

Millvale House Levin Limited - Millvale House Levin

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Millvale House Levin Limited

Premises audited: Millvale House Levin

Services audited: Hospital services - Psychogeriatric services

Dates of audit: Start date: 4 July 2023 End date: 5 July 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: 23

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Millvale House Levin provides hospital psychogeriatric level care for up to 26 residents. On the audit days there were 23 residents.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability services standards and the services contract with the Te Whatu Ora Health New Zealand - Te Pae Hauora O Ruahine o Tararua MidCentral. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with relatives, staff, and management.

The service is managed by a clinical manager who is supported by the operations coordinator and regional clinical manager. There are systems to guide appropriate support for the varying needs of the residents. The families interviewed all spoke positively about the care and support provided.

The service has addressed the previous certification shortfall relating to care plan interventions.

This surveillance audit identified an area requiring improvement around staffing.

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 are fully attained.
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The service works collaboratively with staff, residents, and the local community to support and encourage a Māori world view of health in all aspects of service delivery. A number of the workforce identify as Māori. All staff receive in-service education on Te Tiriti o Waitangi and the Code of Health and Disability Services Consumers’ Rights (the Code). Relatives of residents who identified as Māori said they were treated equitably and that their self-sovereignty/mana motuhake was supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori is incorporated in all daily practices.

A complaints register is maintained with complaints resolved promptly and effectively. The complaints process meets the requirements of consumer rights legislation and these standards.

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 are partially attained and of low risk.
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The organisation’s governing body is responsible for the services provided. The business plan includes a mission statement and outlines current objectives. The plan is supported by quality and risk management processes that take a risk-based approach. Systems are in place for monitoring the services provided, including regular reporting to the governance board. Services are

planned, coordinated and are appropriate to the needs of residents. Goals are documented for the service with evidence of regular reviews.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies and staff performance are defined and monitored.

At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.

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 are fully attained.
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The registered nurses are responsible for each stage of service provision. The care plans reviewed evidence assessment, planning and review of residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

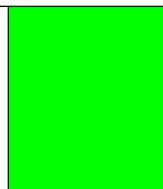
There are documented policies and procedures for medicine management. All staff who administer medication have current medication administration competencies. All medicines are stored in a safe and secure way. All medications are reviewed by the general practitioner every three months. An activities programme is implemented that meets the needs of all residents and provides the opportunity for residents to participate in te ao Māori.

Residents' food preferences, dietary and cultural requirements are identified at admission and all meals are cooked on site.

Residents are referred or transferred to other health services as required.

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

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

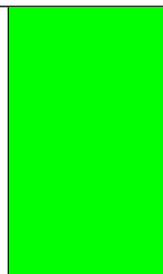


Subsections applicable to this service are fully attained.

The building has a current building warrant of fitness and an approved fire evacuation plan. A building maintenance record was maintained. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of an external disaster or fire. Visitors and staff are clearly identifiable.

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 are fully attained.

A pandemic plan is in place. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support this plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There have been two infection outbreaks of Covid-19, both were managed according to MOH guidelines.

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 are fully attained.
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The service is committed to minimising all forms of restraint with a strong focus on de-escalation techniques. Current policies and procedures which meet the requirements of the Standard are in place to guide staff. The clinical manager is responsible for overseeing safe restraint practices and ensuring that the systems in place for approval, monitoring and, review of restraint use meet the requirements of this standard. The management receives regular reports on the types and frequency of restraint. There were no residents using restraints.

