

St Clair Park Residential Centre Limited - St Clair Park Residential Centre

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	St Clair Park Residential Centre Limited
Premises audited:	St Clair Park Residential Centre
Services audited:	Rest home care (excluding dementia care); Dementia care; Residential disability services - Psychiatric
Dates of audit:	Start date: 14 June 2023 End date: 14 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:	36



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
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

St Clair Park Residential Centre provides rest home, dementia, and residential disability (psychiatric) level care for up to 41 residents. On the day of the audit there were 36 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- Southern. The audit process included a review of quality systems, the review of residents and staff files, observations, and interviews with residents, relatives, staff, management, a nurse practitioner, and a general practitioner.

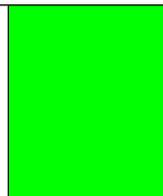
The service is managed by a facility manager who is appropriately qualified and is supported by an administrator, nursing, and care staff team. The residents and relatives spoke positively about the care and support provided.

The service has addressed one of two previous audit shortfalls around consumer participation. Improvements continues to be required around quality management systems.

This audit identified shortfalls around satisfaction surveys; training; medication management system; care planning process; completing neuro-observations; calibration of medical equipment; having an approved fire evacuation plan; and inclusion of ethnicity data with infection control data.

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.



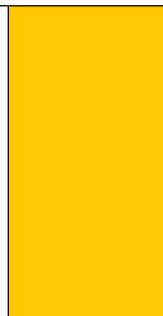
Subsections applicable to this service fully attained.

St Clair Park provides an environment that supports resident rights and safe care. Resident/family information packs include specific information such as the Health and Disability Consumer Code of Rights and advocacy services.

Residents receive services in a manner that considers their dignity, privacy, and independence. St Clair Park provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Family/whānau and legal representatives are involved in decision-making that complies with the law. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

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.

The business plan includes a mission statement and operational objectives. The service has quality and risk management systems documented in place that take a risk-based approach. These systems meet the needs of residents and their staff. Key components of the quality management system link to the facility meetings, including management, health and safety, clinical, and staff meetings. Collation of data was documented as taking place as scheduled. Resident and family/whānau participation processes are in place.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme is implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme.

The organisation uses an electronic medicine management system for e-prescribing, and administration of medications. The general practitioner and nurse practitioner are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' cultural and nutritional requirements are met. Residents are referred or transferred to other health services as required.

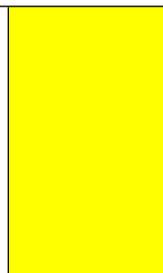
Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

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.		Some subsections applicable to this service partially attained and of low risk.
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The building has a discretionary exemption from building consent due to ongoing work in removing outdated electronic locking systems. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. The facility is secure at night. The dementia unit is secure.

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.

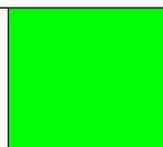


Some subsections applicable to this service partially attained and of low risk.

The type of surveillance undertaken is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There has been one outbreak (Covid-19) since the previous audit.

Here taratahi | Restraint and seclusion

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



Subsections applicable to this service fully attained.

The service continues to maintain a restraint-free environment. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet, and annual restraint competencies are completed.

