

Kaylex Care (Waipukurau) Limited - Mt Herbert House

Introduction

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

The audit has been conducted by 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: Kaylex Care (Waipukurau) Limited

Premises audited: Mt Herbert House

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 25 August 2023 End date: 25 August 2023

Proposed changes to current services (if any): The provider intended to build a 10-bed extension onto the existing facility in 2022 but this did not occur. The provider intends to build the extension in 2024 and is currently planning for the extension. The extension will be for hospital level residents with complex needs.

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
	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

Mt Herbert House is certified to provide rest home and hospital level care for up to 42 residents. The facility is owned by Kaylex Care (Waipukurau) Limited and is managed by a facility manager with support from a clinical nurse manager.

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 Te Matau a Māui Hawke’s Bay (Te Whatu Ora Hawke’s Bay). 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 general practitioner. Residents and whānau were complimentary about the care provided.

Improvements are required to address deficits related to registered nurse coverage, quality management, and care planning.

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.
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Mt Herbert House has a Māori and a Pasifika health policy in place. The policies define the service’s commitment to equity for Māori and Pasifika and outlines appropriate models of care reflecting cultural considerations. Staff were observed to engage with residents in a culturally safe way during the audit. The service provider is aware of the requirement to recruit and retain Māori and Pasifika in its workforce and this is reflected in policy documentation.

Mt Herbert House collaborated with staff to support residents in all aspects of service delivery. All staff had received in-service education on the Code of Health and Disability Services Consumers’ Rights (the Code). Residents who identified as Māori were treated equitably and confirmed that their mana motuhake (self-determination) was supported. The service was socially inclusive and person-centred. Te reo Māori and tikanga Māori were incorporated in daily practices.

Mt Herbert House responded to tāngata whaikaha (people with disability) needs enabling their participation in te ao Māori.

Residents and their family/whānau confirmed that they were treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination, and the service promotes an environment that addresses systemic and institutional racism.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Kaylex Care (Waipukurau) Limited, as the governing body, is committed to delivering high-quality services at Mt Herbert House, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and tāngata whaikaha.

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

There is a quality and risk management system in place that focuses on improving service delivery and care. Residents and families provide regular feedback and staff participate in quality activities. The system requires the collection and analysis of quality improvement data to identify trends, leading to improvements. Adverse events and infections are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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On admission to Mt Herbert House, residents received a person-centred and family/whānau-centred approach to care. Routine analysis of entry rates included specific data for entry rates for Māori.

Residents and their family/whānau participated in the development of a pathway to wellbeing, through timely assessment that was planned, coordinated, and reviewed to address residents' needs. The service ensured tāngata whaikaha participated in service development.

The activity programme offered a diverse range of activities and incorporated the cultural requirements of the residents. All activity plans were completed in consultation with family/whānau with residents noting their activities of interest. Residents and their family/Enduring Power of Attorney (EPOA)/whānau expressed satisfaction with the activities programme in place.

Medicines were safely managed and administered by staff who were competent to do so. All residents, including Māori residents and their whānau, were supported to understand their medications.

The food service met the nutritional needs of the residents with special cultural needs catered for. Māori and their whānau had menu options that were culturally specific to te ao Māori.

A documented transition, discharge or transfer plan was in place that is developed in collaboration with the person and their family/whānau.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well-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, and external areas have shade and seating provided and meet the needs of tāngata whaikaha.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Emergency planning has been reviewed in consultation with Te Whatu Ora Hawke's Bay following Cyclone Gabrielle in February 2023. 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.

Subsections applicable to this service fully attained.

Mt Herbert House 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. The facility manager coordinated the programme. There was a pandemic plan in place which was assessed periodically.

Surveillance of infections was undertaken, and results were monitored and shared with the directors and all staff. Action plans were implemented as and when required.

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 aims for a restraint free environment, and this is supported by the service's policies and procedures. There was a resident using restraint at the time of audit. A suitably qualified restraint coordinator who is a registered nurse manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

