

Ropata Lodge Limited - Ropata Lodge

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Ropata Lodge Limited
Premises audited:	Ropata Lodge
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 28 August 2023 End date: 29 August 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:	32

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
	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

Ropata Lodge provides rest home level care for up to 35 residents. The facility is owned by Ropata Lodge Limited and is managed by a facility manager who is a registered nurse.

This certification audit process was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts the service holds with Te Whatu Ora – Health New Zealand Capital, Coast and Hutt Valley (Te Whatu Ora Capital, Coast and Hutt Valley). It included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents and family/whānau, governance representatives, staff, and a nurse practitioner. Residents and family/whānau were complimentary about the care provided.

Areas requiring improvement from this audit relate to risk management, staff and governance education and training, infection control information availability, and antimicrobial reporting.

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.

Ropata Lodge provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific people, and people of other ethnicities. Ropata Lodge worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination) and this was confirmed by Māori residents and staff interviewed. There were Pasifika residents although no Pasifika staff in Ropata Lodge at the time of the audit. Systems and processes were in place to ensure Pacific people could be provided with services that recognised their worldviews in a culturally safe manner.

Residents and their family/whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and confirmed that they were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and/or their family/whānau. There was evidence that residents and their family/whānau were kept well informed.

Residents and their family/whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Family/whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</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 owner of Ropata Lodge assumes accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori, Pasifika, and tāngata whaikaha (people with disabilities). The service uses an external provider to enable engagement with Māori at governance level. The external provider provides policies and procedures that are culturally specific, have been formulated with input from Māori and Pasifika and which inform Ropata Lodge services.

Strategic and business planning ensures the purpose, values, direction, scope, and goals for the organisation and of the facility are defined. Suitably qualified and experienced people manage the service. Ongoing monitoring of business, health and safety and clinical services is occurring with regular reviews according to predetermined schedules.

The quality and risk management systems are focused on improving service delivery and care. Residents and families/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifying trends leading to improvements. Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. An education/training programme is in place. Care staff have access to New Zealand Qualifications Authority (NZQA) approved health and wellbeing courses.

Residents' information was accurately recorded, securely stored, and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When residents were admitted to Ropata Lodge a person-centred and family/whānau-centred approach was adopted. Relevant information was provided to the potential resident and their family/whānau.

The service worked in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and plans accommodated any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their family/whānau and these were evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

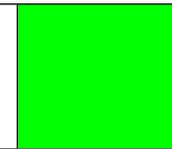
Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents with special cultural needs catered for. Food was safely managed.

Residents were transitioned or transferred to other health services as required.

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

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



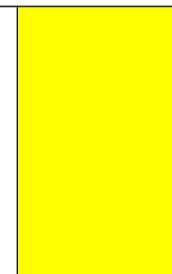
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and maintained. There is a current building warrant of fitness. Electrical and biomedical equipment have been checked and assessed as required. Internal and external areas are accessible and safe. External areas have shade and seating provided and meet the accessibility needs of tāngata whaikaha (people with disabilities).

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and family/whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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 facility manager was the infection control coordinator at Ropata Lodge and ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. It was adequately resourced. The experienced and trained infection control coordinator led the programme and was engaged in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Ropata Lodge had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents, and family/whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required.

The environment supported the prevention and transmission of infections. Waste and hazardous substances were effectively managed. There were safe and effective cleaning and laundry services in place.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service is a restraint free environment, restraint has never been used in the facility. This is supported by the facility owner and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews is in place should restraint use be required in the future. A suitably qualified restraint coordinator, who is a registered nurse, leads the process.