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	14	0	5	3	0	0
Criteria	0	54	0	5	4	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>St Clair Park Residential Care Services supports increasing Māori capacity by employing more Māori staff, confirmed during an interview with the care workers and the facility manager.</p> <p>MHA 24: The Māori health plan in place includes processes to support engagement and retention of a Māori workforce. At the time of the audit, there were Māori staff.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>The service has a Pacific health plan based on Ola Manuia Pacific Wellbeing action plan. There are a number of staff that identify as Pasifika. Management advised with the assistance of staff they are able to work collaboratively with Pacific communities for guidance.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy. A Māori health plan and a cultural services response policy are documented for the service. The manager acknowledges and is committed to the unique place of Māori under the Treaty of Waitangi. They are committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person's culture is acknowledged, respected, and maintained. This was confirmed in interviews with seven family/whanau (two mental health, three dementia, two rest home level) and eight residents (six rest home, two mental health).</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>St Clair Park supports residents in a way that is inclusive and respects their identity and experiences. Staff interviewed confirmed their understanding of what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. Tikanga Māori and cultural awareness training is scheduled annually; however, there is no evidence to support this has been provided in 2021, 2022 or 2023 year to date (link 2.3.4).</p> <p>The Māori health plan acknowledges te ao Māori. Tikanga Māori and te reo Māori is celebrated during Māori language week and is promoted throughout the year with evidence of signage in te reo Māori. At the time of the audit, there were residents identified as Māori. Māori residents have established a weekly Matawaka (kinship) meeting where residents share a karakia, pepeha, a Māori language word of the week and share opportunities to celebrate their culture. Minutes of these meetings were sighted.</p> <p>The management and staff work in partnership with residents</p>

		<p>(including those with disabilities) and whānau to ensure residents who choose to, have the opportunity to participate in te ao Māori.</p> <p>An interview with the owner/director, manager, and staff (five care workers, one registered nurse, one activities coordinator, and the maintenance man) described how the service provided is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>St Clair Park is implementing the services abuse and neglect policy. The services policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The code of conduct is discussed during the new employee's induction to the service. Staff acknowledge that they accept the St Clair Park code of conduct/house rules. The code of conduct policy addresses harassment, racism, and bullying. The service has a no tolerance approach to any form of abuse and includes any form of racism towards residents and staff.</p> <p>A shared goals of care model is used which encompasses Te Whare Tapa Whā, to ensure wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices and confirmed that they are involved in the decision-making process, and in the planning of resident's care. Residents who identify as Māori confirmed that tikanga best practice guidelines in relation to consent were observed. Enduring power of attorney evidence is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>MHA 24: Mental health residents have a copy of their recovery plan in their individual files.</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>The complaints procedure is provided to residents and relatives on entry to the service. The manager maintains a record of complaints, both verbal and written on an electronic register. There have been fourteen complaints lodged 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 Commissioner (HDC). All complaints have been documented as resolved.</p> <p>A copy of one complaint was sent to the owner and Te Whatu Ora-Southern. Te Whatu Ora- Southern requested follow up of issues raised from this and a routine Ombudsman visit. The service is working on addressing these issues and progress documentation was evidenced.</p> <p>Interviews with residents and family/whānau and observation of a complaint on the day confirmed the managers are available to listen to concerns and act promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose, which may include representation from Māori.</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>St Clair Park Rest Home is a privately owned residential care facility that provides care across three service levels (rest home, dementia and residential disability-psychiatric). The number of certified beds available is 41. The service is divided into three units. The 15-bed Cargill unit (dementia level care), 18-bed Ashwood unit (essentially mental health) and eight-bed Middleton unit (essentially rest home). At the time of the audit, there were 36 residents (nine rest home level, including two residents funded by ACC, two residents were on a long-term support- chronic health contract (LTS-CHC), one resident was on a young person with a disability (YPD)/intellectual contract, and one resident was on respite). There were thirteen residents at dementia level, including one resident on respite; and thirteen residents were on a residential disability – psychiatric (mental health) contract. The remaining aged care residents were on an age-related residential care contract (ARRC).</p>

