

# Kamo Home & Village Charitable Trust - Shalom Aged Care

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## Introduction

This report records the results of a Certification Audit; Partial Provisional 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Kamo Home & Village Charitable Trust

**Premises audited:** Shalom Aged Care

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 24 October 2023      End date: 25 October 2023

**Proposed changes to current services (if any):** A partial provisional audit was undertaken to reconfigure the certified services provided at Shalom Aged Care to make 30 rest home beds into 30 dual purpose beds and to add Hospital service – Medical and Hospital Services – Geriatric to this service certificate.

**Total beds occupied across all premises included in the audit on the first day of the audit: 29**



# Executive summary of the audit

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## 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 tātou 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

Shalom Aged Care provides rest home care for up to 30 residents. The service opened ten months ago and is operated by Kamo Home Village Charitable Trust (KHVCT) who own four aged residential care facilities. The facility is managed by a clinical charge nurse who is supported by the group care manager, and the general manager who oversees the care and management provided.

This certification audit and partial provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standards NZS 8134:2021 and the provider's contract with Te Whatu Ora – Health New Zealand Te Tai Tokerau (Te Whatu Ora Te Tai Tokerau). The certification process included review of policies and procedures, review of residents' and staff records, and observations and interviews with residents and family members. The general practitioner and staff were interviewed.

The partial provisional audit was carried out to establish the preparedness of the provider to provide hospital level care services.

No areas were identified as requiring improvement. One continuous improvement rating was attained in relation to the comprehensive quality management framework and the quality performance system implemented.

## Ō tātou 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.

The cultural and ethical policy guides staff practice to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs, when required. Cultural and spiritual needs are identified and considered in daily service delivery. Principles of mana motuhake were evident in service delivery. Staff have received education on Te Tiriti o Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code).

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

Residents and their family/whānau are informed of their rights according to the Code and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse. Residents confirmed that they were always treated with dignity and respect.

Residents and family/whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed.

Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives were followed wherever applicable.

Residents and family/whānau were informed about the complaints process at the time of admission. A complaints policy and process guides staff to ensure any complaints are resolved promptly and effectively. A complaints register is maintained.

## Hunga mahi me te hanganga | Workforce and structure

Includes five 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 management team and governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes and achieving equity for Māori and tāngata whaikaha (people with disabilities).

Planning ensures the mission statement, purpose, scope and objectives for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk system are focused on improving service provision and care. Residents and family provide feedback and staff are involved in quality activities. A collaborative and integrated approach includes collection and analysis of quality improvement data, identifies any trends or gaps and leads to improvements. Actual and potential risks 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 human resource practices. A plan is in place to increase clinical staff when approval is gained for hospital and medical hospital services – geriatric. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight 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.

Each stage of service provision is managed by suitably qualified personnel who are competent to perform the function they manage. When people enter the service, a holistic approach is adopted. Relevant information is provided to the potential resident, and/or family/whānau.

Care plans are individualised, based on a comprehensive range of information, and accommodate any new problems that might arise. Files sampled demonstrated that the care provided and needs of residents were reviewed and evaluated on a regular basis. Residents are referred or transferred to other health services as required.

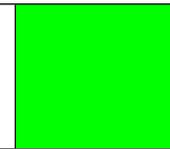
The planned activities programme provides residents with a variety of individual and group activities and maintains their links with the community. Opportunities for Māori residents to participate in te ao Māori are facilitated. Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

The service uses a pre-packaged medication system. Medication is administered by staff who have medication administration competency. Medication reviews are completed by the general practitioners in a timely manner.

The food service meets the nutritional needs of the residents, with special needs catered for. Food is safely managed. Residents verified satisfaction with meals. There was a current food control plan.

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

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



Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and an approved fire evacuation plan. Electrical equipment has been tested as required. Calibration records were current.

External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

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

## Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes five 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 implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and scope of the service. A qualified registered nurse leads the programme, which is reviewed annually.

Specialist infection prevention advice is accessed when needed. There is a current pandemic plan and outbreak management plan.

Staff understood the principles and practice of infection prevention and control. This was guided by relevant policies and supported through education and training.

Hazardous waste is managed appropriately. There are safe and effective cleaning and laundry services.

Surveillance of health care-associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims for a restraint-free environment. This is supported by the management team and policies and procedures. There were no residents using restraints at the time of the audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing least restrictive practices, de-escalation techniques, and alternative interventions as needed.

## 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	27	0	0	0	0	0
Criteria	1	166	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.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Shalom Aged Care (Shalom) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is also defined in the mission statement, values and purpose of the organisation.</p> <p>A comprehensive 'Cultural and Ethical Policy' reviewed September 2023 was authorised and signed off by the general manager (GM). A Māori health action plan is documented and includes and highlights the cultural and/or spiritual needs of residents being ascertained on admission and maintained thereafter. This is also determined in the annual satisfaction survey completed to ensure spiritual needs are met, and that provision of culturally safe care for Māori residents is achieved. The aim as explained by the GM, is to ensure residents have access to chaplains, tohungā and the kaumatua as needed.</p> <p>Te Taha model of care is adopted by the organisation and provision of care is in line with cultural safety and Te Tiriti expectations, clear objectives, advice to ensure a secure framework if in place and this includes leadership, knowledge and commitment. The high-quality health care provided delivers equitable health outcomes for Māori, including supporting any Māori residents in their aspirations whatever they may be, and recognising mana motuhake.</p>

