house liaising with home leads and home supports and reviewing residents.<br><br>The home leads and home support staff complete progress notes on every shift. Registered nurses document progress notes as necessary for all residents. There is regular documented input from the GP and allied health professionals. There was evidence the RN has added to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.<br><br>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau.<br><br>There were 11 wounds across the service, including one stage II pressure injury, skin tears and minor lesions at the time of audit. Assessments and wound management plans, including wound measurements and photographs, were reviewed. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. The clinical lead ensures consistency is maintained in product use, assessment, and management of all wounds. All RNs completed formal wound care management training. A wound care nurse specialist input can be sought for chronic wound management when required. The home lead and home support interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.<br><br>Care plans reflect the required health monitoring interventions for |

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| | | individual residents. Home leads and home supports complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood sugar levels; and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management. Health monitoring charts had been completed as scheduled; however, the required monitoring for restraint has not consistently been documented on the restraint log as required (link 6.2.2).<br><br>Evaluations are scheduled and completed at the time of the interRAI re-assessment. Evaluations documented the progression towards goals. Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) meeting. Family/whānau are invited to attend the MDT meetings.<br><br>Short-term issues such as infections, weight loss, and wounds have interventions to manage them appropriately. |
| Subsection 3.3: Individualised activities<br><br>The people: I participate in what matters to me in a way that I like.<br>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.<br>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. | FA | The Care Village employs two full-time hospitality team members who lead and facilitate the activity programme from Monday to Saturday. The service facilitates opportunities to participate in te ao Māori through promotion of te reo Māori phrases, and celebration of events (including Matariki, Māori language week and Waitangi Day). Every Thursday Kaumātua and Kuia hour is held in house 12 (cultural house) and include cultural focussed activities, including ukelele band, arts, and crafts.<br><br>Community visitors include entertainers and church services. A monthly calendar of activities is available for residents and their family/whānau and includes celebratory themes and events.<br><br>Residents visit their family/whānau in the community and families/whānau can visit the residents in the facility. Family/whānau and residents interviewed reported overall satisfaction with the level and variety of activities provided. |

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| Subsection 3.4: My medication<br><br>The people: I receive my medication and blood products in a safe and timely manner.<br>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.<br>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. | FA | There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice. The RNs and home leads are responsible for the administration of medications. They have completed medication competencies and annual medication education. The RNs have completed syringe driver training. All stock medications and robotic rolls were evidenced to be checked on delivery, with discrepancies fed back to the supplying pharmacy. Standing orders are not used by the service. There are no vaccines stored on site. Eye drops and creams are dated on opening. All other medications, pharmaceutical supplies, clinical and emergency equipment is stored safely in the nurse's hub.<br><br>All 'as required' medications and impress stock (including antibiotics) were within the expiry date. The medication fridge is monitored weekly, and all temperatures were within the acceptable range. All house heating is centrally controlled (includes the medication cupboard), which remains under 25 degrees.<br><br>There was one rest home resident who was self-medicating, with locked cupboards for safe storage in their rooms. Appropriate processes are in place to ensure this was managed in a safe manner, including three-monthly resident competencies completed by the RN and GP.<br><br>Ten resident medication charts (including one paper chart) were reviewed. The medication charts had photograph identification and allergy status recorded. Staff recorded the time, date, and outcomes of pro re nata (PRN) medications. All PRN medications had an indication for use. All medication charts had been reviewed by the GP at least three-monthly. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.<br><br>The staff observed during a medication round demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management.<br><br>Residents and their family/whānau are supported to understand their medications when required. The clinical lead stated that appropriate support and advice are provided to Māori residents. There was documented evidence in the clinical files that family/whānau are updated |

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| | | around medication changes, including the reason for changing medications and side effects. Residents and their family/whānau are supported to understand their medications when required. |
| Subsection 3.5: Nutrition to support wellbeing<br><br>The people: Service providers meet my nutritional needs and consider my food preferences.<br>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.<br>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The home leads in The Care Village provides their own food services in each house. The current menu is in the process to be reviewed by the dietitian. Staff are trained in safe food handling. Home leads interviewed understood tikanga Māori practices in line with tapu and noa requirements.<br><br>Residents' nutritional requirements are assessed on admission to the service, in consultation with the residents and their family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A copy of the nutritional assessment for each resident is accessible to the home lead.<br><br>The Māori health plan in place includes cultural values, beliefs, and protocols around food. The home lead (interviewed) stated that menu options culturally specific to te ao Māori are offered to Māori residents and gave some examples of culturally specific food that might be offered when required. Family/whānau are welcome to bring culturally specific food for their relatives. Residents and family/whānau members interviewed indicated satisfaction with the food services. |
| Subsection 3.6: Transition, transfer, and discharge<br><br>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.<br>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.<br>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 | FA | Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested. |