	<p>There is a documented strategic plan and business continuity plan. The 2022 to 2023 strategic plan contains the mission, philosophy, and objectives for the service.</p> <p>St Clair Park's 2021 business, quality, and risk management plans, which include a mission, and business objectives and values, are being implemented. Business goals are regularly reviewed by the owner, a director, and the facility manager. Quality goals are documented and reviewed regularly by the facility management and staff (where applicable). The owner receives a comprehensive fortnightly report from the manager which includes (but is not limited to) quality indicators; staffing; complaints; meeting discussion; education; and internal audit updates.</p> <p>The experienced manager is a registered nurse (RN), who has been in her role for the past six months while covering for the managers leave. The current manager has recent experience as the educator for a large, aged care provider. The facility manager is a registered psychiatric nurse and has worked in acute and long-term psychogeriatric service in New Zealand, as well as overseas in England and Canada. She attends a minimum of eight hours per year of education and training relating to managing an aged care facility, including attendance at Te Whatu Ora regional meetings and local aged care provider meetings. She is supported by an administrator (human resources, accounts), RNs and care workers.</p> <p>The governance/ management team is committed to addressing barriers to inequity, Māori, and people with disabilities, through education and collaboration with mana whenua in business planning and service development. The management team is working on addressing these barriers by identifying opportunities for improvement. The Māori health plan confirms a focus on improving outcomes and achieving equity for Māori. The service ensures tāngata whaikaha have meaningful representation to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha through meetings, open door policy, and evidence of good transparent communication between residents and families/whānau in minutes of meetings. The previous finding (HDSS:2008 #1.2.5.1) has been addressed.</p>
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<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>PA Low</p>	<p>MHA24: The service has a documented quality management framework. The quality and risk management programme is provided by an external consultant. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Standard.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Staff meetings occur monthly, and minutes confirm discussion on complaints; quality data (including adverse events and infections); pandemic strategies; health and safety; staffing; and education. On interview, staff confirm meetings are comprehensive and informative. The previous partial attainment (HDSS:2008 #1.2.3.6) has been addressed; however, there is an ongoing shortfall around corrective actions. Corrective actions are documented to address service shortfalls; however, not all evidenced follow up and sign off.</p> <p>Clinical indicator data (eg, falls, skin tears, infections, infection control) is collected and analysed monthly and annually, with reporting of trends at quality and staff meetings, handovers, and director reports. The new manager has instigated a number of continuous improvements including enhanced dining; admission processes; quality of care; environmental improvements; staff and resident communications; and established a key worker process.</p> <p>The health and safety programme (including the hazard register) are reviewed annually, with evidence of progress and sign off when achieved. Staff noticeboards keep staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. Health and safety meetings are scheduled monthly as part of the quality meeting.</p> <p>Resident/family satisfaction surveys are scheduled annually; however, these last occurred in February 2021. The facility manager advised a survey is planned for July and August. Interviews with residents consistently reflected high levels of resident/family satisfaction.</p>
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		<p>Each incident/accident is documented electronically. Ten accident/incident forms reviewed for May and June 2023, evidenced that the forms are completed in full and are signed off by the registered nurse. Incident and accident data is collated monthly and analysed. Results are discussed in the staff meetings.</p> <p>Discussions with the facility manger evidenced awareness of the requirement to notify relevant authorities in relation to essential notifications. The service has submitted three Section 31 reports since December 2022 related to resident deaths. The manager who commenced employment in January 2023 was unable to confirm if Section 31 notifications had been sent prior to this. There has been one outbreak (Covid-19 May 22) documented since the last audit. Review of documentation and meeting minutes evidenced this was appropriately managed and notified. On interview, the manager was aware of reporting requirements.</p> <p>The new manager is considering options to improve health equity through critical analysis of organisational practices. There are procedures to guide staff in managing clinical and non-clinical emergencies. While the staff have not received cultural training (link 2.3.4), there are a number of Māori staff employed to ensure a high-quality service is provided for Māori residents.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>Staffing rosters sighted indicated that there is adequate staff on duty in each area to match the needs of the residents. The facility manager, registered nurses, and most care workers hold current first aid certificates. There is a first aid trained staff on duty 24/7. An admin person works four days per week.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. The facility manager and a registered nurse are available Monday to Saturday and are on call when not available on site. There are two full time and one part-time registered nurses covering six days per week. A casual RN is also available if</p>