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	22	0	4	1	0	0
Criteria	0	162	0	4	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Ropata Lodge (Ropata) has developed policies, procedures and processes which describes how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. Residents and family/whānau interviewed reported that staff respected their right to mana motuhake (self-determination), and they felt culturally safe.</p> <p>A Māori health plan is provided via an external provider with input from cultural advisers, and this can be used at Ropata for residents who identify as Māori. The plan uses Te Whare Tapa Whā model of care for Māori residents and this was in use for Māori residents at Ropata. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents. There were Māori residents present in the facility during the audit. Māori residents and their whānau who were interviewed, were comfortable at the facility and expressed feelings and experiences that are consistent with cultural safety, confirming that</p>

		<p>mana motuhake is respected.</p> <p>The service has policy in place outlining support for increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at an organisational level. There were staff who identified as Māori at the time of audit.</p> <p>The service has links for Māori health support through local iwi at Kōkiri Marae (Tākiri Mai te Ata Trust). The marae can provide culturally appropriate health services to residents in the service who identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The service provider has a policy that includes Pacific people's health which describes how the organisation will respond to the cultural needs of Pasifika residents. The document notes the need to embrace cultural and spiritual beliefs and outlines the fonofale model of care to guide care for Pacific peoples.</p> <p>There were residents who identified as Pasifika in the facility on the days of audit. Ropata can access support for Pasifika in the service from a local Pacific health service (Pacific Health Service Hutt Valley Inc.).</p> <p>The service has policy in place to support increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at an organisational level. There were no staff who identified as Pasifika at the time of audit.</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>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed in English, te reo Māori, and New Zealand Sign Language (NZSL) posters around the facility, with brochures in both languages available at reception. Brochures on the Nationwide Health and Disability Advocacy Service in English and te reo Māori</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>were displayed in the reception area. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the Code and were seen supporting residents of Ropata in accordance with their wishes. Interviews with residents and family/whānau who visit regularly, confirmed staff were respectful and considerate of residents' rights.</p> <p>Ropata had a range of cultural diversity in their staff mix, and staff can assist if interpreter assistance is required. Ropata also had access to interpreter services and cultural advisors/advocates if required. Relationships had been established with the Tākiri Mai te Ata Trust who are part of the Kōkiri Marae and the local Pasifika health service. A wide range of services were available from each of these agencies. Services were accessed via a referral system. A kaumātua from the marae will visit if residents request their assistance and will assist at all levels of the facility's operations to ensure more equitable service for Māori are provided. Ropata recognises mana motuhake.</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>Ropata supported residents in a manner that was inclusive and respected their identity and experiences. Residents and family/whānau, including tāngata whaikaha, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi and tikanga Māori meant to their practice. Te reo Māori and tikanga Māori being promoted, despite staff having had no formal training in tikanga guidelines or access to learn te reo Māori (refer criterion 2.3.4). Staff working at Ropata were educated in Te Tiriti o Waitangi and cultural safety. Documentation in the care plans of residents who identified as Māori acknowledged the resident's cultural identity and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an</p>

		<p>advance care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room. Ropata responded to tāngata whaikaha needs and processes were in place to enable participation in te ao Māori. Training on the aging process, diversity, and inclusion included training on support for people with disabilities.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Employment practices at Ropata included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected. Professional boundaries were maintained.</p> <p>A holistic model of health at Ropata was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Seven residents and five family/whānau interviewed expressed satisfaction with the services provided by Ropata.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear</p>	FA	<p>Residents and their family/whānau at Ropata reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. There had been resident and family/whānau meetings at Ropata every three months and meeting</p>

<p>and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>minutes evidence effective communication.</p> <p>The facility manager (FM) and the clinical coordinator (CC) had an open-door policy. Evidence was sighted of residents communicating with all staff, including the FM and CC. Residents, family/whānau and staff reported the FM responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with family/whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies in the resident's care when needed. A quarterly newsletter kept residents and their family/whānau up-to-date with what was happening at Ropata.</p> <p>Staff knew how to access interpreter services if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents at Ropata and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. A kaumātua or Māori advisor from the local marae was available to support and advise if needed.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Information on complaints and the complaints process was available to residents, along with information on advocacy. Residents and family/whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There has been one complaint in the last 12 months. Documentation sighted in respect of the complaint showed that it had been responded to within the appropriate timeframe and that the complainant had been informed of findings following investigation. There have been no complaints received from external sources since the previous audit. There are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., through the use of hui and tikanga practices specific to the resident or the complainant).</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>PA Low</p>	<p>The owner of Ropata assumes accountability for delivering a high-quality service. Policies ensure compliance with legislative, contractual, and regulatory requirements. Ropata works at addressing barriers to equitable service delivery and in the recruitment of Māori and Pasifika staff. Ropata uses an external consultancy to assist the organisation to ensure there is meaningful inclusion of Māori at governance level. There are policies in place that focus on honouring Te Tiriti o Waitangi, on improving outcomes for Māori, Pasifika, and tāngata whaikaha, and these are enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code, bilingual signage, and information in respect of infection prevention and control). Ropata promotes appropriate models of care specific to residents' cultural needs, including for Māori and Pasifika. The owner of Ropata has not yet completed cultural training and this will be addressed.</p> <p>Ropata has a strategic/business plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of</p>