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| Subsection 4.1: The facility<br><br>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.<br>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.<br>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. | FA | The facility (includes the 13 houses) has a current building warrant of fitness dated 23 November 2023. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. The environment is inclusive of peoples' cultures and supports cultural practices.<br><br>A full-time maintenance person oversees the day-to-day maintenance and preventative maintenance plan. Maintenance requests for repairs are logged, actioned, and signed off when completed. There are preferred contractors available 24 hours. There are monthly planned maintenance duties documented and include the checking and calibration of medical equipment, electrical compliance of equipment and hot water temperature monitoring. All were completed as scheduled.<br><br>The operations manager and chief executive officer interviewed explained a process on seeking consultation/input with The CARE Village cultural advisors and/or community representatives to ensure the design and environment reflect the identity of Māori. |
| Subsection 4.2: Security of people and workforce<br><br>The people: I trust that if there is an emergency, my service provider will ensure I am safe.<br>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.<br>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | There is an approved evacuation plan dated 5 April 2018. Fire evacuation and fire evacuation training are held six-monthly. The environment provides a secure perimeter fence. The staff orientation includes fire and security training. Fire drills occur six-monthly.<br><br>The main building is secure after hours, and staff complete security checks for each house at night. The technology implemented ensures a safe process to manage residents at night. There are two automatic doors (internal and external) at the main entrance. The internal door does not open until the external door has closed and vice versa.<br><br>There is a CCTV system installed and placed in strategic locations across the village grounds and strategically outside the village. These cameras are cabled back to the nurses' hub and reception monitoring system for live and historical viewing. Motion sensors in hallways and front doors at night activate the call system, which alerts home staff and |

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| | | RNs of any residents wandering. A wireless bed exit monitoring system is used for residents that are assessed as a high falls risk. Security lighting is installed throughout the village. |
| Subsection 5.2: The infection prevention programme and implementation<br><br>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.<br>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.<br>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | 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. The clinical lead is the infection prevention and control coordinator.<br><br>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. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and the same applies to white and coloured pillowcases. There were culturally safe practices observed. The clinical lead reported that residents who identify as Māori are consulted on infection control requirements as needed. In interviews, staff understood these requirements. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)<br><br>The people: My health and progress are monitored as part of the surveillance programme.<br>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.<br>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. | FA | Surveillance of healthcare-associated infections (HAIs) is appropriate for the setting 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 clinical lead 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 practised.<br><br>Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff, and management, respectively. There were infection outbreaks of Covid-19 reported in April and May 2023. These were managed appropriately with appropriate notifications completed. |

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| Subsection 6.1: A process of restraint<br><br>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.<br>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.<br>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | The business plan 2023-2026 identify the organisations` commitment to work towards eliminating restraint use. Restraint use links to operational goals of reducing and eliminating restraint. The CARE Village had five hospital residents with bedrails (two also have lap belts) and two dementia level residents with bedrails. The restraint register was maintained. The family/whānau of the residents with dementia had requested the use of bedrails. There was documentation in the residents' files that strategies had been discussed with the family/whānau.<br><br>Quality review indicated that strategies to address the use of bedrails with family/whānau, as this were requested by them.<br><br>The restraint approval process described in the restraint policy and procedures meet the requirements of Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and provide guidance on the safe use of restraints. The restraint coordinator is a registered nurse (clinical lead), who provides support and oversight. The restraint coordinator has a job description in relation to restraint responsibilities.<br><br>The quality reporting process to the Board includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.<br><br>Restraint is only used as a last resort when all alternatives have been explored. The clinical lead explains restraint use is a measure of the safety of the residents but also implemented through the insistence of family/whānau. The clinical lead explains there are measures in place to reduce restraint use. Restraint minimising strategies, falls prevention, strategies to communicate risks to family/whānau and behaviours of concerns, are discussed in the quality and staff meetings.<br><br>Regular training occurs in management of challenging behaviour and restraint minimisation as part of the mandatory training plan and orientation programme. Staff have completed restraint competencies.<br><br>Interview with the restraint coordinator confirmed working in partnership with Māori, to promote and ensure services are mana enhancing. Cultural considerations are included in the assessment process. Restraint monitoring does not always occur as required (link 6.2.2). |

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| Subsection 6.2: Safe restraint<br><br>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.<br>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.<br>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort. | PA Low | The restraint coordinator is a registered nurse and has a job description which includes responsibilities and accountabilities. The restraint coordinator interviewed understood the role and his accountabilities. The process from assessment and approval is described in the policy. The restraint coordinator checks and reviews all restraint assessments and decide on the frequency of monitoring. Monitoring frequencies required are documented in the care plan and the frequencies are then documented in the restraint log. Three of five files reviewed did not have the monitoring log consistently completed as required.<br><br>Monitoring charts are maintained on the electronic system as instructed by the care plan interventions. |

# Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
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| Criterion 6.2.2<br>The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination. | PA Low | There is a restraint policy documented. The required frequency for monitoring of residents using bedrails is two-hourly. Five care plans reviewed (four hospital and one dementia level of care) reflect interventions and frequency required to monitor residents using restraint. Restraint logs are completed on the electronic system; however, not all residents required monitoring had a completed restraint monitoring log completed. | Three residents (one resident at dementia level of care and two residents at hospital level of care) using bedrails did not have restraint logs consistently completed as required as per the care plan. | Ensure monitoring charts are maintained on the electronic system as instructed by the care plan interventions.<br><br>90 days |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.