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	19	0	0	3	0	0
Criteria	0	48	0	0	3	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>Mt Herbert House (Mt Herbert) has a recruitment for Māori policy in place which references the Māori Employment Action Plan 2022. The service supports 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 in the service who identified as Māori at the time of audit.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>The service provider has a Pasifika health plan in place that is based on the Health of Pacific People in Hawke’s Bay – Pasifika Health Action Plan. This describes how the service will respond to the cultural needs of Pasifika residents. The document notes Pasifika worldviews, the need to embrace cultural and spiritual beliefs, and outlines the fonofale model of care specific to residents from Pacific nations.</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) was available in English, te reo Māori, and New Zealand Sign Language (NZSL) and was displayed throughout the facility, as was a range of signage in te reo Māori. The Code was available and accessible in a range of Pasifika languages. Residents who identified as Māori have their mana motuhake (self-determination) recognised and respected. Enduring Power of Attorney (EPOA)/family/whānau/or representatives of choice were consulted in the assessment process to determine residents' wishes and support needs when required.</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>Records sampled confirmed that each resident's individual, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan. There was however no documentation acknowledging each residents individualised cultural needs (refer criterion 3.2.3).</p> <p>Staff at Mt Herbert House (Mt Herbert) had not had specific training on Te Tiriti o Waitangi; however, this was not reflected in their practice. Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice with te reo Māori and tikanga Māori being promoted. The organisation had acknowledged tikanga practices, in the policies and procedures regarding the Māori and Pasifika care planning process. This was not evident in the documented residents' care plans (refer criterion 3.2.3).</p> <p>Residents and their family/whānau reported that their values, beliefs, culture, and language were respected. Mt Herbert responded to the needs of tāngata whaikaha and enabled their participation in te ao Māori.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Policies and procedure outlined the facility’s commitment to promoting an environment that did not support institutional and systemic racism. An interview with the facility manager (FM), however, did not identify what systems were in place to evidence that Mt Herbert promoted an environment in which it was safe to question if institutional and systemic racism was operating.</p> <p>The FM stated that any observed or reported racism, abuse, or exploitation at Mt Herbert would be addressed. Residents expressed that they had not witnessed any abuse or neglect, they were treated fairly, they felt safe, and were protected from abuse and neglect.</p> <p>Policies and procedures and a model of care were in place to guide staff to ensure wellbeing outcomes for Māori. During interview with the FM and a registered nurse (RN), it was stated that a holistic model of health at Mt Herbert was promoted, that encompassed an individualised approach and that ensured best outcomes for all. This was not confirmed in the documentation of care plans sighted (refer criterion 3.2.3).</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Staff were observed using best practice tikanga guidelines around informed consent. Twelve staff members who identified as Māori, a local Māori health practitioner, and residents’ whānau assisted staff to support residents with informed consent. Residents were supported with decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. Staff had not received training on cultural safety and tikanga best practice that included informed consent (refer criterion 2.3.6).</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 was in place to receive and resolve complaints that leads to improvements. This met the requirements of consumer rights legislation. All residents and their family/whānau are provided with information on entry regarding the complaints process and advocacy services, and complaints information is available in te reo Māori. Information regarding the complaints process is displayed in the facility along with advocacy information. Residents and family/whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There have been two complaints received in the last 12 months (these are linked and were managed alongside each other). Documentation sighted in respect of the complaints showed that they had been responded to within appropriate timeframes and that the complainants had been informed of findings following investigation. There have been no complaints received from external sources since the previous audit.</p> <p>The FM who manages complaints was able to describe the processes the service has in place in policy to ensure complaints from Māori would be treated in a culturally appropriate and equitable fashion. This included the use of an interpreter (if required) and engagement with the resident and their whānau in a way culturally appropriate for them (e.g., with the use of hui and iwi appropriate tikanga).</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The Kaylex Care (Waipukurau) Limited (Kaylex Care) directors assume accountability for delivering a high-quality service through culturally appropriate policy and procedure. The directors of Kaylex Care and the manager of Mt Herbert honour Te Tiriti o Waitangi, and are focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. However, the directors of Kaylex Care have not yet completed education on Te Tiriti o Waitangi, health equity, and cultural safety. The leadership structure at Mt Herbert is appropriate to the size and complexity of the organisation.</p> <p>Quality and risk management plans are in place, and these have been regularly reviewed. Documented quality and risk management plans reflect good practice standards; however, not all of the plans have been followed. Internal audits have not been completed as per the schedule,</p>

		<p>nor was there evidence that where these were completed, shortfalls had been managed (refer criterion 2.2.2).</p> <p>There is a Māori health plan in place that guides care for Māori. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery. This was supported by interviews with Māori residents and their whānau, and with staff. The needs of tāngata whaikaha (people with disabilities) have not yet been reflected in organisational documents, but Mt Herbert was able to provide documentation that showed that tāngata whaikaha residents were supported to access their communities of choice.</p> <p>The service holds contracts with Te Whatu Ora Hawke's Bay for aged-related rest home and hospital care services, long term support-chronic health conditions (LTS-CHC), short-term care (respite), and care for young people with a disability under Manatū Hauora Whaikaha contract (YPD). The service also has a contract with the Accident Compensation Corporation (ACC) to provide support services. On the day of audit, 36 residents were receiving services: 12 receiving rest home services, 16 hospital level services, five LTS-CHC, and one respectively on respite, YPD, and ACC contracts.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>The directors of Kaylex Care are responsible for identifying the purpose, values, direction, scope, and goals for the organisation, and monitoring and reviewing performance at planned intervals. There is a documented quality and risk management system which includes processes to meet health and safety requirements. This includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies in line with the National Adverse Event Reporting Policy.</p> <p>Leadership commitment to quality and risk management was evident in quality and risk documentation and board reporting documents, though restraint has not yet been incorporated into board reporting (refer criterion 6.1.4). Ethnicity data is being gathered for residents. High-quality care for Māori is embedded in organisational practices and the efficacy of this was confirmed by Māori residents and their whānau.</p> <p>Quality data includes incidents/accidents, infection and outbreak</p>