		<p>There were no residents or staff who identified as Māori on the day of the audit.</p> <p>The GM and staff reported, and documentation confirmed, staff have attended cultural safety training.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Shalom Aged Care works to ensure Pacific peoples' worldviews, and cultural and spiritual beliefs are embraced. The service is part of a charitable trust with a Christian philosophy and meeting the spirituality needs of all residents is a significant aim of the organisation. There were staff who identify as Pasifika who bring their own skills and expertise. A charge nurse at a nearby facility owned by the organisation identifies as Pasifika and is the designated Pasifika cultural advisor for all services. Staff reported at interview, that they were guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan.</p> <p>Cultural needs assessments at admission were completed by the registered nurse (RN) and the activities coordinator to identify any requirements.</p> <p>The Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan was sighted and is available for reference. Shalom Aged Care has a Pacific plan with cultural guidelines and standard operating procedures developed with input from the wider Pasifika community. They include the models of care.</p> <p>There were no residents who identified as Pasifika at the time of audit.</p> <p>The GM had been in contact with a Pacific organisation in the community and is also able to contact Te Whatu Ora Te Tai Tokerau advisory services if needed. The GM recognizes the benefits of working in partnership with Pacific communities and organisations, to fully support culturally safe practices and wellbeing for Pacific peoples when they access this service.</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>Staff have received training on the Code as part of the orientation process and in ongoing annual mandatory training, as was verified in staff files and interviews with staff. Staff gave examples of how they incorporated residents' rights in daily practice. Copies of the Code in English and te reo Māori were posted on notice boards around the facility. The Code is also available in CD and DVD format. Information on advocacy services and the Code was included in the admission agreement.</p> <p>Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>There were no residents who identified as Māori on the days of the audit. Māori mana motuhake is recognised in practice. The cultural and ethical policy is used to guide care for Māori residents when required. Care plans are developed in consultation with residents and family/whānau to ensure residents' wishes and needs are identified and planned for.</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>Residents' values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics are identified through the admission assessment process. These were documented in the residents' care plans sampled. Staff were observed respecting residents' personal areas and privacy by knocking on the doors and announcing themselves before entry. Personal cares were provided behind closed doors. Residents were supported to maintain as much independence as possible as verified by residents in interviews.</p> <p>Principles of Te Tiriti o Waitangi are incorporated in service delivery. Needs of tāngata whaikaha are responded to as assessed. The clinical charge nurse (CCN) stated that residents are supported to participate in te ao Māori where applicable.</p> <p>Te reo Māori and tikanga Māori are actively promoted throughout the</p>

		organisation and incorporated in all activities. Staff have received Te Tiriti o Waitangi training. Te reo Māori words and phrases, and Māori art were posted around the facility to increase resident and staff awareness.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are discussed in the orientation process and in ongoing annual mandatory training for all staff. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation.</p> <p>Systems in place to protect residents from abuse, revictimisation, systemic and institutional racism include the complaints management process and meetings with residents and family/whānau. Staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, exploitation.</p> <p>Residents' property is labelled on admission. For security reasons, no residents' money is held onsite. Residents can either manage their finances independently or have support from family/whānau, or they can be invoiced for any extra personal expenses. Residents, family/whānau and staff confirmed that they have not witnessed any abuse or neglect.</p> <p>A holistic model of care including the four cornerstones of Māori health: Physical wellbeing (taha tinana), mental wellbeing (taha hinengaro), social wellbeing (taha whānau) and spiritual wellbeing (taha wairua) is used to ensure wellbeing outcomes for Māori, when required.</p> <p>Residents and family/whānau confirmed that residents are treated fairly, and they are free to express any concerns they may have.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my</p>	FA	Residents and family/whānau are provided with an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. Residents and

<p>wellbeing.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>family/whānau stated they were kept well informed about any changes to care and any incidents in a timely manner. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures.</p> <p>Residents were referred to allied health care providers where required. Information provided to residents and family/whānau was mainly in the English language. The clinical charge nurse stated that the information can be provided in other formats when requested. Interpreter services are engaged when required. Family/whānau support Māori residents with interpretation where appropriate and a cultural advisor can be contacted if required. Written information and verbal discussions were provided to improve communication with residents and their family/whānau.</p> <p>Residents and family/whānau stated that staff were approachable and responsive to requests in a sensitive manner. A record of phone or email contact with family/whānau was maintained. For non-verbal residents, communication strategies were documented and observed to be effectively implemented by staff during the audit.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and family/whānau are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Appropriate best practice tikanga guidelines in relation to consent are followed. The interviewed staff understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents. Consent for specific procedures including sharing photos, van outings and open disclosure had been gained appropriately.</p> <p>Resuscitation authorisation plans were in place and advance directives where applicable. Staff were observed to gain consent for daily cares.</p> <p>Residents' legal representatives made decisions where applicable in compliance with the law. Family/whānau and support of advocacy services is accessed when required. Communication records verified</p>

