

Keringle Park Limited - Keringle Park Residential Care

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:	Keringle Park Limited
Premises audited:	Keringle Park Residential Care
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 3 August 2023 End date: 3 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:	31

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

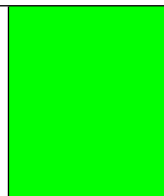
Keringle Park Residential Care (Keringle Park) provides rest home and secure dementia care for up to 33 residents. The service is operated by Keringle Park Limited. The two owners/directors oversee the day-to-day management of the facility and are supported by a clinical manager/RN and a registered nurse. Residents and families interviewed spoke very highly of the care provided.

This unannounced surveillance audit was conducted against the Ngā Paerewa Standard NZS 8134:2021 and the service's contract with Te Whatu Ora – Health New Zealand Counties Manukau (Te Whatu Ora Counties Manukau). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents and their family/whānau members, owner/directors, managers and staff. The GP was unavailable on the day of audit.

There were no improvements required from this audit or the previous audit.

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.

Keringle Park Residential Care works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination).

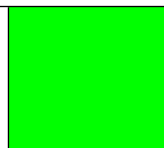
Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Health care and support workers have received Te Tiriti o Waitangi education and training, and this is reflected in everyday service delivery.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

The two owner/directors assume accountability for delivering a high-quality service.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. The service is continuing to work towards collection and analysis of quality improvement data, identifying trends which leads to improvements. Actual and potential risks and hazards are identified and mitigated.

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. 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.		Subsections applicable to this service fully attained.
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The clinical manager (CM) manages the entry to service in discussion with the registered nurses (RNs). Residents are assessed before entry to the service to confirm their level of care. On entry to the service, information is provided to residents and their whānau and consultation occurs regarding entry criteria and service provision. Registered nurses assess residents on admission.

The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs and these are completed within the required timeframes. The general practitioner (GP) completes a medical assessment on admission and reviews occur thereafter on a regular basis.

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

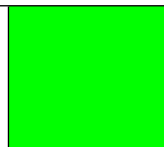
There is a medicine management system. Medicines are safely managed and administered by staff who are competent to do so. The organisation uses an electronic system in prescribing, dispensing, and administration of medications. The general practitioner (GP) is responsible for all medication reviews. There are policies and procedures that describe medication management that align with accepted guidelines.

The food service meets the nutritional needs of the residents. All meals are prepared on-site. The service has a current food control plan. A contracted dietitian reviews the menu plans. There are nutritious snacks available 24 hours per day. Residents and family confirmed satisfaction with meals provided.

Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

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.

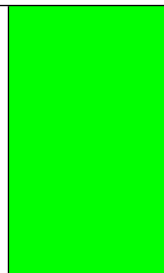


Subsections applicable to this service fully attained.

There is a current building warrant of fitness. The service has an approved evacuation scheme and fire drills are completed regularly. 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.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme. The IPC officer has completed formal IPC training.


There is a comprehensive pandemic plan. Education in relation to infection prevention is ongoing and staff demonstrated good principles and practice. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan and the required actions in the event of such an event.

The IPC committee is supported by representation from all areas of the service. The IPC team have access to a range of resources.

Internal audits are carried out with corrective actions completed where required.

Surveillance data including ethnicity data is undertaken. Infection incidents are collected and analysed for trends, and the information used to identify opportunities for improvements. Staff are informed about infection control practices through meetings and education sessions.

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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Keringle Park Residential Care has a philosophy and practice of no restraint. This is supported by the governing body, policies and procedures. There were no restraints in use at the time of audit.