	<p>required. Good teamwork and a positive work culture amongst staff was highlighted during the care worker interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes.</p> <p>There is an annual education and training schedule, with recent evidence of implementation. The education and training schedule lists compulsory training, which includes cultural awareness training; however, the education programme for the past two years has not been fully implemented. Work is underway to ensure that staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Cultural awareness training has not occurred in the last two years; although on interview, care workers evidenced a good understanding of the provision of safe cultural care and Māori customs and practices.</p> <p>All staff are required to complete competency assessments as part of their orientation. All staff where required, had completed medication competencies on file; however, annual competencies for restraint, hand hygiene, correct use of personal protective equipment, and moving and handling were not evidenced.</p> <p>Additional RN specific competencies include syringe driver and an interRAI assessment competency. All four RNs are interRAI trained. Care staff are encouraged to also attend external training, webinars and zoom training where available, as confirmed on interview. Flyer's advertising external training opportunities were displayed on staff noticeboards. All staff attend relevant combined staff/quality and clinical meetings when possible.</p> <p>MHA24: The service supports and encourages care workers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 24 care workers, 15 staff have level four qualification, one staff has completed their level three qualification, and eight staff have completed their level two qualification. There are 12 staff who work in the dementia unit on a regular basis. Of these, nine have completed their dementia qualification and the staff who have started recently, have commenced their training.</p> <p>MHA24: All residents have an allocated trained key worker of their</p>
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		<p>choice, and this was confirmed by the residents interviewed and that their key worker is an important part of their recovery journey. There is access to support staff 24 hours a day, seven days a week (24/7) and this includes mental health professionals.</p> <p>Monthly resident/family meetings open with a karakia and include opportunities for residents to raise concerns or requests. The meetings are resident driven and the manager attends on invitation or on written request. Activities and care worker staff attend and document the minutes and give a copy to the facility manager. An additional weekly Matawaka (kinship) group meeting has been established, facilitating the use te reo Māori and discussion of tikangi for Māori residents. A food committee involving a cross section of residents has been established to ensure all voices are heard. Recommendations from the committee are formalised and where possible, actioned by the facility manager. A number of residents have court ordered welfare guardians who advocate for the residents. Family/whānau involvement with decisions relating to policies, protocols, planning, and implementation is through staff with lived experience and input from family/whānau, the facilities manager and allied health personnel. Family/whānau can also have input by way of verbal feedback to staff, use of letters, phone calls and visits, and the availability of the complaints process. Care planning process was conducted in consultation with residents and family/whānau. Resident meetings and Matawaka (kinship) group meetings are completed.</p> <p>The service does not currently have a resident advocate; however, residents are well informed about the aged concern and advocacy and have contact numbers readily available. The service has advertised for a resident advocate and has a position description/contract in place. The service has a budget available for the advocate role, which includes reimbursement for expenses. There are clinical/peer review processes in place that incorporates input from relevant health professionals internally and externally. All staff have monthly supervision meetings with the facility manager at the service.</p>
Subsection 2.4: Health care and support workers	PA Low	There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files

<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>are held in the facility manager's office. Five staff files reviewed (one RN, three care workers and one diversional therapist) evidenced implementation of the recruitment process, employment contracts, position descriptions and police checking.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. All files reviewed evidenced completed orientations. Competencies are completed at orientation. All staff files and information is held securely. Ethnicity data is collected on admission; however, is not yet fully reported at governance and quality level.</p> <p>MHA24: Police vetting is completed on all staff and evidence of this was sighted in all files sampled. The service does not work with children.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The service has an admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry were recorded on the pre-enquiry form. All files reviewed (including for residents in the secure dementia unit) had completed Needs Assessment and Service Coordination (NASC) service authorisation forms in place.</p> <p>There were Māori residents at the time of the audit. The registered nurse (RN) reported that routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is being implemented. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau. The RN stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>A total of seven files were sampled and these included four rest home, including one LTS-CHC, one ACC, one YPD: two dementia, including one respite; and one mental health. These identified that initial assessments and initial care plans were resident centred and were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the registered nurses and caregivers. Cultural assessments were completed by the nursing team, in consultation with the residents, family/whānau/EPOA.</p> <p>InterRAI assessments and reassessments are completed for all residents under the ARRC contract within expected timeframes. Residents not under the ARRC contract are not required to have interRAI completed; however, care plans were developed and reviewed using internal nursing assessments.</p> <p>Policies and procedures are clearly documented to support Māori and whānau to identify their own pae ora outcomes. The RN reported that the service provides a platform for Māori to live with good health and wellbeing in an environment that supports a good quality of life.</p> <p>MHA24: The RN reported the initial recovery plan is developed, and the assessment is goal oriented. Files for residents under the mental health contract reviewed had an individual crisis plan that includes the relapse prevention plan. The community mental health team always provides a current crisis or action plan that includes early warning signs and relapse prevention strategies. Interviews verified that residents and family/whānau are included and informed of all changes where required. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>MHA24: Care plans are reviewed three or six-monthly depending on the resident's mental and physical state at the service, in consultation with the adult mental health nurse practitioner (NP), and community mental health team, key worker, resident, and family/whānau where required. The plans address personal, clinical, cultural, spiritual, and</p>