		inclusion of support people where applicable.
<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 complaints policy and procedures were reviewed September 2023 and are clearly documented to guide staff. The process complies with Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code) which is the right to complain and to be taken seriously and to receive a timely response. Kamo Home and Hospital Charitable Trust (KHVCT) has their own kaumatua on the board and an advocate is available if needed.</p> <p>Management and staff interviewed stated that they are fully informed about the complaints management procedure and that the complaints forms are available both in paper copy and/or electronically and are accessible. The families interviewed were pleased with the care provided to their family members. They also clearly understood their right to make a complaint or to provide feedback to improve service delivery, or to act on behalf of their family member if needed. The family members commented that they can speak directly to the clinical charge nurse (CCN) if they have any issues and that these are dealt with appropriately. The GM is responsible for complaints management and maintaining the reviewed complaints register. Complaints are reported monthly to the group care manager (GCM) clinical and quality.</p> <p>There has been one resident complaint in the 10 months the service has been operating. The complaint received was fully addressed and closed out. No complaints have been lodged or received via the Health and Disability Commissioner's (HDC) office, Te Whatu Ora or the Ministry of Health (MoH) or any other agencies in the last 10 months.</p> <p>In the event of a complaint from a Māori resident or whānau member the service would seek advice and assistance of the kaumatua or advocate if this was required. The policy and procedure are available in te reo Māori.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Kamo Home and Village Charitable Trust (KHVCT) is led by a board of trustees (seven board members) and executive leadership team, who assume accountability for delivering a high-quality service through supporting meaningful representation of Māori and tāngata whaikaha and honouring Te Tiriti through advice from the kaumatua and other external Māori advisors as needed.</p> <p>The GM, who is part of the executive leadership team, confirmed knowledge of the aged care sector, regulatory and reporting requirements and maintains currency within the field through sector communication, attending conferences, ongoing training, Te Whatu Ora Te Tai Tokerau, and colleagues.</p> <p>Shalom Aged Care is one of four facilities owned and operated by KHVCT. Shalom Aged Care opened ten months ago. The CCN is responsible for the management of the facility, supported by the GCM, with oversight from the GM. The GM has been in the role for 12 years, the GCM for five years and the CCM since the service commenced 10 months ago. When the CCN is absent the GCM carries out all the required duties under delegated authority with support of the GM (also a RN).</p> <p>The 2022 – 2024 business plan includes the strengths, weaknesses, opportunities, threat analysis, goals, vision and mission statement. The business plan was reviewed and updated September 2023.</p> <p>The clinical team, guided by the GCM, discuss clinical indicators including medication errors, complaints, compliments, falls, restraint and infections. Minutes of the clinical meetings were sighted.</p> <p>The executive leadership team, through the GM, demonstrated leadership and commitment to quality and risk management through, for example, the business plan, strategic plan, risk register, improving services, reporting, policy, processes and through feedback mechanisms, and purchasing of equipment.</p> <p>The GCM reports directly to the GM. Reporting was of a consistent format and included adequate information to monitor performance. The reports include information on occupancy, the environment and improvements, infections, staffing and training provided.</p>
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		<p>The governing body is focused on improving outcomes and achieving equity for Māori and people with disabilities. This is occurring with oversight of care planning and reviews, family/whānau/resident communication. Cultural and spiritual needs, likes and dislikes are ascertained when the resident is admitted to the service. Routines are flexible and can be adjusted to meet their needs.</p> <p>The GM reported that staff identify and work to address any barriers to equitable service delivery through cultural needs assessments, training and advice from cultural advisors and the kaumatua as needed.</p> <p>Residents receiving services and family/whānau participate in the planning, implementation, monitoring and evaluation of service delivery through the review of care plans, and resident meetings. A recently held resident meeting evidenced positive feedback from residents in the minutes sighted, despite this time of transition.</p> <p>The service holds contracts with Te Whatu Ora Te Tai Tokerau for age-related residential care (ARRC), rest home and respite care for up to 30 residents. Twenty-nine (29) beds were occupied on the first day of the audit. Twenty-eight residents were receiving rest home level care, and one resident was under Accident Compensation Corporation (ACC) care.</p> <p>Partial Provisional Audit:</p> <p>A partial provisional audit was undertaken to seek certification for hospital level care to be provided and approval for all 30 beds to be dual purpose. The service provider has included this planned configuration into the business plan, strategic plan, and the quality and risk plans reviewed. The GM fully understood the requirements for providing hospital level care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including</p>