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	0	0	0	0
Criteria	0	56	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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>Keringle Park Residential Care has a cultural policy. The owner/directors interviewed ensure Māori applicants for positions advertised are always provided with equal opportunities for all roles. All applicants are acknowledged, and information is recorded as part of human resource management processes. The service works collaboratively to provide high-quality, equitable and effective services for Māori, framed by Te Tiriti o Waitangi. On the day of the audit there were residents and staff who identified 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</p>	FA	<p>On the day of the audit there were residents and staff who identified as Pasifika. The facility has documented policies and procedures and a pacific plan that included the organisation’s approach to Pacific peoples. The owner/directors interviewed stated that staff that identify as Pasifika and who have Pasifika connections in the community support Pasifika residents admitted to this aged care service.</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 Consumer' Rights (the Code) was available and displayed in English and Māori throughout the facility, as was a range of signage in te reo Māori. Residents who identified as Māori were evidenced to have their mana motuhake recognised and respected. The service is guided by the cultural policies and training sessions that outline cultural responsiveness to residents who identify as Māori.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Advocacy Service during the admission process and were provided with opportunities to discuss and clarify their rights. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</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>Te reo Māori is celebrated, and staff are encouraged and supported with the correct pronunciation. Te reo Māori resources are available on the education platform. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori.</p> <p>Keringle Park's annual training plan demonstrated training that is responsive to the diverse needs of people across the service. The service promotes holistic and collective care by educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>Health care assistants (HCAs) interviewed described how they support residents in choosing what they want to do. Residents have control over and choice of activities they participate in. Residents are supported to decide whether they would like family/whānau members to be involved in their care or other forms of support. Residents interviewed stated they had a choice.</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 procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation. All staff are held responsible for creating a positive, inclusive and safe working environment. Cultural diversity is acknowledged, and staff are educated about this.</p> <p>Staff complete education on orientation and annually as per the training plan on identifying abuse and neglect. Staff are educated on how to value older people, showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. There was no evidence of discrimination or abuse observed during the audit.</p> <p>Interviews with health care assistants confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities and the processes they would follow, should they suspect any form of institutional and systemic racism, abuse, neglect, exploitation. Professional boundaries are covered as part of orientation. Staff interviewed stated they are treated fairly and with respect.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. 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</p>	<p>FA</p>	<p>Admission agreements had been signed and were sighted in all the files. Copies of the enduring powers of attorney (EPOAs) were on residents' files where available. Dementia unit residents have enacted Enduring Powers of Attorney which were sighted in the files reviewed.</p> <p>In the files reviewed, appropriately signed resuscitation plans were in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and the planning of residents' care.</p>

to exercise independence, choice, and control.		
<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>	FA	<p>The complaint/compliment management policy and procedures were clearly documented to guide staff. There was a complaints register and a complaints flowchart developed and implemented for the management of complaints. The process complies with Right 10 of the Code, which is the right to complain, to be taken seriously, respected, and to receive a timely response.</p> <p>Staff and residents' whānau interviewed stated that they were fully informed about the complaints procedure and where to locate the forms if needed. The families interviewed were pleased with the care and management provided to their family members. They clearly understood their right to make a complaint or to provide feedback as needed to improve service delivery, or to act on behalf of their family/whānau member. Family members commented that any issues were dealt with promptly and professionally.</p> <p>The owner/directors interviewed expressed that they would ensure that the complaints process works equitably for Māori by offering internal and/or external cultural support for the resident and/or whānau and extra time if required. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter if needed. The service provider discussed getting the current complaints form translated into te reo Māori.</p> <p>There have been two complaints since the previous audit. These complaints were managed by the owner/directors in a timely manner with evidence showing the complainant was happy with the outcome. There were no open internal complaints at the time of audit.</p> <p>The owner/directors confirmed there have been no complaints received from the Health and Disability Commissioner (HDC), Ministry of Health (MoH), or Te Whatu Ora Counties Manukau since the last audit.</p>
Subsection 2.1: Governance	FA	Keringle Park Residential Care provides aged related residential rest