	<p>social aspects of the resident. Assessments inform development of recovery/support plans which are resident focussed. Residents are encouraged to take a lead role in the preparation, implementation, and evaluation of their recovery support plans.</p> <p>The general practitioner (GP), and the adult mental health nurse practitioner from Te Whatu Ora- Southern visits the service weekly and both are available on call 24/7. Mental health reviews are completed three-monthly by the community mental health team. Residents' medical admission and reviews were completed within the required timeframes. Evidence of completed assessments by the psychogeriatrician or consultant psychiatrist confirming the level of care, was sighted in files reviewed. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly. The GP and NP reported that the service had improved immensely in management, and responding to acutely unwell residents and was adhering to systems and processes in place, including knowing when to escalate residents' concerns. In interviews conducted, the RN and care staff demonstrated awareness of escalating residents' concerns after proper assessment and consultation with the on-call manager and senior RN.</p> <p>The RN reported that sufficient and appropriate information is shared between the staff at each handover, which was witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>There was one active wound at the time of the audit. Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. The RN reiterated that where wounds required additional specialist input, this will be initiated, and a wound nurse specialist consulted. The wound care plans assessments will be developed, and evaluations, with supporting photographs completed.</p> <p>Each resident's care was evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant</p>
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	<p>change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the registered nurses, and manager, and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed; however, not all care plans have been reviewed following the interRAI reassessment. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>Residents in the dementia unit have 24-hour diversional therapy plans and all-day care residents' care needs were sighted on the initial admission documents provided by the family and completed by the community NASC team prior to entry. The RN confirmed that care staff were encouraged and reminded to follow the documented management plan ensuring all day care residents' needs were met.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau with the support from the cultural advisor.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts; turn charts; blood glucose; neurological observations forms; behaviour; and bowel charts. Family/whanau are notified following incidents. Opportunities to minimise future risks are identified. There is a policy and procedure for</p>
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		recording neurological observations; however, this had not been followed as required.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is conducted by the activities coordinator. The activities coordinator reported that the service support community initiatives that meet the health needs and aspirations of Māori and whānau when required. Residents and family/whānau are supported in accessing community activities, such as celebrating national events, Matariki, Anzac holidays, Māori language week, local visits from schools, kapa haka groups, and use of basic Māori words if required. The planned activities and community connections are suitable for the residents. The activities coordinator reported that opportunities for Māori and whānau to participate in te ao Māori are facilitated as required. The activities coordinator and manager reported that a record of van outings was being completed and evidence of this was sighted. Activities in the dementia unit includes (but is not limited to) regular walks; exercises; board games; music; watching TV; and assisting in folding clothes.</p> <p>MHA24: Residents are supported with daily tasks to become independent, including mental health residents being in charge of their own laundry, cleaning, and other household chores. This was evidenced in the residents' files reviewed.</p> <p>EPOA and whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with</p>	PA Moderate	<p>There is a medication management policy in place. Fourteen medication charts, and administration records were reviewed. Indications for use are noted for pro re nata (PRN) medications, and supplements. Allergies are indicated and all photos were current. All medication charts reviewed (including progress notes) evidenced that effectiveness of PRN outcomes were not being consistently documented. There were expired PRN medications in the PRN folder in one of wings. Eye-drops were not dated when opened. The GP and</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>NP reported that the nursing team and staff were following prescribed orders in regard to the administration of PRN medication. PRN medications were being documented appropriately by the RNs and care staff in the electronic medication management system.</p> <p>Medications are supplied to the service from a contracted pharmacy. Medication reconciliation is conducted by the registered nurses when a resident is transferred back to the service from the hospital or any external appointments. The RNs checks medicines against the prescription, and these checks are documented. The GP, NP, and mental health specialists conduct reviews when required. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents are completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit and some of these included missed medications.</p> <p>Medicines were stored safely and securely locked in the medication cupboards not accessible to residents. The monitoring of the medication rooms, and medicine fridge temperatures are conducted regularly, with deviations from normal reported and attended to promptly. Records were sighted. The RN explained the process of administering medications safely. There were no residents self-administering medicines. There is a self-medication policy in place if required. The medication policy clearly outlines that the residents, and their whānau, are supported to understand their medications. Continuity of treatment and support is promoted by ensuring the views of the residents, and family/whānau (where appropriate), are considered prior to any proposed change to medication or any other treatment.</p> <p>Over-the-counter medications, and supplements were documented on the medication charts where applicable. Standing orders are not in use. The medication policy clearly outlines that residents, including those who identify as Māori and their whānau, are supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p>	<p>FA</p>	<p>All food is prepared and cooked off-site by an external contractor and</p>