<p>outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>infections and falls.</p> <p>Residents, family and caregivers contribute to quality improvement through meetings and surveys. An interim survey was completed October 2023 and is currently being analysed and an annual survey is due to December 2023. The service commenced 10 months ago. Resident meetings are held three-monthly and any areas of concern during this transitional period have been addressed or explanations provided to residents and families in person by the GM.</p> <p>The GM is responsible for quality. The quality performance system (QPS) in place provides benchmarking both nationally and internationally. This system is well embedded into the organisation and is used across all four aged care services including Shalom Aged Care. A continuous improvement has been attained in relation to workplace and structure, on the progressive implementation of this quality improvement management system in use. Other ongoing quality improvement projects underway include the induction education project, pet therapy, nursing home ministry and cultural diversity projects. The service has transitioned to an electronic resident management system and this system implemented is working effectively. Positive feedback was provided by staff.</p> <p>A sample of quality and risk related meeting minutes were reviewed and confirmed there has been regular review and analysis of quality indicators, and that related information is reported and discussed. In addition to weekly operational meetings, there are bi-monthly management team meetings and three-monthly quality and safety meetings (general staff meeting) which includes health and safety, infection prevention and control, incident and accidents, complaints, restraint and any analysis trends identified.</p> <p>The GM reports to the board monthly and prepares and presents a two-yearly business report to the board. The last report was sighted 2022 to 2024 and was comprehensive, covering each of the four facilities and the village up to September 2023. The management team consist of the GM, GCM, accounts and administration manager, human resource and support manager, and a maintenance, administration and health and safety manager. Three of the management team were interviewed at audit.</p>
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	<p>The GM has a system in place for managing the policies and procedures. A contracted quality consultant is available for advice. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The 2023 to 2024 internal audit schedule was reviewed. Completed audits include infection prevention, care planning (this is completed electronically using the robust electronic system in place to ensure all details are completed), laundry, cleaning and environmental audits. Any relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated and scored as part of the QPS.</p> <p>The GM described the processes for identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies as needed. Documented risks include falls, infection prevention and cross infection, sharps, and potential inequities. Organisational risks are reported and managed by the board and the management team.</p> <p>Staff document adverse and near miss events. A sample of incident forms demonstrated processes were followed. Family/next of kin were informed if resident incidents occurred. The GM understands the requirements of the National Adverse Reporting Policy.</p> <p>The GM understood and has complied with essential notification reporting requirements. One example was discussed. This notification was made to HealthCERT on the 25 January 2023, at the time of takeover of the facility, when a resident was identified as having a reportable pressure injury. There have not been any other Section 31 notifications completed. There have not been any police investigations, coroner's inquests, or issues-based audits.</p> <p>Staff are supported to deliver high quality health care should any residents identify as Māori through, for example, training, including cultural safety training, cultural assessments, care planning, and communication with the resident and family/whānau. Staff reported they have completed cultural competencies and gave examples of tikanga.</p>
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		<p>The provider benchmarks both nationally and internationally as part of the QPS and reported that benchmarking data in all areas compares positively against all benchmarks.</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. 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. 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) at this rest home care setting which is situated on one level. The roster system is a four-week rotating roster to cover this 30-bed facility. Residents and family and care givers interviewed confirmed there were sufficient staff. Each shift is covered by a staff member who is first aid trained.</p> <p>The GCM and the GM reported that at least one staff member on duty has a current first aid certificate, there is cover 20 hours a week by the CCN, and after-hours RN coverage is available 24/7. The CGM and GM are also RNs with current practising certificates. The CCN, one RN and an enrolled nurse (EN) are interRAI trained and competent.</p> <p>The GM described the recruitment process, which includes referee checks, police vetting and validation of qualifications and practising certificates (APCs) where required. The human resource manager is responsible for staff employment records, which are maintained electronically.</p> <p>The competency policy guides the service to ensure competencies are assessed and support equitable service provision. A sample of competencies, for example, the aging process, cultural training, fire, handwashing, hoist, restraint de-escalation, and manual handling and infection prevention confirmed the training.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. The GM reported, and caregivers confirmed, that staff have completed New Zealand Qualification Authority (NZQA) education qualifications. Evidence was sighted. There are 23 care staff including casuals. A total of 12 permanent care staff provide cover on the roster reviewed. Eight care staff have completed level 4, four have completed level 3, eight level 2 and three level one. Ongoing training included advocacy, medication, first</p>

		<p>aid, pressure injuries, oral cares and other topics.</p> <p>Meetings are held with residents/family six-monthly to discuss care plans, and residents meet three-monthly to express opinions on any aspects of service delivery they wish to discuss. Minutes of meetings are maintained by the diversional therapist.</p> <p>The GM interviewed reported that Shalom Aged Care staff are building on their own knowledge through cultural training, which included all aspects of Te Tiriti. Board members have completed recognised Te Tiriti training. The cultural training is to ensure staff are able to meet the needs of people equitably, to be able to include high quality Māori health information in the education programme, and to further invest in the staff health equity expertise at all levels. Cultural awareness in-service education was provided on 3 October 2023 and code of rights on 26 September 2023.</p> <p>Partial provisional audit:</p> <p>The GM discussed how the service would be covered to meet the requirements of hospital and medical services being added to the agreement with Te Whatu Ora Te Tai Tokerau. The CCN will cover 20 hours per week, and work between the two facilities in close locality to one another. Registered nurse cover will be provided 24/7 by registered nurses. A documented staffing rationale process was reviewed and explained by the GM. Two registered nurses working at another of the organisation's facilities are to transfer to Shalom Aged Care and other RNs will be employed to adequately cover the service as hospital and/or hospital medical level care resident admissions increase. Care staff numbers will be increased as needed to cover all shifts, and an activities coordinator will be employed to cover the activities, to be able to ensure one-on-one activities can be provided as needed. Cleaning and laundry staff cover seven days a week and this will remain the same. Kitchen staff are contracted by a contracted service provider.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>Human resource management policies, procedures and processes are based on good employment practices and relevant legislation. A sample of five staff records reviewed confirmed that the</p>