		<p>equitable outcomes for Māori, Pasifika and tāngata whaikaha. Cultural safety is embedded in business and quality and in staff training plans. Ethnicity data is being collected to support equity.</p> <p>Clinical governance is appropriate to the size and complexity of the organisation. Internal quality data collection (e.g., adverse events, complaints) are aggregated and corrective action completed where deficits are identified. A sample of reports to the owner of Ropata showed adequate information to monitor performance is reported, although this does not include information on antimicrobial use (refer criterion 5.1.3) or restraint.</p> <p>The manager at Ropata is an RN with significant aged-care experience. The manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. The manager is supported by a CC and a senior RN, both of whom also have aged-care experience.</p> <p>Ropata supports residents and their family/whānau to participate in the service through communication, care planning, resident meetings, and an annual resident satisfaction survey. Responses from meetings and surveys, and through interviews with residents and their families/whānau during the audit, were noted to be very positive.</p> <p>The service holds contracts with Te Whatu Ora Capital, Coast and Hutt Valley for aged-related residential care (AARC) rest home care. The service also holds contracts for long-term support - chronic health conditions (LTS-CHC) and for short-term (respite) care. On the first day of audit 32 residents were receiving services; 20 residents were receiving rest home care, two were receiving respite care, and there were 10 residents in the service who were private payers. No residents were receiving services under the LTS-CHC contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and</p>	<p>PA Low</p>	<p>The manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The owner and manager of Ropata are committed to quality and</p>

<p>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>risk via its strategic/business plan and through policy. The strategic/business plan and policy requires the facility to formulate a plan for managing specific risks identified for the service. This has not yet been completed (refer criterion 2.2.4). Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Critical analysis of organisational practices to improve health equity is occurring with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The organisation has a planned quality system that reflects the principles of continuous quality improvement. This includes the management of adverse events, clinical concerns, complaints, audit activities, and communications with residents and family/whānau. Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Progress against quality outcomes is evaluated.</p> <p>Residents, family/whānau and staff contribute to quality improvement through meetings and resident and staff satisfaction surveys. Minutes from resident meetings and the outcomes from the resident satisfaction survey indicate that residents are satisfied with the services provided by Ropata. This was supported through interviews with residents and their family/whānau during the audit.</p> <p>The manager understood essential notification reporting requirements. No notifications have been required since the last audit.</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</p>	<p>PA Moderate</p>	<p>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 facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this. At least one staff member on duty has a current first aid certificate.</p> <p>Position descriptions reflected the role of the position and expected</p>