<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>home and secure dementia care services. The two owner/directors were interviewed. Keringle Park Residential Care is managed by the two owner/directors and supported by a clinical manager/RN, one full time RN and one part-time RN. Both the directors/owners and the RNs are experienced in aged care. The clinical manager/RN supports all clinical aspects related to resident care and is currently on site two days a week. The registered nurse is interRAI trained and works Monday to Friday. The clinical manager shares on-call with the registered nurse.</p> <p>The director/owners interviewed stated that there were no identified barriers for Māori seeking care at this home. The residents and staff are supported by a local marae and kaumātua who affiliates with local iwi and visits regularly. The service has a focus on ensuring services with tāngata whaikaha are provided to improve residents' outcomes. One of the owner/directors has not yet completed training in Te Tiriti o Waitangi, health equity, and cultural safety as core competencies.</p> <p>Keringle Park Residential Care has Aged Residential Care (ARRC) contracts with Te Whatu Ora Counties Manukau for providing rest home and dementia level of care. On the day of audit nineteen (19) residents were receiving rest home level care. Of those nineteen (19) residents, four (4) residents were admitted under the long-term chronic contract (LTCH). Twelve (12) residents were receiving dementia level of care. Of those twelve (12) residents, one resident was admitted under a short-term primary option for acute care (POAC) contract. There were no residents admitted as a boarder.</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</p>	<p>FA</p>	<p>The facility has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints, audit activities, a regular patient satisfaction survey, meeting minutes, monitoring of outcomes, policies and procedures and staff training. The clinical manager is responsible for implementation of the quality and risk system. There is an internal audit calendar. Section 31 notifications and/or essential reporting has been completed. Residents, whānau, and staff contribute to quality improvement through the ability to give feedback at meetings and through surveys. Results from the last resident and whānau</p>

<p>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>satisfaction survey showed that residents and whānau were happy overall with the care and support provided.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The owner/directors and clinical manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies, and were aware of the statutory and regulatory obligations in relation to essential notification reporting.</p> <p>Staff document adverse and near miss events. 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.</p> <p>Keringle Park Residential Care has identified external and internal risks and opportunities, including potential inequities, and developed a plan to respond to them. The organisation is yet to improve health equity through critical analysis of organisational practices.</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>FA</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 provider has established an environment that encourages collecting and sharing of high-quality Māori health information. 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 which includes the dual role of cleaning and laundry duties. Residents and whānau interviewed supported this. The clinical manager and registered nurse are on call and available for clinical issues and the owner/directors are available for non-clinical matters. A contracted podiatrist and maintenance person support the service and visit regularly. Bureau staff are not used at this facility.</p>

		<p>The registered nurse is interRAI trained. All staff that work in the dementia secure unit have completed the approved qualification in dementia care. There is a staff member on each shift that has a current first aid certificate, and all staff administering medications have a medication competency that includes administering of controlled drugs.</p> <p>The annual education calendar was in place; staff interviewed confirmed that they regularly complete training and there was evidence of this.</p> <p>Staff reported feeling well supported and safe (including culturally) in the workplace. The provider is invested in the development of organisational and health care and support worker health equity expertise. The owner/director interviewed confirmed that they have an open-door policy.</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>There is a documented and implemented process for employment of staff. Records of professional qualifications were on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals. All staff have received an orientation and induction programme that covers the essential components of the service provided. The owner/directors have commenced collection of staff ethnicity data. All staff information held on record is secure and confidential. The clinical nurse lead and staff interviewed confirmed that they felt well supported, feeling comfortable in their knowledge of their roles. Annual staff performance appraisals are completed.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p>	FA	<p>Enquiries are managed by the CM and the RNs to assess suitability for entry. The entry criteria are clearly communicated to interested individuals, whānau, and where appropriate, to local communities and referral agencies. Assessment confirming the appropriate level of care was held in files reviewed.</p> <p>Dementia resident files reviewed showed specialist referral to the service and NASC assessment confirmation. The EPOA has signed</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>all consents and admission agreements for dementia residents.</p> <p>The service is working towards completing a routine analysis of entry and decline rates, including specific rates for Māori.</p> <p>Residents' rights and identity are respected. Enquiry records are maintained. Support for Māori individuals and whānau can be accessed if required. The service has a Māori staff member who would assist with Māori residents' admissions. Keringle Park has connection with Papakura Marae.</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>FA</p>	<p>Registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. Five residents' files were reviewed. Initial care plans are developed with the residents'/EPOA consent within the required timeframe. The initial care plan is developed using nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>The individualised long-term care plans are developed with information gathered during the initial assessments. The files reviewed showed initial InterRAIs and long-term care plans were completed within 21 days of admission. Documented interventions and early warning signs meet the residents' assessed needs. Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss. Documented evidence showed STCPs had been reviewed promptly and signed off when the problem had been resolved.</p> <p>There was evidence of behaviour management plans in dementia residents' files reviewed. The behaviour management plan included triggers and interventions for behaviours.</p> <p>A review of residents' records showed that the residents participate in care planning. Their plan includes activities and interventions to</p>