<p>values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>organisation's policies are being consistently implemented. Position descriptions are documented and were sighted in the records reviewed electronically. Professional qualifications, where required, are sourced prior to employment and annually thereafter.</p> <p>The GM described the procedures to ensure professional qualifications are validated prior to employment. The CCN, CGM and GM, RN and EN annual practising certificates (APCs) were reviewed. In addition to these APCs the contracted service providers' APCs were also verified, such as the GP, the podiatrist, physiotherapist, pharmacist. The licence for the contracted pharmacy was also reviewed.</p> <p>Staff orientation includes all necessary components relevant to the role. Job descriptions were provided to newly employed staff members. The care staff interviewed reported that the orientation process prepared them for their role. A buddy system is used and works effectively for new care staff. Orientation includes bedmaking, continence management, communication, falls prevention, residents' personal cares and hygiene, security and fire.</p> <p>Care staff confirmed that performance reviews were completed on all staff at 90 days after employment, and another annual review is due December 2023 for those who commenced with the service after takeover of the business.</p> <p>The staff records are held electronically and maintained by the human resource and support manager (not interviewed at audit). Ethnicity is recorded and used in line with health information standards.</p> <p>The care staff interviewed reported that incident reports are discussed at quality and staff meetings. The care staff have the opportunity to be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing.</p> <p>Partial Provisional Audit:</p> <p>Additional staff will be required to cover the service for hospital and medical hospital services to be implemented. A plan was discussed</p>
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		<p>with the GM. Staffing will increase as residents assessed as requiring hospital or medical hospital services are admitted to the facility. Immediate action is not required as there are currently 29 beds occupied of a maximum of 30 beds. The GM has two RNs ready to transfer to this facility if required, and others are planned when courses are completed. Orientation will be provided to all new or staff transferring to this facility to meet the requirements for providing hospital level care. Care staff will increase in numbers and the activities coordinator and DT will work together as needed to provide the group and individual activities for hospital level care residents as per the agreement obligations. Laundry and cleaning staff will remain unchanged as there is cover seven days a week for these services. Kitchen staff will increase as needed by the contracted service provider.</p>
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>The service uses an electronic information management system. Accurate data was collected with files being well organised. All necessary demographic, personal, clinical and health information was fully completed in the residents' records sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Staff have individual passwords to access the electronic system. The service is not responsible for issuing national health index numbers (NHIs).</p>
<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau.</p>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process.</p> <p>Entry to service policies and procedures are documented. Shalom Aged Care has a no decline philosophy; however, on rare occasions entry may be declined due to the prospective resident requiring services that are not provided at this facility, for example, a higher</p>

<p>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>level of care not catered for by this service. Residents' rights and identity are respected. Entry to services data is documented, including ethnicity data. Entry data, including specific entry and decline rates for Māori, is analysed in quarterly reports. The organisation has a kaumatua on the board who provides cultural support for Māori residents when required. Additional Māori cultural support can be accessed from the family/whānau as desired.</p> <p>Residents and family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</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>The registered nurses (RNs) and the enrolled nurse complete admission assessments, care planning and evaluation of care plans in a timely manner. The enrolled nurse works under the supervision of the RNs. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The assessment plan for Māori residents tool utilised for Māori residents, when required, includes Māori healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga.</p> <p>All residents' files sampled had current interRAI assessments completed and the relevant outcome scores had supported care plan goals and interventions. The care plans reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Family/whānau goals and aspirations identified were addressed in the care plans where applicable. Tāngata whaikaha and family/whānau are supported to access information when required. The care planning process supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care,</p>

		<p>where required.</p> <p>Service integration with other health providers including specialist services, medical and allied health professionals was evident in care plans reviewed. Changes in residents' health were escalated to the general practitioners (GPs). Referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evident in the residents' files sampled. The GP confirmed satisfaction with the care being provided. Medical assessments were completed by the GPs and routine three-monthly medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Residents have the option to maintain their private GP if desired. Medical records were available in sampled records.</p> <p>Residents' care was evaluated daily and reported in the progress notes by the caregivers. Changes noted were reported to the EN or RNs, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions were resolved. The evaluations included the residents' degree of progress towards achieving their agreed goals and aspirations as well as family/whānau goals and aspirations, where applicable. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. Residents and family/whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required.</p>
Subsection 3.3: Individualised activities	FA	The activities programme is overseen by trained diversional

<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>		<p>therapists. The DT completes the activities programme in consultation with residents and family/whānau, where applicable. Diversional therapy and lifestyle needs assessments were completed within the first two weeks of an admission as part of the admission assessments. Residents' interests, cognition, ability, and preferences are considered. Activities on the programme reflected residents' goals, ordinary patterns of life, strength, skills, interests and included normal community activities. Activities calendars were posted on notice boards around the facility.</p> <p>Residents are supported to access community events and activities where possible. Individual, group activities and regular events are offered. There is a wide variety of activities offered including gender-specific activities. Opportunities for Māori residents and family/whānau to participate in te ao Māori are facilitated. Māori art was displayed in several areas within the facility. Residents are supported to go out to visit family/whānau and friends where applicable.</p> <p>Quality initiatives projects are ongoing to promote spiritual wellbeing and to accommodate residents' wishes in relation to pet therapy activities. Regular weekly church services run by the organisational Chaplin were implemented. An increase in the number of residents attending church services was noted. Two pet therapy sessions are held each week and external community providers were engaged to provide the services. Residents expressed satisfaction with the pet therapy sessions and the church services being provided.</p> <p>Diversional therapy care plans were completed in all residents' files sampled. Residents' activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review, and when there was a significant change in the residents' abilities. Residents and family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy</p>