		<p>events, complaints/compliments, and internal audits. Incidents/accidents, infection and outbreak events, and complaints/compliments were being analysed to identify and manage issues and trends. A sample of the data and other documentation showed that where these monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. The exception to this was in internal auditing (refer criterion 2.2.2).</p> <p>The FM was able to describe the processes around section 31 notifications. There has been one section 31 notification completed in the last year related to a manager change.</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 documented process for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Staff reported that staff numbers were adequate to allow them to complete the work allocated to them. Residents and whānau interviewed supported this.</p> <p>Whilst there has been an RN on site 24/7 across all but six shifts on the rosters reviewed, this has been achieved through an RN staff member at the facility working night duty, in addition to their 40 hours per week FM role during daytime hours and while being on-call. The six shifts not covered by an RN were covered by an enrolled nurse (EN) who worked six shifts at the weekend without an RN present in the facility. This is due to lack of RNs in the service (refer criterion 2.3.1). The RNs were supported by health care assistants (HCAs): six in the morning, four in the afternoon and two on night shift. Where staff are away, shifts have been covered. Activities staff are available to provide the recreation programme five days per week. Domestic (cleaning and laundry) and food services are conducted by designated staff seven days per week. At least one staff member on duty had a current first aid certificate.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Education includes mandatory training on topics such as medication management, infection control (including management of COVID-19, hand hygiene, and donning and</p>

		<p>doffing of personal protective equipment), management of emergencies and civil defence response, manual handling and safe transfer, resident cares, and residents' rights. The service has not yet embedded cultural values in their training programmes, including information related to cultural safety, Te Tiriti o Waitangi, te reo Māori, or tikanga guidelines (refer criterion 2.3.6). All staff who administer medicines are regularly competency assessed to ensure compliance with known best practice and safe procedures in medicine management. Three of the of the five RNs employed maintain interRAI competency.</p> <p>There is a process in place to identify, plan, facilitate, and record ongoing learning and development. Māori-related information is shared in the organisation through policy and procedure and through communication with residents and their whānau. Mt Herbert has not delivered education on cultural safety, Te Tiriti o Waitangi, te reo Māori (though there are te reo Māori speakers on the staff), or tikanga guidelines since the last audit.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Professional qualifications for health care professionals had been validated and then checked and documented annually. Job descriptions for all roles are in place. They described the skills and knowledge required of each position, and identified the outcomes, accountability, responsibilities, authority, and functions to be achieved. A sample of staff records reviewed (three staff employed since the last audit) showed that orientation for new staff was completed and documented. Staff interviewed confirmed that orientation does take place, and staff described it as useful in preparing them for their role.</p> <p>Information held about staff is accurate, relevant, secure, and stored confidentially. Ethnicity data is being recorded for staff and used in line with health information standards.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access,</p>	FA	<p>Mt Herbert conducts routine analysis of entry and decline rates, and this includes specific data for entry rates for Māori.</p>

<p>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>The service has developed formal meaningful partnerships with local Māori community organisations to benefit Māori individuals and whānau. There is a local Māori health provider in the area that offers residents access to traditional Māori healers and organisations to benefit Māori and whānau. A local school visits fortnightly to sing and speak to residents in te reo Māori, as well as to perform kapa haka. Support to Māori residents was also offered by a member of Te Whatu Ora Hawke's Bay, Māori Health Unit who visits the facility.</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>The multidisciplinary team at Mt Herbert works in partnership with the resident and their family/whānau to support the residents' wellbeing. Seven residents' files were reviewed, four from the hospital, and three from the rest home. Files included residents under 65 years on an LTS-CHC contract, residents on a contract funded by ACC, residents receiving respite care, residents under 65 years under a Manatū Hauora Whaikaha contract and residents being cared for under the ARRC contract. File reviews included residents who identified as Māori or Pasifika, residents with diabetes, residents with a wound, residents requiring restraint, residents with behaviours that challenge, residents with swallowing difficulties, residents receiving respite care and residents requiring specialists' input. Files reviewed verified that a care plan was developed by an RN. Mt Herbert provides care to a number of residents with complex needs and was supported by the gerontology nurse specialist from Te Whatu Ora Hawke's Bay to provide this care.</p> <p>Assessments were based on a range of clinical assessments and included resident and their family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, short-term care plans and review/evaluation timeframes met contractual requirements. The service worked with tāngata whaikaha to remove barriers, enable choice and control, and maximise independence. Mt Herbert understood the Māori constructs of oranga and implemented a process to identify and support Māori and whānau to identify their own pae ora outcomes. This was verified by sampling residents' records, from interviews, including with the general</p>