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	21	0	1	0	0	0
Criteria	0	57	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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>The management are aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation and this is identified in policy and procedure. There were staff who identify as Māori. The Dementia Care New Zealand (DCNZ) business plan states “any barriers to the employment and recruitment of Māori staff will be identified and removed.” The service has a current Māori Health Plan that reflects Māori health requirements.</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 policies and processes and a current Pacific Health and Wellbeing plan that guides on how Pacific people who engage with the service are supported. There were staff who identified as Pasifika, management and staff interviewed said that service delivery is culturally safe and will support a Pacific worldview. The service has linkages with Pacific Health services at Te Whatu Ora- Te Pae Hauora O Ruahine o Tararua MidCentral.</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 service recognises Māori mana motuhake, and this is reflected in the current Māori health care plan. The service has embedded a Māori model of health into care planning processes. These are reflected in the values of the organisation and were confirmed in interview with family/whānau who identified as Māori. Mana motuhake is respected. The family/whānau interviewed reported that staff respected residents, their right to self-determination, they felt culturally safe, and that they are not afraid to speak up if they feel their world view has not been fully considered.</p> <p>Interviews were conducted with three managers; the clinical manager (CM), the operations coordinator (OC), and the regional clinical manager (RCM, and staff including three caregivers, a registered nurse (RN), education coordinator, an activities coordinator, and a cook confirmed residents are supported to be as independent as they can be.</p> <p>Residents, enduring power of attorney (EPOA)/whānau/family or their representative of choice are consulted in the assessment process to determine residents' wishes and support needs. The staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes.</p> <p>The six family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify 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>FA</p>	<p>Staff at the service had completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive of care. The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Policies and procedures sighted had been updated to ensure that te reo Māori and tikanga practices are</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>incorporated in all activities undertaken. Family/whānau reported that residents' values, beliefs, and language are respected in the care planning process.</p> <p>The service responds to residents' needs including those with a disability and supports and encourages 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.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The management and staff stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the code of conduct. This has not been experienced since the previous audit.</p> <p>Relatives expressed that they have not witnessed any abuse or neglect, they are treated fairly, and they feel safe, and protected from abuse and neglect. This was reiterated in family/whānau interviews conducted. A Māori health model is used when required to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori. There are monitoring systems in place, such as satisfaction surveys and residents and staff meetings, to monitor the effectiveness of the processes in place to safeguard residents. A section of the electronic care plan captures any required Māori health and cultural information for each Māori resident when required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and</p>	<p>FA</p>	<p>Millvale House ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by family/whānau in interviews conducted. The CM and RCM stated that additional advice can be accessed from the local cultural advisors or Te Whatu Ora Health New Zealand- Te Pae Hauora O Ruahine o Tararua MidCentral if required. Staff reported that they are encouraged to refer to the Māori Health Policy on tikanga best practice in relation to consent.</p> <p>The resident files reviewed had appropriately signed consent forms in place.</p>