<p>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>identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is used. An EN was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the GPs and over-the-counter medication and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the RN when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. All medicines in the medication cupboard and trolley were within current use-by dates. Clinical pharmacist input was provided on request. Unwanted medicines were returned to the pharmacy in a timely manner. The records of temperature for the medicine fridge and the medication cupboard sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support and advice for treatment for Māori would</p>
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		<p>be provided.</p> <p>There were residents who were self-administering medicine at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner, and staff understood the requirements. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</p> <p>Partial Provisional Audit:</p> <p>The same medication management system and policies will be utilised for hospital level residents. However, registered nurses will be responsible for the medicine rounds or alternatively the enrolled nurse with RN supervision. Care staff who hold medication competencies will be able to check medicines and/or administer to rest home level care residents if required.</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>	<p>FA</p>	<p>The food service is sourced out to an external provider. The food service is in line with recognised nutritional guidelines for older people. Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The assessment identifies residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Special food requirements are accommodated in daily meal plans.</p> <p>Kitchen staff have received the required food safety training. The menu follows summer and winter patterns in a six-weekly cycle and was reviewed by a qualified dietitian on 27 April 2023. Meals are served in the dining room and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Culturally specific to te ao Māori food options were on the weekly menu. The cook stated that these will be provided per residents’ request.</p> <p>The service operates with an approved food control plan and registration issued by the Ministry for Primary Industries. The current food control plan will expire on 30 January 2024. Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried</p>

		<p>fashion. Residents expressed satisfaction with the variety of the meals.</p> <p>Partial Provisional Audit:</p> <p>The dining room can accommodate hospital level residents and equipment used as required. All the meals will be provided from the main kitchen, using the existing menu and food control plan.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau or EPOA. Residents' family/whānau reported being kept well informed during the transfer of their relative. An escort is provided for transfers when required. 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 and the residents' progress notes.</p> <p>Residents are supported to access Kaupapa Māori agencies where indicated or requested. Referrals to seek specialist input for non-urgent services are completed where required as evidenced in the records sampled.</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>A current building warrant of fitness is publicly displayed. It expires on 1 June 2024. Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they meet legislative requirements. The maintenance and asset manager interviewed described the maintenance schedule which was sighted. Shalom Aged Care has its own maintenance person and groundsman. The outside gardens and grounds are well maintained.</p> <p>Residents confirmed they know the processes they should follow if any repair or maintenance is required, and any requests are</p>

	<p>appropriately actioned.</p> <p>Equipment tagging and testing is current as confirmed in records dated 11 September 2023, interviews with the maintenance and asset manager and observation. Current calibration of biomedical equipment and resources were sighted dated 25 October 2023. Hot water checks are maintained by maintenance monthly.</p> <p>The facility is all on ground level with disability ramps at the entrance and rear of the facility. The outside deck areas have sails shades in place.</p> <p>The environment was comfortable and accessible, promoting a homely atmosphere, independence and safe mobility. Personalised equipment was available for residents if needed.</p> <p>Spaces were culturally and spiritually inclusive and suited the needs of the resident group. Furniture is appropriate to the setting and residents' needs.</p> <p>Each resident has their own bedroom. There are adequate bathrooms and separate toilets that are located in close proximity to residents' rooms. Only one wing has ensuites available in each room. Separate facilities were available for visitors and staff. All rooms have a handbasin with flowing soap and handy towels. The bathrooms and toilets have appropriate and secure approved handrails. Other equipment is available to promote residents' independence.</p> <p>Adequate personal space is provided to allow residents and staff to move around within their rooms. Rooms are personalised with furnishings, photographs and other personal items displayed. Care staff reported that they respect the residents' spiritual and cultural</p>
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		<p>requirements. Residents and family reported adequacy of bedrooms.</p> <p>Residents and staff were happy with the environment, including heating and ventilation, privacy and maintenance. Service areas are to have heat pumps installed November 2023 as planned. The heat pumps will be used for cooling in summer. Each wing was warm and well-ventilated throughout the audit.</p> <p>The GM reported and documentation confirmed that residents, family and a cultural advisor who identified as Māori would be consulted and involved in the design of any new buildings. The kaumatua was available to bless Shalom Aged Care, at the time of takeover as a new business. This was appreciated by existing residents/family and all staff.</p> <p>Partial provisional audit:</p> <p>The facility has a current building warrant of fitness displayed. The rooms are adequate in size to accommodate equipment and for staff to manoeuvre. There are hoists available for standing and transferring of residents. There is a plan in place sighted to place ceiling hoists in all bedrooms. There is room to store mobility aids and wheelchairs. Residents' independence is promoted by staff, and this would apply to those residents assessed as requiring hospital level care, or for hospital medical services. Oxygenators are available if needed. No changes are required to the facility internally and externally to accommodate hospital level services.</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</p>	<p>FA</p>	<p>A current fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 24 February 2000. A trial evacuation takes place six-monthly with a copy sent to FENZ, the most recent being on 21 September 2023. The record was sighted.</p>