		<p>practitioner (GP), and from observations.</p> <p>Management of any specific medical conditions was not always well documented; however, evidence was seen of systematic monitoring and regular evaluation of responses to care. Where progress was different to that expected, changes were made to the care provided in collaboration with the resident and/or their family/whānau. This was also not always documented. The lack of documentation in the care plan made evidencing that care was being provided as per the resident's need or request difficult to ascertain. The lack of a systematic approach to documentation was noted in an interview with the GP, where evidence to support decisions was often not well documented or forthcoming. These areas require attention (refer criterion 3.2.3). Despite the lack of documentation in the care plan, care provided to the residents was consistent with residents' needs and best practice guidelines. Residents and their 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.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>A diversional therapist and an activities assistant provided a diverse activities programme at Mt Herbert five days a week. The programme supported all residents to maintain and develop their interests and aspirations, and a number of activities were managed by the residents. The service encouraged their workforce to support community initiatives that met the health needs and aspirations of whānau.</p> <p>Opportunities for Māori, staff and whānau to participate in te ao Māori were facilitated. Matariki, Māori Language Week and Waitangi Day had been celebrated. The local school visits twice a month to sing Māori songs and speak te reo Māori to the residents. A kapa haka group visit often. During the Matariki celebrations the residents and staff went into the town centre to join in the local Matariki celebrations.</p> <p>Activities on offer include song and karaoke, learning te reo Māori, making and doing poi, quizzes, and games. One of the Māori residents "managed" the dining room, clearing dishes after meals, and cleaning and preparing the room for the next meal. A Māori resident blessed the rooms, and other Māori residents initiated activities as they desired.</p> <p>Van outings enabled those less able residents to get out on a regular</p>

		basis. Mt Herbert is close to town and residents who wish to participate in local community activities are enabled to go out and participate in these.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>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 observed on the day of audit. All staff who administered medicines were competent to perform the function they managed, and this was documented.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates. There was a process in place to identify, record, and communicate residents' medicine-related allergies or sensitivities.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Prescribing practices met requirements. The required three-monthly GP review was consistently recorded on the medicine chart.</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> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. Standing orders were not used at Mt Herbert.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and</p>	FA	<p>Each resident had a nutritional assessment on admission to the facility. The 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 addressed the needs of Māori residents with hangi, 'boil up', and seafood as available when requested. Whānau were welcome to bring culturally specific food for their relatives.</p> <p>The interviewed residents and their family/whānau expressed</p>

wellbeing.		satisfaction with the food options available to them.
<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>	FA	<p>Transfer or discharge from the service was planned and managed safely with coordination between services and in collaboration with the resident and their family/whānau. A resident and their family/whānau interviewed reported being kept well informed during a recent transfer of their relative, to an acute facility.</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>	FA	<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. 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 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 younger people. Lounge and dining facilities meet the needs of residents, and these are also used for cultural and recreational activities. Wi-Fi is available for residents to use.</p> <p>The building has a warrant of fitness which expires on 1 April 2024. The provider intended to build a 10-bed extension onto the existing facility in 2022 but this did not occur. The provider now intends to build the extension in 2024 and is currently planning for the extension. The</p>

		extension will be for hospital level residents with complex needs. Kaylex Care directors and the FM at Mt Herbert were aware of the requirement to consult and co-design with Māori if the project is to go ahead.
<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>	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. The civil defence emergency plan has been reviewed with input from Te Whatu Ora Hawke's Bay following the Cyclone Gabrielle event in February 2023. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region.</p> <p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 16 June 2003. The requirements of the fire and emergency scheme are reflected in the facility's fire and emergency management plan. Staff have been trained in fire and emergency management and knew what to do in an emergency. A fire evacuation drill is held six-monthly; the most recent drill was on 30 June 2023. Information on emergency and security arrangements is provided to residents and their family/whānau on entry to the service.</p> <p>Ten (10) staff have current first aid certification and there was a first aid certified staff member on duty 24/7 on the rosters sighted.</p> <p>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, and residents and family/whānau reported that staff were responsive to call bells.</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.</p> <p>Communication about the programme is easy to access and</p>	FA	<p>A pandemic preparedness plan was in place at Mt Herbert, and this was reviewed at regular intervals. The plan was evaluated following a COVID-19 outbreak in July 2022. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p>