<p>their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The service has a complaints management policy and procedure in place that aligns with Right 10 of the Code. The service's complaint register is detailed regarding dates, timeframes, complaints, and actions taken. All complaints in the register had been resolved. There were three complaints in 2022 and no complaints in the 2023 year to date. The complaints in 2022 in relation to having no manager, and the high rate of incidents have since been investigated, corrective actions developed, and closed out.</p> <p>Documentation showed the sampled complaints/concerns have been acknowledged, investigated, and followed up. Complaint's information is used to improve services as appropriate. Quality improvements or trends identified are reported to staff.</p> <p>A complaint to the Health and Disability Commissioner from November 2019 remains open. The service has complied with all requests for further information within the required timeframes.</p> <p>Residents and families are advised of the complaints process on entry to the service. This includes written information about making complaints. Family/whānau interviewed describe a process of making a complaint that includes being able to raise these when needed, or directly approaching staff or the clinical manager.</p> <p>There have also been compliments received about services.</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</p>	<p>FA</p>	<p>Dementia Care NZ Limited (DCNZ) is the parent company under which Millvale House Levin operates. Millvale House Levin currently provides care for up to 26 residents at psychogeriatric level of care. On the audit days, there were 22 residents under the age-related hospital specialist services (ARHSS), and one under the mental health contract.</p> <p>The organisation is managed by the CM who has experience in the health sector supported by the operations coordinator and regional clinical manager. All members of the management team are suitably qualified and maintain professional qualifications in management and</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>clinical skills, experience, and knowledge in the health sector. The CM has been in the role for 10 months.</p> <p>Dementia Care NZ has a corporate structure that includes two managing owner/directors and a governance team of managers, including: an operations management leader; quality systems manager; public relations and marketing manager; a clinical advisor; two regional clinical managers (north and south); and an education/mental health nurse. Meeting minutes reviewed included staff, registered nurses meetings, general meetings, quality meetings, clinical governance meetings, health and safety meetings, and multi-disciplinary team meetings.</p> <p>Dementia Care NZ has an overarching strategic plan 2021 to 2024 and a related business plan (2022-2023) that is developed in consultation with managers and reviewed annually. The director (interviewed via video conferencing) described the overall business plan which includes the vision, values and “the work we do” documented in English and te reo Māori. The organisation’s vision includes acceptance of all people with kindness and love, provision of peace, comfort, and joy, striving to achieve this vision with openness, honesty, integrity, and passion. The strategic plan identifies Māori equity as a principal driver for success, alongside Pacific community inclusion. The strategic plan includes principles associated with rangatiratanga and human rights; Manaakitanga wellbeing; whanaungatanga social organisation of whānau, hapu, and iwi; wairuatanga spiritual comprehensive and integrated services; kaitiakitanga guidance; consistent evidence-based services; and kotahitanga unity of purpose. The business plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The management team reported that the organisation’s key business goals are to provide equal access to aged care services and to offer a truly resident-focused experience. The RCM reported that the primary aim to achieve this is by providing affordable care and by enhancing physical, and mental wellbeing of residents.</p> <p>Dementia Care NZ’s Māori Health Plan incorporates the principles of Te Tiriti o Waitangi including partnership in recognising all cultures as partners and valuing each culture for the contributions they bring. Dementia Care NZ is currently working with an organisational cultural advisor to ensure Māori health needs are met.</p>
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		<p>The service has a Māori and Pacific Health Policy, which states the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pasifika people including services for tāngata whaikaha.</p> <p>The governance and management team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety in the day to day running of the facility. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.</p> <p>The service works in partnership with Māori organisation in the community and through Te Whatu Ora- Te Pae Hauora O Ruahine o Tararua MidCentral.</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>FA</p>	<p>The service has a documented quality and risk system that reflects the principles of continuous quality improvement. This includes: the management of incidents/accidents/hazards; complaints; audit activities; a regular resident and staff satisfaction survey; policies and procedures; and clinical incidents, including falls, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls identified from internal audit activities. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data is conducted by comparing data with previous months' results and other sister facilities.</p> <p>The enduring power of attorney (EPOA) annual satisfaction survey (2022) has been completed and indicates that family members have reported high levels of satisfaction with the service provided. Results of the survey have been collated and analysed, and a comprehensive report completed. Survey results were communicated to staff and management (meeting minutes sighted).</p> <p>Monthly meetings, including clinical, staff, health and safety, and infection control, document a comprehensive review and discussion around all areas, including (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing, education; quality data; health and safety; hazards; service improvement plans; emergency processes; incidents and accidents; internal audits;</p>

		<p>and infections. Leadership commitment to quality and risk management is evident in quality and risk documentation and management reporting documents sighted.</p> <p>A risk management plan is in place. A health and safety team meets monthly, and they provide health and safety as a regular topic in the clinical meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. The risk management plan and policies and procedures clearly describe all potential internal and external risks and corresponding mitigation strategies, in line with National Adverse Event Reporting policy. The service complies with statutory and regulatory reporting obligations. There have been essential notifications completed related to Covid-19 infections, RN shortages, and a missing resident.</p> <p>A sample of 10 incidents/accidents recorded in the electronic system were reviewed and showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Family/whānau are notified following incidents when required.</p> <p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The CM, RCM, and educational coordinator reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</p> <p>The management reported collating and analysing ethnicity data with quality data. Results are used to improve health equity.</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-</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Rosters from the past four weeks showed that 13 shifts (afternoon and night shifts) were not covered by the registered nurses. All staff maintain current first aid certificates so there is always a first aider on site.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided</p>