<p>services.</p>		<p>behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding an infection prevention and control or restraint portfolio.</p> <p>Continuing education is planned on an annual basis and includes most of the mandatory training requirements; however, not all the required education/training has been delivered, and restraint is not included in the education/training programme (refer criterion 2.3.4 and subsection 6.1). Planned competencies assessments have been completed and these support equitable service delivery; the exception to this is competency related to the use of restraint (refer criterion 6.1.6). Health care assistants (HCAs) have the opportunity to complete a New Zealand Qualification Authority health and wellbeing education programme, and registered nurse staff have access to education/training to enable them to maintain competency with the Nursing Council of New Zealand (NCNZ).</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, and through resident and whānau engagement.</p> <p>Processes implemented at Ropata, the owner, and the FM of the service support resident and family/whānau participation in the service.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying, and harassment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Police vetting and reference checking is in place.</p> <p>Professional qualification for health care professionals had been validated and then checked and documented annually. Job descriptions for all roles are in place, including for infection control and restraint coordination. They described the skills and knowledge required of each position, and identified the outcomes,</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>accountability, responsibilities, authority, and functions to be achieved.</p> <p>A sample of staff records reviewed showed that orientation was being completed and documented. Staff interviewed confirmed that orientation does take place, and most staff described it as useful in preparing them for their role.</p> <p>Files sampled evidenced that performance appraisals were being undertaken as required. Staff described the process as useful for them allowing them to set their own career and educational goals.</p> <p>The organisation promotes staff wellbeing policies and staff were aware of these. Staff confirmed that debrief and support was available to them following any incidents.</p> <p>Information held about staff is accurate, relevant, secure, stored, and archived confidentially. Electronic data is username and password protected. Information is available only to those authorised to use it. Ethnicity data is being recorded for staff and used in line with health information standards.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Ropata maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Residents' files were integrated electronic and hard-copy files. Most information was held electronically, and this was username and password protected. Any paper-based records were held in lockable locations, were only available to authorised users, and archived securely for the required duration before being destroyed. No personal or private resident or staff information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Ropata are not responsible for the National Health Index</p>

		registration of people receiving services.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Twenty-two (22) of the 32 residents present on the days of audit had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agencies, as requiring the level of care Ropata provided and had chosen Ropata to provide the services they require. Ten residents at the time of audit had no NASC assessment, and no interRAI assessment as they were paying privately to receive services.</p> <p>Residents and family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements. Ropata collected ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori. Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and their family/whānau.</p> <p>Ropata had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Kōkiri Marae, with access to Māori health services, Māori health practitioners, and traditional healers. When admitted, residents had a choice over who would oversee their medical requirements. Whilst most chose the main medical provider to Ropata, several residents had requested another provider to manage their medical needs, and this had been supported.</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>	FA	<p>The multidisciplinary team at Ropata worked in partnership with the resident and their family/whānau to support the resident's wellbeing. Nine residents' files were reviewed. These files included residents who had had an acute event requiring transfer to an acute facility, residents with a wound, residents who were culturally diverse, residents on an anticoagulant, residents who had had a fall, residents who had not had a NASC assessment and residents with</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>several co-morbidities.</p> <p>Nine files reviewed verified that a care plan was developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considering wider service integration, where required. Assessments were based on a range of clinical assessments and included the resident and family/whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) or nurse practitioner (NP) input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Policies and processes were in place to ensure tāngata whaikaha and their family/whānau participate in Ropata's service development, deliver services that give choice and control, and remove barriers that prevent access to information. Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Management of any specific medical condition was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or their whānau. Residents and family/whānau confirmed active involvement in the process, including residents with a disability.</p>
<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</p>	<p>FA</p>	<p>The activities coordinator (AC) at Ropata provided an activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life. Residents are enabled to attend community activities of their choice and participate in activities that are of interest to them.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated, with the recognition and celebration of Matariki, Māori songs, the use of te reo Māori in greetings and signage, and the commencement of recognition of karakia prior to meals.</p> <p>The facility has a van that enables fortnightly outings to places and events of interest. Residents were supported to access local community events. Residents and their family/whānau were involved in evaluating and improving the programme. Satisfaction surveys evidenced residents and their family/whānau were satisfied with the activities provided at Ropata. Those interviewed confirmed that the programme met their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks, including the six-month checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Ropata.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p>

		Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service provided at Ropata was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 29 March 2023. Recommendations made at that time had been implemented.</p> <p>All aspects of food management complied with current legislation and guidelines. The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 22 June 2022. No areas requiring corrective action were identified, and the plan was verified for 18 months. The plan is due for re-audit on 22 December 2023.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this. The kitchen prepared pork bones and watercress, 'dough boys', or a seafood dish as requested by residents who identified as Māori.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys, and resident and family/whānau meeting minutes. This was supported on the days of the audit when residents responded favourably regarding the meals provided on these days.</p> <p>Residents were observed to be provided with a pleasurable eating experience. Tables were nicely presented with tablecloths and flowers. Drinks of choice were offered prior to the meal. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</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>Transfer or discharge from Ropata was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and their family/whānau. The family/whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Residents and their family/whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well-maintained and that they meet legislative requirements. The environment was comfortable and accessible. Corridors are wide and have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups, including tāngata whaikaha residents. Lounge and dining facilities meet the needs of residents, and these are also used for activities. Wi-Fi is available for residents to use.</p> <p>Residents' rooms allow space for the use of moving and handling equipment. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. The facility is heated through electric heating, and this can be adjusted depending on seasonality and outside temperature. Space is available for the storage and charging of electronic mobility aids.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and communal areas have appropriately situated call bells. There are external areas within the facility for leisure</p>

