

# Living Waters Medical Solutions Limited - Living Waters Rest Home

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## 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 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:

<b>Legal entity:</b>	Living Waters Medical Solutions Limited
<b>Premises audited:</b>	Living Waters Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 14 September 2023    End date: 15 September 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	19

# 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

Living Waters Rest Home is part of Living Waters Medical Solutions Limited and provides rest home care for up to 21 residents. There were 19 residents on the day of audit. The facility manager is experienced and is supported by the owner, registered nurse, administrator, and experienced caregivers.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand - Whanganui. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, staff, general practitioner, and management.

Feedback from family/whānau was very positive about the care and the services provided. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

Seven of eight shortfalls from the previous certification audit regarding cover for the clinical nurse manager when on leave; the quality programme; notification to Worksafe when required; reference checking; performance appraisals; staffing; and hot water temperatures, have all been resolved. Ongoing improvements are required around neurological observations.

The surveillance audit identified shortfalls related to rostering of the registered nurse; care plan documentation; medication management; the environment; and restraint processes.

## 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.

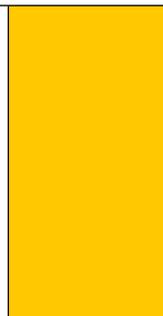
Living Waters Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. There were Māori residents at the time of the audit. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. Cultural assessments inform the cultural care plan.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences.

There is evidence that family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. There have been no complaints since the previous audit.

## 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.



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Living Waters Medical Solutions Limited, Living Waters Rest Home has a documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager, supported by the administrator and registered nurse, oversees the day-to-day operations of the service.

The business plan includes a mission statement and operational objectives. Living Waters Rest Home has quality and risk management systems established that take a risk-based approach. Staff meetings are scheduled monthly. Quality data is collated and analysed. Corrective actions are developed where opportunities are identified. Health and safety and hazard management systems are implemented.

There are human resources policies including recruitment, selection, orientation and staff training and development. There is a staffing and rostering policy which aligns with contractual requirements and includes skill mix. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The RN is responsible for all care planning and care plan reviews. There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme.

The service uses an electronic medicine management system for e-prescribing, and administration of medications. The general practitioner is responsible for all medication reviews.

The food service caters for residents' specific dietary likes and dislikes. Residents' cultural and nutritional requirements are met.

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 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.
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The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Hot water temperatures were monitored and if the temperatures were out of the required range, a plumber would be called to rectify the issue.

## 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.

A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment, available and readily accessible to support this plan if it is activated. The owner/operator and a registered nurse implements the programme.

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 was one Covid-19 infection outbreak in December 2022 reported since the last audit which was managed effectively.

## 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.

The restraint coordinator is the registered nurse. There were two residents using restraints at the time of the audit. Maintaining a restraint-free environment is included as part of the education and training plan and staff have completed a restraint competency.

## 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	14	0	0	4	0	0
Criteria	0	43	0	1	6	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

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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. 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	The Māori health plan ensures Te Tiriti o Waitangi is embedded in daily practices at Living Waters. The service has relationships with Māori stakeholders and local communities. Staff have completed training around cultural safety and Te Tiriti o Waitangi.
<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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	The Pacific Health and Wellbeing Plan (Ola Manuia) 2020-2025 is the basis of the service's Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families/whānau, and providing high quality healthcare. The service has linkages with Pacific groups in the community who will assist with the implementation of the Pacific plan.

<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>	FA	<p>The residents Code of Rights are displayed around the facility in English and te reo Māori. Staff interviewed (one registered nurse, two caregivers, the cook and maintenance) could describe how they uphold resident's rights in relation to their role.</p> <p>Four residents interviewed reported that all staff respected their rights, that they were supported to know and understand their rights, and that their mana motuhake was recognised and respected. The care plans reviewed were resident centred and evidenced input by residents and their family/whānau into their care and choices/independence.</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>	FA	<p>There is an implemented abuse, neglect and prevention policy. The service implements a process to manage residents' comfort funds, such as sundry expenses and the handling of precious items – taonga. The service is inclusive of ethnicities, and cultural days are held to celebrate diversity. Staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing an acknowledgement. This code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Training on cultural safety, understanding, prevention of discrimination, racism, stigma and bias was completed.</p> <p>Professional boundaries are defined in job descriptions. Interviews with the RN and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of induction to the service.</p> <p>Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct.</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</p>	FA	<p>There is a policy that guides informed consent. Five resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Residents and</p>