<p>centred services.</p>	<p>to staff was sighted in attendance records. Training topics included: Covid-19 (donning and doffing of PPE, and standard infection control precautions); moving and handling, privacy and confidentiality, challenging behaviour, safe food handling, elder abuse, bi-cultural awareness, continence management, dementia, delirium, depression, falls minimisation, safe transferring and hoist training, de-escalation techniques, and disengagement techniques, pandemic planning, and outbreak management, nutrition, safe medicine management; restraint minimisation; first aid; and fire evacuation. The service implements the organisations programme called 'best friends' approach to dementia care. The best friends approach comprises three compulsory one-hour sessions for caregivers, home assistants, and registered nurses. The programme is part of the annual education plan and includes promoting the development of empathy and uses the focuses on how to walk in the shoes of the resident with dementia.</p> <p>Related competencies are assessed as per policy requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. Staff records reviewed demonstrated completion of the required training and competency assessments including the required PG standards. Each of the staff members interviewed reported feeling well-supported and safe in the workplace. The RCM reported that the model of care ensured that all residents are treated equitably.</p> <p>The provider has an environment which encourages collecting and sharing of quality Māori health information. The ethnic origin of each staff member is documented on their personnel records and used in line with health information standards. The service works with Māori organisations who provide the necessary clinical guidance and decision-making tools that are focussed on achieving health equity for Māori.</p> <p>The service supports people's right to speak their own language, endorses tikanga, and supports connections to iwi, hapū, and whānau. Reading material related to health equity has been distributed to staff and in-service education is ongoing.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated</p>
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		<p>completion of the required training and competency assessments.</p> <p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</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 reflect standard employment practices and relevant legislation. All new staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job description. A total of six staff files (one caregiver, activities coordinator, operations coordinator, cook, CM, and registered nurse) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions.</p> <p>Professional qualifications are validated. There are systems in place to ensure that annual practising certificates are current for all health care professionals. Current certificates were evidenced in reviewed records for all staff and contractors that required them. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment, including management of emergencies.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. The management team is identifying and recording staff ethnicity. There is a diverse mix of staff employed.</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</p>	FA	<p>The service has an admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry are recorded on the pre-enquiry form.</p> <p>There were Māori residents and staff members at the time of the audit, Ethnicity, including Māori, is being collected, and routine analysis to show entry and decline rates for Māori is implemented.</p> <p>The service has existing partnerships with local Māori communities and</p>

<p>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>organisations. The CM stated that Māori health practitioners and traditional Māori healers for residents and whānau who may benefit from these interventions are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>A total of five residents files were reviewed, these included four residents at psychogeriatric level of care, and one under mental health contract. All files evidenced that goals were evaluated within the timeframes and comprehensive assessments are completed before admission. Care plans were developed and reviewed six monthly as per policy requirements. All assessment tools include consideration of residents' lived experiences, cultural needs, values, and beliefs. Resident, family/whānau and EPOA, mental health services, psychogeriatrician, and general practitioner (GP) involvement is encouraged in the plan of care.</p> <p>The GP completed the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, medical orders were followed, and care was resident centred. The psychogeriatrician and mental health services are readily available as required. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. There is a contracted podiatrist who visits the service eight weekly, and Notations were clearly written, informative and relevant.</p> <p>The CM and activities coordinator reported that the service develops goal-oriented care plans with current goals. Each file also has an individual care plan that documents activities of daily living support required and residents' health issues. Interventions in care plans were detailed addressing residents' care needs such as activities of daily living, physical, emotional, and psychological needs, and 24-hour activities care plans were in place. The family/whānau interviewed</p>