<p>safe way, including during an emergency or unexpected event.</p>		<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and describe the procedures to be followed. Policies and procedures provide guidance for staff on responding to civil defence and disaster events. Emergency evacuation plans are displayed and known to the maintenance and asset manager and all staff. The emergency plan meets the needs of people with disabilities in an emergency.</p> <p>The staff orientation programme includes fire and security training. Staff records evidenced staff are trained in emergency procedures. Care staff confirmed awareness of the emergency procedures and attend regular fire drills. Fire extinguishers, call boxes, floor plans, sprinkler alarms, exit signs, and fire action notices were sighted.</p> <p>The GM reported that a staff member who is first aid trained is on duty on all shifts. Current first aid certificates were reviewed in the staff records randomly selected to sample.</p> <p>Call bells alert care staff to residents requiring assistance. Call bells are available in all service areas to summon assistance if needed. Residents and family reported staff respond promptly to call bells activated.</p> <p>There are adequate supplies for use in the event of a civil defence emergency, including food, medical supplies, PPE and a gas barbecue (BBQ). Supplies are checked regularly. A 2000 litre water tank, pump and bottles are available. This meets the National Emergency Management Agency recommendations for the Northland region. There is no power generator on site; however, a portable generator checked monthly is available and can be shared between facilities as needed.</p> <p>Closed-circuit cameras have been installed throughout the grounds</p>
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		<p>and specific internal areas. Residents and family members are informed, and their use does not compromise personal privacy. Appropriate security arrangements are in place. The facility is locked by staff in the evening and windows and doors are checked on the afternoon and night shifts. The doorbell enables staff and visitors to access after-hours. Residents are informed of the emergency and security arrangements on entry to the service.</p> <p>Partial provisional audit:</p> <p>Emergency policies and procedures are in place. There is an approved fire evacuation plan and staff have received training on maintaining safety in any emergency or unexpected event. The maintenance and asset manager interviewed stated the facility has designated fire cells, and these will not be requiring any changes. Security is well maintained and will not be requiring any change for the planned reconfiguration. A list of all residents and those with disabilities will continue to be maintained each day. No changes are being made to the existing building to accommodate residents who are assessed as requiring hospital or medical hospital services.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on annually. The programme is guided by a comprehensive and current infection control manual, with input from an external IP advisor if needed. The current business plan includes an objective to minimise the risk of infection.</p> <p>Expertise and advice are sought following a defined process. Specialist support can be accessed through Te Whatu Ora Te Tai Tokerau infection prevention team, the medical laboratory, external consultants and the attending GP.</p> <p>An infection control component is included in the three-monthly quality and staff meetings.</p>

		<p>The incident/accident reporting policy documents the pathway for the reporting of issues and significant events to the GM and management team. Information is used for the QPS and benchmarking nationally and internationally.</p> <p>Partial provisional audit:</p> <p>Governance will continue to be accountable for ensuring the IP and AMS needs of service provision are being effectively met. The GM is already participating in national and international IP and AMS programmes and benchmarking to improve services as needed. The IP and AMS programme will still have the same expertise to provide advice if needed with the increased complexity of having ARRC hospital and medical hospital residents on site. The GP is aware of the hospital level care requirements and fully supports the IP and AMS programmes implemented.</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>The general manager is the nominated infection control coordinator (ICC) who coordinates the implementation of the infection prevention (IP) programme. The IP responsibilities and reporting requirements are defined in the infection prevention and control policy. The ICC completed external education on infection prevention in October 2023. They have access to shared clinical records and diagnostic results of residents.</p> <p>The IP programme implemented is clearly defined and documented. The IP programme was approved by the governance body and is linked to the quality improvement programme. The IP programme as part of the IP policy is reviewed annually, and it was last reviewed in September 2023. The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflected the requirements of the infection prevention standards and include appropriate referencing.</p> <p>The pandemic plan in place is reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic plan.</p>

		<p>The ICC has input into other related clinical policies that impact on health care-associated infection (HAI) risk. Staff have received education in IP at orientation, and in ongoing annual education for staff. Education with residents was on an individual basis when an infection was identified and through infection control posters posted around the facility.</p> <p>The ICC is involved in the procurement of the required equipment, devices, and consumables through approved suppliers. The ICC will be involved in the consultation process when significant changes are proposed to the existing facility, though this has not been required so far as stated by the ICC.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. Policies and procedures to guide staff practice were available. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Appropriate infection prevention practices were observed during the audit. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>A Māori cultural advisor was involved in the development of IP policies to ensure culturally safe practices in IP are protected and to acknowledge the spirit of Te Tiriti. Educational resources in te reo Māori were available. Residents who identify as Māori expressed satisfaction with the information provided.</p> <p>Partial Provisional Audit:</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. The same policies will be used.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was</p>