	<p>ensure that their physical, mental health, cultural, and wellbeing needs are met. The Māori residents have a Māori health care plan which includes Māori beliefs and practices. A registered nurse interviewed described removing barriers so all residents have access to information and services needed to promote independence, and working alongside residents and relatives when developing care plans so residents can develop their pae ora outcomes.</p> <p>The general practitioner (GP) undertakes the initial medical assessment within the required timeframe. Residents have reviews by the GP within required timeframes and when their health status changes. The documentation and records reviewed were current. The GP was unavailable for interview at the time of the audit.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced that wounds were assessed promptly and reviewed at appropriate intervals. Photos were taken where this was required. This was initiated where wounds required additional specialist input, and a wound nurse specialist was consulted.</p> <p>Neurological observations are recorded following all unwitnessed falls, as evidenced in two residents' files reviewed.</p> <p>Long-term care plans are formally evaluated every six months with the interRAI re-assessments and when there is a change in the resident's condition. The evaluations include the degree of achievement toward meeting desired goals and outcomes.</p> <p>Staff interviews confirmed they were familiar with the needs of all residents in the facility and have access to the supplies and products required to meet those needs.</p>
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		There was evidence of hospital discharge letters on file. All discharge plan interventions had been put in place by the RNs.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>A diversional therapist (DT) implements the residents' activities programme. Activities for the residents in the rest home were provided five days a week. At weekends, puzzles, quizzes, and movies were available for residents. The dementia unit residents take part in activities seven days a week. The activities programme in the dementia unit covers a holistic 24/7 approach to activities which includes aspects of the residents' past and present routines.</p> <p>Church ministers visit weekly. The Papakura Marae kaumātua visits frequently and when needed. The Māori staff assist and support the residents during the activity.</p> <p>The programme has included Māori Language Week and Matariki celebrations. Other cultural activities are held to include the variety of cultures within the facility. Family/whānau participation in the program is encouraged.</p> <p>The residents and their families reported satisfaction with the activities provided. Throughout the audit, residents were observed engaging in and enjoying a variety of activities.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe electronic system for medicine management was observed on the day of audit. Prescribing practices were in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded.</p> <p>The service uses pre-packaged pharmacy medicines that the RN checks on delivery to the facility. The medication charts showed that medication reconciliation had been completed within 24 hours of</p>

		<p>admission. A system is in place for returning expired or unwanted medicines to the contracted pharmacy.</p> <p>Ten medication charts were reviewed. Resident allergies and sensitivities were documented on medication charts reviewed.</p> <p>The medication refrigerator temperatures are monitored daily. Medications are stored securely in accordance with requirements. Medications are checked by two staff for accuracy in administration where required. Weekly checks of controlled drugs and six-monthly stock takes were conducted in line with policy and legislation.</p> <p>The staff observed administering medication demonstrated knowledge and, at the interview, demonstrated a clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The RN oversees the use of all pro re nata (PRN) medicines. All medication charts reviewed showed evidence of the effectiveness of the PRN administration.</p> <p>The medication policy described the use of over-the-counter medications and traditional Māori medications. Interviews with RNs confirmed that where over the counter or alternative medications were being used, these were added to the medication chart by the GP following a discussion with the resident and/or their family/whānau.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the RN.</p> <p>There was one resident self-administering medication on the day of the audit. The resident's medication self-administration consent was current and there was a locked cupboard in the room where medications were stored.</p> <p>Standing orders are not used.</p> <p>Vaccines are not stored on site.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	<p>FA</p>	<p>A dietitian reviews the menu every two years, and the next menu review is due on 16 February 2024. The food control plan expires on</p>