	<p>confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The policies and procedures enforce that care and support is undertaken by appropriately trained and skilled staff including the registered health professionals and caregivers. All care plans are reviewed at least six monthly, and sooner if the residents condition changes. Care plan evaluations are completed in partnership with family/whānau, and GP three monthly or where required. Residents are present during care plan evaluations.</p> <p>Assessments inform the development of care plans which are person focussed.</p> <p>The service ensures family/whānau and the community are conscientised about mental health to remove stigma and promote acceptance and inclusion.</p> <p>Where progress was different from expected, the service, in collaboration with residents, or family/whānau responded by initiating changes to the care plans. The goals sampled in the care plans reflected identified residents' strengths, goals, and aspirations aligned with their values and beliefs. The evaluations included the degree of progress towards achieving their agreed goals and aspirations as well as residents' goals and aspirations. There were detailed documented strategies to maintain and promote residents' independent well-being. The CM reported that referrals for behavioural support for residents with challenging behaviours to other agencies such as mental health are completed as required.</p> <p>Medical and mental health input is sought within an appropriate timeframe, orders are followed, and care is person-centred. This was confirmed in the files reviewed and in interview conducted with the staff. Mental health and medical admission and reviews were completed within the required timeframes. Completed medical records were sighted in all files sampled. Files sampled identified service integration with other members of the health team.</p> <p>Staff reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each residents' condition. Daily notes are completed and more often if there were any changes in residents'</p>
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		<p>condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes the GP, activities coordinator, mental health, and other members of the allied health team, residents and family/whānau.</p> <p>The plans were reviewed within the required timeframes or earlier if clinically indicated by the degree of risk noted during the assessment process. Any change in condition is reported to the CM and this was evidenced in the records sampled. The following monitoring charts were completed in assessing and monitoring residents: neurological observations forms, wound, pain, and weight monitoring, blood glucose, and Braden (pressure area) assessment.</p> <p>There were three active wounds at the time of the audit including a hospital-acquired pressure injury (stage four). Wound management plans were implemented with regular evaluation completed and wound care nurse specialists were consulted when required.</p> <p>The previous shortfalls (NZS 8134:2008 criteria # 1.3.6.1) around 24-hour activity care plans, documented interventions in care plans in relation to behaviour management, management of hyper and hypoglycaemia, mobility, and repositioning of residents have been addressed. All care plans reviewed had comprehensive interventions to guide staff.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these are documented. The staff confirmed they understood the process to support residents and whānau. There were residents who identify as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā, and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I</p>	<p>FA</p>	<p>The activities programme is conducted by an activities coordinator. The activities coordinator reported that the service supports community</p>

<p>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>initiatives that meet the health needs and aspirations of Māori and whānau.</p> <p>There are also individualised activities for each resident. National events such as Waitangi Day, Matariki, Māori language week and Pasifika days are celebrated. Residents visit their family/whānau in the community and family/whānau can visit residents at the service. Opportunities for Māori and whānau to participate in te ao Māori are facilitated.</p> <p>Family/whānau reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management was in use. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews, and mental health specialists as required.</p> <p>A total of 10 medicine charts were reviewed. Indications for use were noted for pro re nata (PRN) medications, including over the counter medications and supplements on the medication charts. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. Over the counter medications are reviewed and prescribed by the GP.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these are updated in the electronic medication management system. Medication competencies are current, and these have been completed in the last 12 months for all staff administering medicines. Medication incidents are completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit. The CM was observed administering medications safely and correctly. Medications are stored safely and</p>

		<p>securely in the trolley, locked treatment room and cupboards.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>Self-administering of medication is not encouraged due to the impaired cognition status of the residents. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. The GP reported that when requested by Māori family/whānau, appropriate support for Māori treatment and advice will be provided. This was reiterated in interviews with the CM, registered nurse, and Māori family members.</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 wellbeing.</p>	FA	<p>The Māori health plan in place included cultural values, beliefs, and protocols around food. The cook stated that culturally specific menu options are available and offered to Māori and Pasifika residents. These included ‘boil ups,’ pork bones, Māori bread and ‘Island’ food. Family/whānau are welcome to bring culturally specific food for their relatives. The family/whānau expressed satisfaction with food portions and the options available.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service</p>	FA	<p>There are documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. There is open communication evidenced in the progress notes of family/whānau being kept up to date with the referral process, and reason for transition, as</p>