<p>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>two family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. At interviews with family/whānau, they confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>Discussions with the RN and HCAs confirmed they are familiar with the requirements to obtain informed consent for personal cares and entering rooms. Signed admission agreements, enduring power of attorney (EPOA) and activation documentation were evident in the resident files sampled.</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>	FA	<p>There is a documented process to address concerns and complaints. The complaints procedure and the Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English at the entry to the facility. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. There have been no complaints since the previous audit in 2022. The facility manager provided documentation, including follow-up letters, to demonstrate that the complaints process is in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with residents and family/whānau confirmed they are provided with information on the complaints process and remarked any concerns or issues they had, were addressed promptly.</p> <p>Family/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy 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</p>	FA	<p>Living Waters Rest Home is part of Living Waters Medical Solutions Limited and is located in Whanganui. There is one other aged care facility owned by the provider. Living Waters Rest Home provides rest home care for 21 residents. There were 19 residents at the time of the audit, including one on an accident compensation corporation contract, and three on an intermediate care contract. The remaining residents were on the aged</p>

<p>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>related residential care (ARRC) contract.</p> <p>Living Waters Rest Home has a business plan (2023) in place, which links to the Living Waters Medical Solutions Limited’s vision, mission, values, and strategic direction. Clear specific business goals are documented to manage and guide quality and risk and are reviewed at regular intervals. The Living Waters Rest Home business plan was reviewed in February 2023.</p> <p>There is a managing director (owner) who oversees the operations of the two facilities. The managing director (interviewed) has extensive business experience and understands their responsibility in the implementation of Health and Disability Services Standard and explained their commitment to Te Tiriti obligations. The obligation to proactively help address barriers for Māori and to provide equitable health care services is documented in the Business Plan Scope and Review section of the Business Quality and Risk Management Plan. The Māori health plan reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>The managing director is supported by and works closely with the general practitioner (GP), facility manager and the RN to ensure management of the service is in keeping with the relevant standards and legislation. A recently formed clinical governance team comprises of the GP, the RN, the facility manager and two practice nurses; is currently working on formalising roles for governance with the managing director.</p> <p>The governing body continues to work to strengthen alliances the parent company Living Waters Medical Solutions Limited has with Māori stakeholders and community groups to include Living Waters Rest Home. A relationship has been built with Rānana marae and work is now in progress to formalise governance input. Māori stakeholders internally within the team have been identified with formalisation being completed to become consultation partners and fill the capability gap at governance. The Māori health plan and business plan supports outcomes to achieve equity for Māori and addressing barriers for Māori.</p> <p>The working practices at Living Waters Rest Home are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community. There is a communication policy that addresses meeting requirements and communication between management, staff, residents and family/whānau.</p>
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		<p>The facility manager oversees the implementation of the business strategy and quality plan, at Living Waters Rest Home. The facility manager meets regularly with the managing director to discuss progress updates on various topics, including quality data analysis, escalated complaints, human resource matters, and occupancy. She is supported by an administrator, the RN, and experienced caregivers. The RN provides clinical oversight of the service provision at Living Waters Rest Home.</p> <p>The facility manager has completed more than eight hours of professional development in the last 12 months related to managing a rest home and looking after the older person.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Living Waters Rest Home has a quality and risk management programme. Cultural safety is embedded within the documented quality programme and staff training. There are quality focussed goals documented and the progress are reviewed, monitored, and evaluated at meetings.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education; with opportunities discussed to minimise risks that are identified. Meeting minutes reviewed evidenced quality data being discussed at staff/quality meetings. Quality data and trends captured in minutes are posted on a noticeboard, located in the nurses' station. Internal audits were completed as per schedule and staff were informed of the outcome. Corrective action plans are identified, implemented and signed off when completed. The previous finding HDSS:2008 # 1.2.3.6 has been resolved.</p> <p>Living Waters Rest Home has adopted the quality system and policies developed by an aged care industry leader. It is the facility manager's responsibility to provide document control that is site-specific. New policies and procedures reflect updates to the Ngā Paerewa Services Standard 2021 have been implemented in the past month. There are procedures to guide staff in the management of clinical and non-clinical emergencies. Printed and electronic suite of policies are available to all staff. There is documented evidence that updated and new policies are discussed at staff</p>