<p>navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>Mt Herbert had a number of staff who spoke te reo Māori and who could provide information to Māori residents and their whānau if required. However, the service had no educational resources available in te reo Māori that were accessible to Māori. Partnerships with Māori had been established; however, no input had been sought for the protection of culturally safe IP practices.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections at Mt Herbert was appropriate to those recommended for long term care facilities and was in line with priorities defined in the infection control programme. Surveillance data was being collected, including ethnicity data. There were culturally safe processes for communicating between service providers and people receiving services who developed a hospital-acquired infection.</p>
<p>Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Mt Herbert has a restraint elimination policy in place. At the time of audit, one resident was using a restraint. Restraint use has been reduced since the last audit from four residents to one. The restraint coordinator (RC) is a defined role undertaken by the FM who is an RN. The RC would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. Restraint use is not currently being reported to the directors of Kaylex Care (refer criterion 6.1.4).</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a quality management plan in place that requires scheduled internal auditing of services. The schedule for internal audit has not been adhered to; audits that should have been completed were not (14), and there were audits not on the schedule which had been completed (seven). Where audit had been completed, there was no evidence that corrective action arising from the audit had been followed up.</p>	<p>Not all internal audits have been completed as per the documented audit schedule, and audits not on the schedule have been completed. Where deficits had been identified on internal audits completed, these had not been followed up and no mitigation strategies were documented.</p>	<p>Provide evidence that there is a relevant schedule for internal auditing in the facility, and that this has been adhered to. Provide evidence that there is a process in place so that deficits identified during the internal audit process are mitigated and this is documented.</p> <p>90 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support</p>	<p>PA</p> <p>Moderate</p>	<p>There has been an RN on site for all but six shifts in the four weeks of rosters examined. This has been achieved through the FM,</p>	<p>There has not been an RN in the facility 24 hours per day/seven days per week (24/7) as required when the service is delivering</p>	<p>Provide evidence that there is 24/7 registered nurse cover in the facility without the use of one RN across all night shifts over an extended</p>

<p>workers on duty at all times to provide culturally and clinically safe services.</p>		<p>who is an RN, covering all of the night shift duties across the whole of the four weeks of roster examined, as well as managing the role employed for, and being on-call. Added to this, an EN was on shift for six weekend shifts (two AM and four PM shifts) without an RN being present in the facility as required when hospital level care is being provided. This is a health and safety risk within the organisation.</p>	<p>hospital level services. There is a risk to health and safety when one RN, who is the FM, is covering night shifts in addition to their role across every night shift over the four-week period examined.</p>	<p>period. Where this is not possible, provide evidence that the appropriate reporting mechanisms (communication with Te Whatu Ora and notification to the Manatū Hauora) have been employed to show how health and safety risks to residents and staff have been managed.</p> <p>90 days</p>
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This</p>	<p>PA Moderate</p>	<p>Timeframes for the initial assessments and ongoing reviews by an RN met contractual obligations. However, in the seven files reviewed, three residents who identified as either Pasifika or Māori had no cultural assessment and no specific cultural needs identified in the care plan, despite the facility having Māori and Pasifika health plans in their policies. Interviews identified a number of Māori residents preferred the use of traditional Māori medicines. There was no documentation to evidence this, although these were being used. Of the seven files reviewed, none of the documentation in any of these files accurately reflected the residents' needs. Two residents with a history of cellulitis had episodes recorded, however no</p>	<p>The documentation describing the care the resident requires was not consistent with meeting the resident's assessed needs. The residents' strengths, goals and aspirations identified in assessment data do not align with the documented support required in the care plan. Early warning signs with a focus on prevention were not documented.</p>	<p>Provide evidence the care plans describe residents' individual needs, the strategies required to meet them, and that early warning signs with a focus on prevention are documented.</p> <p>90 days</p>

<p>includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>strategies were identified to detect further deterioration before it became acute. A GP's request for compression stockings was being addressed but this was not documented in the care plan. A resident who had had the dose of an antipsychotic medication reduced, had no documentation around this in the care plan, nor evidence of monitoring the effect of the reduction, although staff were aware of the change. A respite resident had no care plan in place; required care was identified by reading the discharge summary.</p>		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.