<p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>delivered in hot boxes at mealtimes. The Māori health plan in place included cultural values, beliefs, and protocols around food. The manager stated that culturally specific menu options were available and is offered to Māori and Pacific residents when required. These included ‘boil ups’ and ‘Island’ food. Whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and whānau/family expressed satisfaction with food portions and the options available.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>A standard transfer notification form from Te Whatu Ora- Southern, is utilised when residents are required to be transferred to the public hospital or another service. Residents and their family/whānau were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents’ records to confirm this.</p> <p>MHA24: A discharge or transition plan will be developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents’ files. Relevant information is shared with the residents and family/whānau (where appropriate) and new provider to support seamless discharge or transition. Risk, re-assessment, relapse prevention planning, medication needs, advanced directives (where appropriate), psychosocial needs, and follow-up arrangements are determined prior to discharge.</p> <p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents’ needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well</p>	<p>PA Low</p>	<p>Appropriate systems are in place to ensure the resident’s physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme and buildings, plant, and equipment are maintained to an adequate standard. Testing and tagging of electrical equipment has been completed; however, not all bio medical equipment has been completed as scheduled. A discretionary exemption from building consent was sighted. This was issued in</p>

<p>maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>relation to ongoing work on removing outdated electronic locking systems from doors and replacing them with fitted mechanical free escape hardware with external locking to main entry doors and fire exits. Water temperatures were monitored and recorded. Residents and family/whānau were satisfied with the environment, including heating and ventilation, privacy, and maintenance. Spaces were culturally inclusive and suited the needs of the resident groups.</p> <p>There is no current plans for building or renovations at the service. The manager and maintenance officer interviewed were aware of the requirement to consult with Māori if this is envisaged in the future.</p> <p>MHA24: The services maintain a smoke free policy that includes vehicles and all external areas. Staff who smoke are regularly offered smoke-free advice and access to cessation support. Family/whānau are provided with information, education, and support as required, that includes supports for them in the community.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>Disaster and civil defence plans and policies direct the service in their preparation for disasters and described the procedures to be followed. Trial evacuation drills have been completed six-monthly and have been added to the training programme. The last fire drill was completed on 22 May 2023. The staff orientation includes fire and security training. Staff have been trained and knew what to do in an emergency. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region.</p> <p>MHA24: The service has an emergency plan in place, and this was sighted on the audit day.</p> <p>Residents were familiar with emergency and security arrangements. Appropriate security arrangements are in place and access to the service is currently controlled as a precaution to prevent the spread of Covid-19. External doors and windows are locked at a predetermined time each evening. The dementia unit is secure at all times.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a pandemic plan and a Covid-19 response plan, which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p> <p>The service is incorporating te reo Māori information around infection control for Māori residents. Staff members who identify as Māori advise around culturally safe practices, acknowledging the spirit of Te Tiriti.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	PA Low	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at clinical and quality/staff meetings. Meeting minutes are displayed for staff. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. All communication with members of the multidisciplinary team, residents and family/whānau are conducted in a culturally safe manner.</p> <p>There has been one outbreak since the previous audit (Covid-19 May to July 2022). The facility followed their pandemic plan. The public health team were notified in a timely manner. All areas were kept separate, and staff were cohorted where possible. Staff wore PPE and residents and staff had rapid antigen (RAT) tests daily. Families/whānau were kept informed by phone or email. Visiting was restricted.</p>