		<p>meetings and staff sign when they read policies.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented. There were no serious staff injuries in the last 12 months. Health and safety training begins at orientation and continues annually. Each staff is assessed on their competency regarding health and safety via a questionnaire they must complete annually.</p> <p>Each incident/accident is documented in hard copy. Neurological observations have been recorded for most unwitnessed falls or falls where there has been a knock to the head and a post fall assessment was completed on some occasions. The policy states that the RN will determine the frequency of recordings; however, the RN is not aware of all falls. Further to this, the RN is not always involved in all the post fall assessment process. Family/whanau were updated following incidents as required (some rest home residents manage this for themselves). The previous shortfall HDSS:2008 #1.2.4.3 regarding neurological recordings not completed to the requirements of the policy remains ongoing. Incident and accident data is collated monthly and analysed. Benchmarking activities occur by doing comparisons between months; however, internal benchmarking between facilities or other organisations does not occur. Results are discussed in the staff meetings.</p> <p>Discussions with the facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31s have been completed when there was no RN available. The facility manager discussed this with Te Whatu Ora – Whanganui portfolio manager. Employment of the new RN to provide clinical oversight for the service was notified by the facility manager to the portfolio manager (notification was not sighted).</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</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes staffing levels, skill mixes to provide culturally safe care 24 hours per day, seven days per week (24/7). The roster provides sufficient and appropriate coverage for the effective delivery of cultural and clinical safe care and support. Staffing levels are adjusted to address acuity concerns. There is a person with a first aid certificate on</p>