<p>responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>approved by the governance body. The AMS policy in place aims to promote appropriate antimicrobial use and minimise harm. The effectiveness of the AMS programme is evaluated through benchmarking results, monitoring antimicrobial use and identifying areas for improvement.</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 health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection prevention programme. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection data is collected, monitored, and reviewed monthly. The data is collated, analysed and action plans are implemented, where required. Ethnicity was included in surveillance data.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff are informed of infection rates and regular audit outcomes at staff meetings and through compiled reports as confirmed in interviews with staff. New infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and family/whānau are advised of infections identified in a culturally safe manner, as verified in interviews. There had been no outbreaks reported since the previous audit.</p> <p>Partial provisional audit:</p> <p>No changes will be required to the existing surveillance management of IP and AMS and health care-associated infections (HAIs) programmes. Resident ethnicity will still be included in surveillance data.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored</p>

<p>the environment.  Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.  As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>securely and safely. Material data safety sheets were displayed in the chemical storage room. Cleaning products were in labelled bottles. Cleaning trolleys were safely stored when not in use. There was sufficient PPE available which included masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The cleaners and laundry staff have attended training appropriate to their roles. The ICC has oversight of the facility testing and monitoring programme for the built environment.</p> <p>The effectiveness of cleaning and laundry processes is monitored by the internal audit programme. Residents confirmed satisfaction with cleaning and laundry processes.</p> <p>Partial Provisional audit:</p> <p>Cleaning and laundry services will continue to be managed seven days a week by staff already employed. Environmental audits will continue be undertaken in a timely manner as part of the internal audit system. Effectiveness will be monitored. Infection prevention will continue to be promoted at every opportunity. Staff interviewed understood the high standard expected for hospital and medical hospital services to eliminate any cross infection, manage any waste appropriately and to ensure there are adequate supplies of PPE resources available if needed. This was the case when stores were checked at audit.</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.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. This is documented in the restraint policy. The GM and GCM and staff confirmed commitment to this.</p> <p>Policies and procedures meet the requirements of the standard. At the time of the audit, no residents were using a restraint at the time of handover of the business or during the last 10 months the service has been operating. The GM, who is the restraint coordinator (position description was sighted), reported that a restraint would only be used as a last resort when all alternatives have been explored, for</p>

		<p>example the use of low beds. The electronic resident care information system in place alerts the provider, if a holistic assessment of the care plan is required. If restraint is to be considered the process of approval and review is clearly documented to guide staff. Restraint elimination and use of alternative measures/interventions is incorporated into the policies reviewed.</p> <p>There are processes in place to report aggregated restraint data including data analysis supporting the implementation of an agreed strategy.</p> <p>The GM is responsible for the purchase of equipment in collaboration with the maintenance and asset manager, if needed.</p> <p>Orientation and ongoing education for staff included alternative cultural, specific interventions, least restrictive practice, de-escalation techniques, restraint minimisation and safe practice, and management of challenging behaviours. Caregivers confirmed they have completed competencies and received training.</p> <p>Policies and procedures meet the requirements of the standard.</p> <p>Given that there is no restraint being used, subsections 6.2 and 6.3 have not been audited.</p>
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## Specific results for criterion where corrective actions are required

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>A quality performance system (QPS) has a quality clinical governance framework that recognises responsibility for ensuring continuous improvement for safety and quality of care and service provision. The QPS benchmarking is an organisation wide (KHVCT) system that presents key performance indicator results that are used to benchmark both internally and externally against the aged care industry both nationally and internationally. The QPS report for 1 July to 30 September 2023 was reviewed. Information covered falls, urinary tract infections and quality of care, with any risks identified, and action plans were effectively implemented. The action plan outcomes evidenced, there had been a significant decrease in falls and urinary tract infections for residents. The system identified key areas where the service is yet to meet established benchmarks, provides insights, enabling the service provider to concentrate efforts in driving continuous</p>	<p>Having fully attained the criterion the service can, in addition to this, clearly demonstrate that improvements in the quality system have occurred in ways that benefit resident care and staff competence. An example provided; following a resident’s care plan audit for all residents with a diagnosis of diabetes mellitus, a recommendation for a medium risk identified, was to ensure each individual resident’s care plan had a clear plan in place with regards to monitoring blood glucose results, diet and mobilisation. The residents involved benefited from this quality overview of their care, and management. This process included updating policies and procedures to reflect best practice, implementing new methods for collecting data, and conducting analysis and review of data by using the QPS implemented. The benefits of benchmarking both internally and externally against the aged care industry both nationally and internationally is invaluable and that</p>

		<p>improvements within specific areas. For 20 KPIs, 15 were better than the benchmark. This also provides focus on targeted quality enhancement initiatives such as examples provided by the GM; by implementing a structured improvements program designed to bridge any gaps and elevate performance to meet and exceed industry standards, developing data driven strategies for improvement, promoting a collaborative problem-solving approach involving staff, residents/families thus cultivating an inclusive environment where diverse perspectives contribute to the development of innovative solutions and best practice.</p>	<p>the organisation can measure and track comprehensively, their service provision and operations. The management team and staff confirmed during interview, their understanding, involvement and commitment to quality improvements and ongoing excellence.</p>
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End of the report.