		<p>activities with appropriate seating and shade.</p> <p>A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of clinical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within normal limits. Processes are in place to manage inconsistencies should they occur.</p> <p>The building has a warrant of fitness which expires on 25 March 2024. There were no plans for further building projects requiring consultation, but the owner of Ropata was aware of the requirement to consult and co-design with Māori if this was envisaged.</p> <p>Residents and family/whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained in fire and emergency management and knew what to do in an emergency.</p> <p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 12 January 2016. The requirements of the fire and emergency scheme are reflected in the facility's fire and emergency management plan. A fire evacuation drill is held six-monthly; the most recent drill was on 10 July 2023. Supplies for use in the event of a civil defence emergency met the National Emergency Management Agency recommendations for the region.</p> <p>There was a first aid certified staff member on duty 24/7 on the rosters reviewed. Information on emergency and security arrangements is provided to residents and their family/whānau on entry to the service. The facility has overnight 'lock-up' procedures which allow for emergency egress. All staff were noted to be wearing uniforms and name badges during the audit.</p> <p>Call bells alert staff to residents requiring assistance. Residents and</p>

		family/whānau reported that staff were responsive to call bells.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	PA Low	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the owner of the facility, were linked to the quality improvement system, and were being reviewed and reported on yearly. Ropata has IP and AMS outlined in its policy documents. This is being supported at organisational level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required. Significant events are reported immediately. Ethnicity data is collected as part of the IP and AMS programme.</p> <p>Clinical specialists can access IP and AMS expertise through Te Whatu Ora Capital, Coast, and Hutt Valley and through Regional Public Health. Infection prevention and control information is discussed at the facility level and reported to the owner of the facility. Antimicrobial stewardship is being reported at facility level but is not yet being reported to Ropata's owner (refer criterion 5.1.3).</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	PA Low	<p>The infection control coordinator (ICC) at Ropata was responsible for overseeing and implementing the IP and AMS programmes. There were IP reporting lines to the owner of the facility, but these do not yet include antibiotic use and AMS activities (refer criterion 5.1.3). The IP and AMS programmes were linked to the quality improvement programme, and these were reviewed and reported on annually. The ICC is an RN who had the appropriate skills, knowledge, and qualifications for the role, and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control (IPC) policies reflecting the requirements of the standard were provided by an external advisory</p>

		<p>company. Cultural advice at Ropata was accessed through the staff who identified as Māori and the cultural advisor/kaumātua. Staff were familiar with IPC policies through education during orientation, and ongoing education, and were observed following these correctly.</p> <p>Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used.</p> <p>Kaumātua or staff who identified as Māori and speak te reo Māori can provide IP infection advice in te reo Māori if needed. There were no educational resources available in te reo Māori for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been tested. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in its use.</p> <p>Residents and their family/whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Ropata was committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials was promoted. An AMS programme was in place; its effectiveness was being evaluated through monitoring of antimicrobial use and identification of areas for improvement. The GP, NP and pharmacist were supportive of the programme.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>Ropata undertook surveillance of infections appropriate to those recommended for long-term care facilities, and these were in line with priorities defined in the infection control programme. Ropata</p>