<p>culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>every shift. Residents and family/whānau interviewed supported this.</p> <p>When the facility manager is absent, the administrator and the RN undertake the required duties under delegated authority. The facility manager is on site Monday to Friday and provides on call twenty-four hours a day, seven days a week. The facility manager has out of hours access to the owner who is a GP. Staff interviewed report the person on call answers any calls and provides advice for staff. Rosters for the caregivers evidenced all short notice vacancies were covered. The previous shortfall HDSS:2008 #1.2.8.1 has been addressed.</p> <p>The service employs a full time RN on each dayshift from Monday to Friday; this is a shared role with a nearby sister facility. The RN graduated in 2021 and has previous experience in aged care, works in a full-time capacity and is responsible for every stage of care provision, except interRAI assessments. She has been in her role since April 2023, and has provided mainly admission and urgent resident requirements at Living Water Rest Home. The second RN is interRAI qualified and completes all interRAI assessments for the service on a contractual basis and has been working on the interRAI assessments at the other facility. The interRAI assessments have not been completed for the 16 residents at Living Waters Rest Home (link 3.2.1)</p> <p>The number of caregivers is sufficient to meet the care needs of the residents. Absences can be covered by staff working extra hours. Interviews with staff confirmed that although they are busy, overall staffing of caregivers is adequate to meet the needs of the residents. The staff reported excellent teamwork amongst staff.</p> <p>There is a documented annual training programme that includes clinical and non-clinical staff training that covers mandatory topics. Training and education are provided monthly at meetings and is available online through various platforms. There has been cultural training completed, with further planned for later 2023.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All caregivers and RNs are required to complete annual competencies for restraint; hand hygiene; wound care; health and safety; and moving and handling. A record of completion is maintained. Health and safety in the workplace include chemical safety, first aid and six-monthly fire drills. Medication competent caregivers on morning, afternoon,</p>
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		<p>and night shifts to perform medication administration duties. Medication competencies are completed for the caregivers and the RN.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Each staff member reports feeling well supported and safe in the workplace. There are ten caregivers who have achieved NZQA level two, four caregivers have achieved level three, and three caregivers have achieved level four.</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. 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. The previous shortfall HDSS: 2008 #1.2.7.2 has been addressed.</p> <p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job description. A total of five staff files (one RN, two caregivers, cook, diversional therapist) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions. All staff who have been employed for more than a year have had an appraisal completed. The previous shortfall HDSS:2008 #1.2.7.5 has been addressed.</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>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>	PA Moderate	<p>Five files were reviewed, including one accident compensation contract (ACC), and one with an intermediate care contract.</p> <p>The residents and family/whānau consent to the assessment and care planning process. Signed consent forms were available in the residents'</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>records reviewed. On entry, a range of nursing assessments were completed; however, current interRAI assessments were not in the resident files. There are cultural guidelines used to complete Māori health and wellbeing assessment tools to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process; however, these assessment tools were not fully utilised. There were residents who identify as Māori in the service. The clinical records of two Māori residents were reviewed, neither of the records were fully completed and interventions were brief or did not address all residents assessed needs. Polices refer to Te Whare Tapa Whā model of care; however, residents' records lacked information about residents who identify as Māori and the resident's and/or their whānau's pae ora goals and outcomes were not documented.</p> <p>Care provision documentation timeframes were not met. Initial assessments and initial care plans were not always completed within 24 hours of admission. Long-term care plans, and evaluations were not always completed within the required timeframes. Management of specific medication was not documented, and there was no evidence of systematic monitoring and regular evaluation of responses to acute risks related to this. Behaviour assessment and monitoring tools had been completed in the files of residents with behaviours that challenge.</p> <p>There is a contracted general practitioner (GP) who visits the service at least once a week and more often if required; the GP is also available on call. Medical visits and reviews were not always documented in the residents' record, nor test results available. Therefore, medical service timeframes were unable to be reviewed. Referrals to the physiotherapist were completed where required, and a podiatrist visits regularly. During the interview, the GP expressed satisfaction with the communication process and services provided by the RN and caregivers and confirmed that they receive timely referrals and that required follow ups are completed.</p> <p>A range of equipment and resources were available and suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau interviewed were very happy with the care provided and the support they received. The whānau of Māori residents interviewed stated that care was provided in a manner that respected their mana, and their access to support was encouraged.</p> <p>The staff interviewed confirmed they understood the process of supporting</p>
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		<p>residents and whānau when required.</p> <p>There were two wounds, one of which was surgical. Wound assessments and reviews were completed in a timely manner, and documentation shows the wounds are healing.</p> <p>Neurological observations have been recorded for most unwitnessed falls or falls where there has been a knock to the head and a post fall assessment was completed on some occasions. This is an ongoing shortfall (link 2.2.5). The policy states that the RN will determine the frequency of recordings; however, the RN is not aware of all falls. Further to this, the RN is not always involved in all the post falls assessment process. Family/whānau were updated following incidents as required (some rest home residents manage this for themselves).</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>PA Moderate</p>	<p>There are policies and procedures in place for safe medicine management that meet current guidelines. There is an electronic medication management system in place. All of the ten medication charts reviewed had sensitivity and allergy status documented. All medication charts reviewed met legislative prescribing requirements, including evidence of three-monthly review of the medication charts. However, not all charts had current photographic identification of residents.</p> <p>The RN and medication competent caregivers administer medications and have been assessed for competency on an annual basis. Medications are checked on delivery by the support workers. Medications are stored in a lockable trolley in a room that can be secured. A shortfall was noted as the trolley was not always locked when put away for storage. The medication room has the air temperatures monitored. There were no residents self-medicating on the days of audit; however, processes were in place to allow this. Regular and as required (PRN) medications are administered by caregivers without completing efficacy information or clinical follow up by the RN when next on duty. Medications are checked; however, there were four expired medications kept on site.</p> <p>There was a controlled drugs safe, with residents requiring regularly prescribed controlled drugs. The controlled drug register had weekly stock checks; however, the six-monthly stock review was not able to be evidenced in the previous controlled drug register. Standing orders were not used at Living Waters Rest Home. Medication errors were reported, and</p>