<p>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>confirmed by documentation and interviews.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building complies with local council legislation. The current building warrant of fitness expires 31 October 2023. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme and buildings, plant and equipment are maintained to an adequate standard. Legislative requirements are met. The CM reported that testing and calibration of bio-medical equipment is completed on all new equipment. There is a preventative maintenance plan in place. Staff documents all maintenance issues in the maintenance register. Maintenance services are outsourced where required. Hot water temperature monitoring is completed monthly and evidence of this was sighted.</p> <p>There are currently no plans for further building projects requiring consultation. The CM interviewed was aware of the requirement to consult with Māori if this is envisaged in the future.</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>The facility has a fire evacuation plan approved by the New Zealand Fire Service on 31 October 2005. Emergency and evacuation notices were displayed. Trial evacuation drills were performed six monthly and added to the training programme. The staff orientation programme includes fire and security training. Staff have been trained and knew what to do in an emergency.</p> <p>Family/whānau were familiar with emergency and security arrangements. Appropriate security arrangements are in place and access to the facility is currently controlled as a precaution to prevent the spread of Covid-19. External doors and windows (including laundry and kitchen exits) are locked at a predetermined time each evening. The unit is secure all of the time.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A pandemic plan is in place and is reviewed at regular intervals. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted. The IP resources were readily accessible to support the pandemic plan if required. The service has an appropriate infection control co-ordinator in place with training and skills.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti o Waitangi. In interviews, staff understood these requirements.</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.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers, and at monthly staff meetings. The RN reported that the general practitioner is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</p> <p>Surveillance of healthcare-associated infections includes ethnicity data and is reported to staff, and management, respectively. There were infection outbreaks of Covid-19 reported in May and December 2022 since the previous audit. These were managed appropriately with appropriate notifications completed. Residents and relatives were kept well informed during the outbreaks.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p>	<p>FA</p>	<p>The management and governing body is committed to minimising all forms of restraint with a strong focus on de-escalation techniques. Current policies and procedures which meet the requirements of the Standard are in place to guide staff. Dementia Care NZ is committed to</p>

<p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>reducing and eliminating the use of restraint.</p> <p>The restraint coordinator role is allocated to the CM. The role is documented and described as providing support and oversight for all restraint management. A comprehensive assessment, approval, monitoring, and quality review process is in place should there be any restraint. Records showed that staff attended ongoing training in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Family/whānau/EPOA are involved in decision-making.</p> <p>At the time of the audit, there were no residents using a restraint. The service continues to maintain a restraint-free environment due to an increased understanding of the importance of early intervention, and management of challenging behaviours. The CM and RCM reported that restraint is used as a last resort when all alternatives have been explored and this is discussed during meetings and reported at governance level. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There is a significant shortage of RNs in the service, and this is evidenced in some shifts; there were 13 (afternoon and nightshifts) that are not covered by the registered nurses, and this has been going on for the past five months. The CM works two days on the floor each week and reported that the service currently has a vacancy for one full time equivalent RN. The CM is available on-call 24/7 a week. The staff work as a cooperative team carrying out tasks and duties that are documented according to each shift. All staff maintain current first aid certificates so there is always a first aider on site.</p> <p>Currently there are five RNs including the CM, and a casual available to support resident care in the facility. Deficits are covered by caregivers who have achieved NZQA level four, and/or staff who are internationally qualified nurses awaiting registration with the Nursing Council of New Zealand. Four weeks of roster were analysed (28 days). During the four</p>	<p>Four out of seven nightshifts and afternoon shifts each week were not covered by a registered nurse, therefore not meeting the ARRC contract D17.4 a- i.</p>	<p>Ensure there is adequate coverage of all shifts by a registered nurse to meet the requirements of the ARRC contract D17.4 a-i.</p> <p>90 days</p>

		<p>weeks, there was no registered nurse available in the facility to cover some afternoon and night shifts. The CM and operations coordinator reported that the shift was currently being covered by internationally qualified registered nurses who are medication competent.</p> <p>The morning shift consists of a registered nurse who works 7.00am – 3.00pm and is supported by a total of two caregivers from 7.00am – 3.00 pm, and one caregiver from 7.00am to 1.00pm, and 9.00am-12.30am.</p> <p>Additional staff includes housekeeping 8.00am-1.00pm, the cook 7.00am- 5pm, and activities coordinator 1.30pm- 5pm.</p> <p>The afternoon shift consists of a registered nurse who works 3.00pm- 11.00pm and is supported by a total of one caregiver from 3.00pm– 11.00pm, one caregiver from 3.00pm – 12.00am, one caregiver who works 5.00pm- 9.00pm, one caregiver from 4.30pm-8.00pm and the housekeeper 4.30pm- 7.00pm.</p> <p>The night shift consists of an RN who covers four nights 11.00pm-7.00am, supported by one caregiver, and one home assistant who work from 12.00 midnight – 8.00am and the other nightshifts have been covered by an internationally qualified RN with support of two senior caregivers.</p> <p>The service is currently recruiting for a position of one registered nurse to do some afternoon and night shifts being covered by level four overseas trained registered nurses.</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.