<p>consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>24 October 2023.</p> <p>Documentation, observations, and interviews verified the food service meets the nutritional needs of the residents, with special dietary and cultural needs catered for. The cook verified during interview that the menu planning process was inclusive of residents and whānau, to ensure likes and dislikes and the desired size of meals are taken into consideration. Families and residents interviewed stated culturally appropriate menu choices are provided to Māori and Pasifika.</p> <p>Nutritional assessments of individual residents are undertaken and shared with kitchen staff to ensure all dietary requirements are upheld.</p> <p>There was snack food available 24/7 in the dementia unit.</p> <p>Residents interviewed provided positive feedback about the meals provided and relatives informed that whenever they had seen the meals, they always looked nutritious.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transition, exit, discharge, or transfer is planned and coordinated and includes ongoing consultation with residents and family/whānau. Family/whānau reported being kept well informed during the transfer of their relative. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed.</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>FA</p>	<p>There was a current building warrant of fitness with an expiry date of 10 July 2024. Tag and testing of electrical equipment was last completed in August 2022. Maintenance records and observation demonstrated regular maintenance is occurring. Painting within the</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>building was currently occurring.</p> <p>The internal building environments were comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. The residents in the dementia secure unit have access to a large secure external garden area. Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance.</p> <p>The owner/directors confirmed they would consult with local iwi if a decision was made to make any changes to the current building.</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 and knew what to do in an emergency. There is a first aid trained staff member on each shift. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>Fire evacuation trials were completed on 28 February 2023 and 15 August 2022 with a copy sent to the New Zealand Fire Service. The fire evacuation plan was approved by the New Zealand Fire Service on 17 September 2001.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau interviewed confirmed that staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Residents and staff were familiar with emergency and security arrangements. Staff ensure that the building is locked and windows are closed during afternoon and night duties, with rounds occurring regularly. There is a bell at the main entrance of the facility for visitors to ring on arrival after hours and on weekends. There was a code to access the separate secure dementia care area. Staff wear badges for identification.</p>

		Care staff confirmed they have access to appropriate equipment, that equipment is checked before use, and they are competent to use it.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A pandemic and infectious disease outbreak management plan is in place that is reviewed regularly. Infection prevention and control resources, including personal protective equipment (PPE), were available should a resident infection or outbreak occur. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures. Educational resources on handwashing are available in te reo Māori and are accessible and understandable for Māori accessing services. A culturally safe practice in IP is provided in consultation with residents and family/whānau as needed, to acknowledge the spirit of Te Tiriti.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Monthly infection data is collected for all infections based on standard definitions. The ethnicity data is included in the surveillance record. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions, are discussed at the general staff meeting. Meeting minutes are available to staff.</p> <p>Residents and family/whānau (where required) were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</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>	FA	<p>Maintaining a restraint free environment is the aim of the service. The clinical manager and director/owners interviewed demonstrated commitment to this. The clinical nurse lead is the restraint co-ordinator. Keringle Park Residential Care has been restraint free</p>

<p>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>since the previous audit. The staff interviewed had a good understanding of restraints. Staff are provided with training around restraint and managing challenging behaviours.</p> <p>Restraint is discussed at each staff meeting of which the owner/director attends and/or have access to the meeting minutes.</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.

No data to display

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.