		follow up was completed.
<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>Living Waters has a current food control plan in place which expires on 1 June 2024. A resident's nutritional profile is completed on admission, which identifies dietary requirements and likes and dislikes; a copy is provided to the kitchen. This is reviewed/updated six-monthly as part of the care plan review. Dietary preferences were noted on the kitchen noticeboard for kitchen staff to access at all times. The four-weekly menu cycle is approved by a contracted dietitian and includes modified diets (supplements, soft and purees) for residents.</p> <p>The interviewed residents and 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 experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support, Te Whatu Ora – Whanganui or kaupapa Māori agencies, where indicated or requested.</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>	FA	<p>Appropriate systems are in place to ensure the resident's 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. There is a current building warrant of fitness that expires on 8 June 2024. All electrical equipment is tested and tagged, and bio-medical equipment calibrated. Hot water temperatures were monitored and recorded. All temperatures were noted to be below 45</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>degrees Celsius. The previous finding HDSS:2008 #1.4.2.1 has been resolved.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Spaces were culturally inclusive and suited the needs of the resident groups.</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>As part of the annual review of the infection control and prevention plan, an updated suite of policies provided by an industry leader have been implemented. The revised plan links to the quality plan and is provided to the management team. The infection control and prevention policy states that the service is committed to the ongoing education of staff and residents. Relevant training is included in the annual training plan and is part of staff orientation.</p> <p>There have been infection prevention and control in-services for staff with associated competencies, such as handwashing and use of personal protective equipment. Education with residents takes place by staff as part of the daily cares. Family/whānau are kept informed and updated as required about relevant changes to the service's infection control and prevention processes and procedures.</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 is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. All infections are collated and analysed monthly with trends identified, and corrective actions implemented. Results of the surveillance data and benchmarking (includes ethnicity data) results are shared with staff during shift handovers, monthly staff meetings and reported to the directors. The RN at interview confirmed that the GP is informed when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p> <p>There has been one Covid -19 outbreak reported in December 2022 since the previous audit; this was managed appropriately, with appropriate notifications completed.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. This is supported by the governing body and policies and procedures. The RN is the restraint coordinator. A policy is documented which includes assessment, approval, monitoring, and quality review process; however, this has not been fully implemented. For the two residents who have restraint in place, there is no documented evidence of a timely review on their files (link 3.2.5) and the restraint monitoring has not been completed (link 3.2.4). The two residents who have restraint had previously had these identified as enablers (bedrails).</p> <p>At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing, and the cultural advisor will be consulted as required.</p> <p>Staff have completed the restraint questionnaire and have had training in behaviours that challenge and de-escalation techniques. The use of restraint is reported at the staff meeting, which acts as the restraint approval group. Data is collated with quality data and is reported to the managing director.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Moderate	<p>Twelve incident forms were reviewed. Family/whānau were notified of all the incident/accidents. The registered nurse is not always available to complete a post fall assessment (link 2.3.1). Four of the falls were unwitnessed or the resident had hit their head. The required monitoring and post fall management, including neurological observations, were not always documented; this is an ongoing shortfall.</p>	<p>Four of the twelve incident forms were for unwitnessed falls/hit their head and required neurological monitoring, which was not completed as per the policy.</p>	<p>Ensure neurological observations are completed for unwitnessed and falls where residents have hit their head, as per the service's policy.</p> <p>30 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at</p>	PA Moderate	<p>The service is continuing to try and recruit further RNs to ensure it can provide dedicated RN hours at Living Waters. The RN role works 40 hours</p>	<p>The RN does not have dedicated planned time identified on the roster for Living Waters.</p>	<p>Ensure the RN is rostered for time at Living Waters to follow up of incidents, assessments, as required</p>

<p>all times to provide culturally and clinically safe services.</p>		<p>per week across the two facilities and is based at Springvale Manor (a nearby sister facility). The RN is accessible to staff to escalate concerns to and comes to Living Waters when required. There has been no rostered time to undertake required RN tasks of care planning, evaluation and resident management. The RN is available to come to Living Waters as required. When the RN has planned or unplanned absences, the Living Waters practice nurses provide RN cover for the facility.</p>		<p>medication efficacy, planning and evaluation, and that there is a formal plan to cover absences.</p> <p>60 days</p>
<p>Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>Long-term care plans had been documented for residents that were holistic and resident centred; however, not all interRAI assessments, interRAI reassessments, initial assessments and initial care plans, long-term care plans and care plan reviews were completed within expected timeframes. An RN is contracted to complete interRAI assessments and is currently completing these at the sister facility and has not yet started on these at Living Waters. The GP visits the facility regularly; however, not all medical admissions were evidenced to be occurring within five days of admission. Not all care plans evidenced input from the resident or family/whānau.</p>	<p>i). Five of five resident files reviewed did not evidence a GP review within five days of admission to the service.</p> <p>ii). Three of five resident files reviewed did not evidence initial assessments and initial care plans completed within 24 hours of admission.</p> <p>iii). Three of four resident files who required interRAI reassessments did not have these completed six-monthly.</p>	<p>i).- iii). Ensure that assessments including interRAI, other risk assessments, and care plans are developed within the required timeframes.</p> <p>90 days</p>