<p>Subsection 6.1: A process of restraint</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. This is supported by the owner and manager and is included in policies</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>and procedures. There were no restraints in use at the time of the audit. Staff confirmed restraint was not used. The RN is the restraint coordinator. A comprehensive assessment, approval, monitoring, and quality review process is in place should there be any restraint. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The cultural advisor will be consulted as required.</p> <p>Staff attends training in behaviours that challenge and de-escalation techniques. Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk are discussed at the monthly management, health and safety, clinical review, and quality improvement meetings. Any use of restraint and how it is being monitored and analysed would be reported at meetings and reported to the owner.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>There is an established documented quality programme in place. The quality and risk framework has not been fully implemented for 2022. However, with the new manager commencing January 2023, documentation reflected implementation of the quality programme in 2023. The service includes resident and family surveys as part of the quality risk management plan; however, these were not evidenced as being implemented since February 2021.</p>	<p>(i). Internal audits that had been completed for 2022 included an action plan; however, there was no documentation to evidence the action plans were followed up or signed off when completed.</p> <p>(ii). The annual resident and family/whānau surveys have not been completed since 2021.</p>	<p>(i). Ensure internal audits are fully implemented and documentation reflects implementation and sign off of corrective action plans.</p> <p>(ii). Ensure annual resident and family/whānau audits are implemented.</p> <p>90 days</p>
<p>Criterion 2.3.3</p> <p>Service providers shall implement</p>	PA Moderate	<p>The service has a documented competency programme which</p>	<p>Files and documentation reviewed did not evidence all annual</p>	<p>Ensure staff competencies are</p>

systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.		commences at orientation. Policy confirms a number of competencies are renewed annually; however, this has not occurred as required during 2022 and 2023 year to date.	competencies have been completed in 2022 or 2023 year to date. On interview, staff confirmed annual medication competencies where required and completion of orientation competencies; however, could not confirm competencies for moving and handling, restraint, or hand hygiene.	renewed annually as per policy. 90 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>	PA Moderate	The service has a training schedule, and online training resource is available to registered staff. The training and competency schedule has not been documented as fully implemented for part of 2021, 2022 and 2023. The new facility manager has commenced a process to implement the training schedule, including assisting and monitoring staff to access the online training and ensure staff complete competencies for their roles. The service has a documented competency programme which commences at orientation. Policy confirms a number of competencies are renewed annually; however, this has not occurred as required during 2022 and 2023.	There was little evidence of training being provided in 2022. There has been no documented training for mandatory training, including cultural training; medication training; falls prevention; dementia and challenging behaviour; pain management; wound management; complaint management; and infection control.	Ensure the training schedule is implemented and includes all required mandatory training requirements. 60 days
<p>Criterion 2.4.6</p> <p>Information held about health care and support workers shall be accurate, relevant, secure, and confidential. Ethnicity data shall</p>	PA Low	The service is recording ethnicity data of all residents on admission and is able to extract information from the electronic system. The service is not currently collating or	The service is not collating or reporting ethnicity data.	Ensure ethnicity data is collated and reported to quality and governance.