<p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were shared with staff and the facility's owner. Surveillance data included ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their family/whānau, and these were documented.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supported the prevention of infection and transmission of antimicrobial-resistant organisms at Ropata. Suitable personal protective equipment (PPE) was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access to PPE as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and liquid hand sanitisers were available throughout the facility.</p> <p>Staff followed documented policies and processes for laundry, cleaning, and the management of waste. Laundry and cleaning processes were monitored for effectiveness. Bedlinen and towels were provided and laundered off site by an external supplier. Residents' personal clothing was laundered on site. Separation of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved had completed relevant training and were observed to carry out duties safely.</p> <p>Residents and their family/whānau reported that the laundry was well managed, and the facility was kept clean and tidy. This was confirmed through observation.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Ropata has always been a restraint-free environment. The FM was able to describe the focus on maintaining a restraint-free environment and this was supported by the facility's owner. Staff interviewed also described their commitment to maintaining a restraint-free environment. There were no residents using restraint during the audit.</p> <p>Policies and procedures meet the requirements of the standard. The restraint coordinator (RC) is a defined role undertaken by an RN who would provide support and oversight should restraint be required in the future. There is a job description in place that outlines the role.</p> <p>The facility education/training programme in place does not include the restraint process. Added to this, annual competency assessment for restraint has not been implemented (refer criterion 2.3.4). Restraint use has not been identified as part of the quality programme or reported throughout the organisation.</p> <p>The RC, in consultation with the manager and the multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or family/whānau as part of the decision-making process.</p> <p>A restraint register is maintained electronically and contains enough information to provide an auditable record of restraint should this be required. The restraint committee undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required; this is documented in residents' files. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>Given no restraint has been used in the facility, subsections 6.2 and 6.3 are not applicable and have not been audited.</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 2.1.10</p> <p>Governance bodies shall have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies.</p>	PA Low	The owner of Ropata has not yet completed education in Te Tiriti o Waitangi, health equity, or cultural safety. The owner of the service will address this.	The owner of Ropata has not yet completed education in Te Tiriti o Waitangi, health equity, or cultural safety.	<p>Owner to complete the required training.</p> <p>180 days</p>
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Low	The strategic/business plan and policy requires the facility to formulate a plan for managing specific risks using a likelihood and consequences model to identify specific risks (including equity risk) for the service, but this has not been completed. Quality activities to reduce risk are in place and these are well managed.	The service has not formulated a specific risk management plan for the service as required by the strategic/business plan and the service's policy.	<p>Provide evidence that the service has formulated a specific risk management plan for the service as required by the strategic/business plan and the service's policy.</p> <p>180 days</p>

<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>There is an annual education/training programme in place, but this does not include education/training and competencies in the use of restraint (refer also to subsection 6.1). Additionally, annual competency assessment for restraint has not been implemented. The education/training programme also has not been fully delivered in 2022 and 2023, and not all staff have attended the education/training, with eight not attending in either 2022 or 2023.</p>	<p>The education/training programme has not been fully delivered in 2022 and 2023, and not all staff have attended education/training, eight staff have not attended in either 2022 or 2023. Restraint is not included in the education/training programme and competencies in the use of restraint have not been implemented.</p>	<p>Provide evidence that all staff have been involved in education/training and that restraint use is included in the programme and in competency assessments.</p> <p>90 days</p>
<p>Criterion 5.1.3</p> <p>There shall be a documented pathway for IP and AMS issues to be reported to the governance body at defined intervals, which includes escalation of significant incidents.</p>	<p>PA Low</p>	<p>There is a documented pathway for IP issues to be reported to the owner of Ropata at defined intervals, but antibiotic use and AMS activities information are not yet included in the reporting. Antibiotic use is low across the facility and use of antibiotics is managed by the GP and/or the NP in consultation with the FM or CC.</p>	<p>Antibiotic use and AMS activities are not included in IP reporting to the owner of the facility.</p>	<p>Provide evidence that antibiotic use and AMS activities are being included in IP reporting to the owner of the facility.</p> <p>180 days</p>
<p>Criterion 5.2.12</p> <p>Service providers shall provide educational resources that are available in te reo Māori and are accessible and understandable for Māori accessing services.</p>	<p>PA Low</p>	<p>Information is clearly available to residents about infection prevention and control. However, there were no educational resources available in te reo Māori that are accessible and understandable for Māori accessing services. The FM will access these.</p>	<p>There were no educational resources available in te reo Māori that are accessible and understandable for Māori.</p>	<p>Ensure infection prevention and control resources are available in te reo Māori.</p> <p>180 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.