<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for</p>	<p>PA Moderate</p>	<p>All files reviewed had evidence of the resident's values, preferences and choices and these are documented consistently. The RN is responsible for nursing assessment and care planning. Cultural training has occurred, and care staff described their understanding of Māori constructs. However, Māori care plans are not included in care planning with associated pae ora goals. Care plan interventions were documented in the care plans available; however, these were not always updated to meet resident's current needs. The RN reports that the seven residents admitted to the service in the six months had initial assessment and care plans completed; however, there were no initial interRAI assessments completed for these residents and the initial care plans had not progressed to long-term care plans. The three residents on intermediate care contracts did not require interRAI assessments. The RN reported due to the shortage of RNs, all 12 long-term residents' care plans, including interventions and evaluations, had not been reviewed by a RN since July 2022.</p>	<p>i). Needs and risk assessments are not evidenced as being completed on a timely basis in response to individual resident care requirements. Changes in the levels of care have occurred for the three long-term resident files reviewed and two residents who had restraint in place. Changes in the level of care included the amount of support required with regard to mobility, cognitive function, and activities of daily living, including continence.</p> <p>ii). The GP visits at admission and at least three-monthly or as required; however, medical reviews and laboratory results were not documented in the three of the five clinical files reviewed to inform staff and record recommendations and changes to guide the residents' care.</p> <p>iii). A resident who identifies as Māori is on an intermediate care contract and had a completed initial assessment; however, there is no further information about Māori tikanga or pae ora outcomes. Cultural assessments were not evidenced as completed, and care plans lack interventions around residents lived experiences, cultural values, and preferences.</p> <p>iv). Care plan interventions for three of the five files reviewed lacked</p>	<p>i). Ensure all risk assessments (including interRAI assessments), needs assessments and associated care plans are completed to reflect changes in resident condition.</p> <p>ii). Ensure GP/medical notes and test results are integrated in the resident records.</p> <p>iii). Ensure that care plans are developed with Māori residents and their whānau to include the resident's pae ora outcomes.</p> <p>iv). Ensure all care plan interventions are current and meet all resident needs.</p> <p>v). Ensure all care plans evidence resident and family/whānau input to care planning and reviews.</p> <p>90 days</p>
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<p>appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>			<p>evidence of updated changes to care requirements, including mobility and falls, wound care, and challenging behaviour.</p> <p>v). There was no documented evidence of resident or family/whānau input to care plans or evaluations.</p>	
<p>Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Low</p>	<p>Monitoring charts are in place and are completed around vital signs, weight, and blood sugars; however, not all monitoring charts were fully completed for two residents using bed rails as a restraint.</p>	<p>There was no evidence of monitoring of the bedrail restraints in the monitoring charts or the progress notes for two residents using restraint.</p>	<p>Ensure monitoring of restraints is documented according to the policy.</p> <p>60 days</p>

<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Moderate</p>	<p>The RN reported due to the lack of RN cover, the five permanent resident files that required care plan reviews and evaluations had not been completed as scheduled. Seven recently admitted residents were not due for care plan evaluations.</p>	<p>i). The twelve long-term residents had not had their care plans reviewed at least six-monthly or where there had been a change in resident condition.</p> <p>ii). The restraint used for two residents have not been evaluated as required in over twelve months.</p>	<p>i). Ensure that care plan evaluations are completed in a timely manner, and that resident's acute health changes are addressed and documented.</p> <p>ii). Ensure that restraint evaluations are completed and include items identified in criterion 6.2.7.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the</p>	<p>PA Moderate</p>	<p>There is an electronic medication system in place with medication competent caregivers completing the medications rounds. The controlled</p>	<p>i). The six-monthly quality stock takes of the controlled drugs have not been completed to meet the policy requirements.</p>	<p>i). Complete the six-monthly stock takes as required.</p> <p>ii). Ensure all the</p>

<p>service.</p>		<p>drugs are stored in a secure cupboard. The six-monthly quality stock takes of the controlled drugs have not been completed to meet the requirements.</p>	<p>ii). Six of the ten medication charts reviewed did not have a current photo, outcomes following administration or a recorded GP review on the medication chart.</p> <p>iii). There were four out of date medications that were not currently used in the trolley.</p> <p>iv). The medication trolley was not locked.</p>	<p>requirements of the medication management system are in place - including current photographs, recording outcomes, and ensuring the GP updates the medication management system after a medication review.</p> <p>iii). Ensure there are not out of date medications on the trolley or in the storage cupboards.</p> <p>iv). Ensure medication trolley is locked when not in use and when stored.</p> <p>90 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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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 audit.

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End of the report.