<p>be collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.</p>		<p>reporting this information.</p>		<p>90 days</p>
<p>Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Moderate</p>	<p>All long-term residents on the ARRC contract had interRAI assessments completed within timeframes by a registered nurse, in partnership with residents (where able) and family/whanau. All long-term residents had long-term care plans documented; however, not all care plans were evaluated following interRAI reassessments, and outcomes of the interRAI assessment were not always linked to care plans.</p> <p>Goals were specific and measurable, and interventions were detailed to address the desired goals/outcomes identified during the assessment process. Behaviour management plans were completed for residents assessed as requiring dementia care and under the mental health care contract. The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts; turn charts; blood glucose; behaviour; and bowel charts. However, neurological observations were not being consistently completed post unwitnessed falls or head injuries, as per policy requirements.</p>	<p>(i). Four out of seven residents long-term care plans reviewed were not linked to interRAI assessments, and outcome scores were not consistently identified.</p> <p>(ii). Four out of seven care plans had not been reviewed following interRAI reassessments.</p> <p>(iii). Unwitnessed falls did not have neurological observations fully completed as per policy requirements.</p>	<p>(i). & (ii). Ensure all outcome scores of interRAI assessments are included in care planning and care plans are reviewed following interRAI reassessments.</p> <p>(iii). Ensure all neurological observations are consistently completed post unwitnessed falls or head injuries, as per policy requirements.</p> <p>90 days</p>

<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There are a suite of medication policies documented which align with current medication guidelines. Medication charts reviewed evidenced indications for use are documented for pro re nata (PRN) medications, and supplements. Allergies are indicated and all photos were current. All medication charts reviewed (including progress notes) evidenced that effectiveness of PRN outcomes were not being consistently documented. There were expired PRN medications in the PRN folder in one of wings. Eye-drops were not dated when opened. The GP and NP reported that the nursing team and staff were following prescribed orders in regard to the administration of PRN medication. PRN medications were being documented appropriately by the RNs and care staff in the electronic medication management system.</p>	<p>(i). Documentation of PRN medicine's effectiveness was not being consistently completed.</p> <p>(ii). Three blister packs of expired PRN medication were found in the PRN folder.</p> <p>(iii). Eye-drops were not dated when opened.</p>	<p>(i). Ensure effectiveness of PRN medications are documented.</p> <p>(ii). Ensure all expired medications are returned to the pharmacy.</p> <p>(iii). Ensure all eye drops are dated on opening.</p> <p>90 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>Testing and tagging of electrical equipment was completed. There is a proactive and reactive maintenance programme and buildings, plant, and equipment are maintained to an adequate standard. A discretionary exemption from building consent was sighted. This was issued in relation to ongoing work on removing outdated</p>	<p>Bio-medical equipment was overdue for calibration.</p>	<p>Ensure the bio-medical equipment is calibrated as per policy requirements.</p> <p>90 days</p>

		electronic locking systems from doors and replacing them with fitted mechanical free escape hardware with external locking to main entry doors and fire exits. The policy requires that all electrical equipment is tested and tagged, and this was completed; however, bio-medical equipment was overdue for calibration.		
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	PA Low	The policy and legislation require that the service has an approved fire evacuation plan signed off by the fire department; however, this was not verified on the audit day.	An approved fire evacuation plan was not verified on the audit day.	<p>Ensure there is an approved fire evacuation plan for the building.</p> <p>180 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	The infection control coordinator collates surveillance data monthly and reports results at facility meetings. The service documents the ethnicity of residents on admission and has the ability to incorporate ethnicity into surveillance monitoring. The manager advised the service was reviewing surveillance report templates to add ethnicity.	The service is not currently including ethnicity data in infection surveillance.	<p>Ensure ethnicity is incorporated into infection surveillance reporting.</p> <p>90 days</p>

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.