

Taslin NZ Limited - Otatara Heights Residential Care

Introduction

This report records the results of a Certification 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:

Legal entity:	Taslin NZ Limited	
Premises audited:	Otatara Heights Residential Care	
Services audited:	Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services - Psychiatric	
Dates of audit:	Start date: 17 October 2023	End date: 18 October 2023
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	40	

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service are partially attained and of low risk

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

General overview of the audit

Otatara Heights Residential Care provides rest home, residential disability- physical and psychiatric level care for up to 42 residents. On the day of the audit there were 40 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Standards 2021 and contracts with Te Whatu Ora – Health New Zealand Te Matau a Māui Hawkes Bay, and Whaikaha Ministry of Disabled People. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, management, staff, and a general practitioner.

The managing director was appropriately qualified and experienced and was supported by a clinical nurse manager (registered nurse). Quality systems and processes were in place. Feedback from residents and family/whānau was positive about the provision of care and services. An induction and in-service training programme was in place to provide staff with appropriate knowledge and skills to deliver care.

There were areas of improvement identified in relation to quality meetings and medication.

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 are fully attained.

Information relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) was included in the information packs given to new or potential residents and family/whānau. Opportunities to discuss the Code, consent and the availability of advocacy services was provided at the time of admission and thereafter as required.

Services were provided that respected the choices, personal privacy, independence, individual needs, and dignity of residents. Staff were noted to be interacting with residents in a respectful manner. A Māori health plan and Pacific peoples plan were in place for the organisation. There was no evidence of abuse, neglect, or discrimination. Staff interviewed understood and implemented related policies. Professional boundaries were observed and maintained.

Open disclosure between staff, residents and families/whānau was promoted and confirmed by residents as effective. There was access to formal interpreter services or translation services if required. Service provision was observed as safe. The service had linkages with a range of specialist health care providers, which contribute to ensuring services provided to residents were of an appropriate standard.

Families/whānau are supported and encouraged to visit, with effort provided into maintaining family/whānau involvement in care planning, lifestyle choices and activities. Residents can participate and are involved in community activities. Residents expressed appreciation of the respect for individual spiritual beliefs and the variety of activities provided. There was an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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 are partially attained and of low risk.
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There was a business plan developed which includes a mission statement and operational objectives. The service has quality and risk management systems in place that reflected a risk-based approach, and these systems were implemented to meet the needs of residents and staff. Internal audits were completed and documented as scheduled, with corrective actions completed. There were policies, systems, and processes in place to inform human resource management which met good employment practice. A role-specific orientation and staff education/training programme was in place.

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 are partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses were responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment tool to assess, plan and evaluate care needs of the residents. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans

demonstrate service integration and were reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

An activities programme was implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, aged related, cognitive abilities and preferences for the resident group.

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 are 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.

There is an approved fire evacuation scheme and emergency supplies for at least three days. A staff member trained in CPR and first aid was rostered on duty for all shifts. The facility was secure after hours.

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 are fully attained.

Infection prevention management systems were in place to minimise the risk of infection to residents, staff and visitors. The infection control programme was implemented, met the needs of the organisation/services, and provided information and resources to inform the service providers.

The infection surveillance undertaken was appropriate to the size and complexity of the organisation. Standardised definitions were used for the identification and classification of infection events. Results of surveillance were acted upon, evaluated, and reported/escalated to relevant personnel in a timely manner. The service has utilised Covid-19 screening for residents, visitors, and staff as required. Covid-19 response plans were developed and reviewed. The service has adequate PPE supplies on site and processes in place to ensure adequate supply. There has been one outbreak (Covid-19) since the previous audit.

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 are fully attained.

Restraint is not used at Otatara Heights. There are policies in place around restraint. The education planner includes restraint and challenging behaviour. The clinical manager is the restraint coordinator.

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	25	0	1	1	0	0
Criteria	0	174	0	1	1	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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Te Tiriti o Waitangi was embedded in the organisation’s strategic documents, policies, and practice. There was evidence that the organisation was responsive to Māori residents and recognised mana motuhake. Links to Te Taiwhenua o Heretaunga, non-governmental organisation, have been established and provide advice and support as required. Māori staff provide guidance and te reo Māori support for residents and whānau.</p> <p>The organisation’s strategic and planning documents identified a commitment to deliver equity, reduce barriers to access for Māori and to develop and retain a strong Māori workforce. There was Māori representation on the management team and Māori staff providing care and support. There was also evidence to confirm end of life care provision for Māori residents was provided in a culturally appropriate and sensitive manner.</p> <p>Māori staff and residents interviewed confirmed services were delivered in a culturally supportive manner, including the use of a te ao Māori holistic model of care, te reo Māori and recruitment of a Māori workforce. Family/whānau involvement has been included in decision making and care/support planning.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p>	FA	<p>The service has developed a Pacific peoples plan in partnership with a local Pacific organisation. The plan sets out the direction for care/support and</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>services to Pacific residents and their families/whānau, to ensure cultural safety and equitable service delivery was achieved and that their worldviews, cultural, and spiritual beliefs are embraced. Links to regional and national Pacific groups was established.</p> <p>Interviews with management and care staff confirmed local Pacific community groups and organisations such as the Eastern Institute of Technology are available to support the organisation as required, in relation to culturally appropriate care provision. In addition, staff reported Pacific staff would provide support and guidance for Pacific residents. There were staff members who identified as Pasifika at the time of the audit. There were no residents who identified as Pasifika.</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>Throughout the service there were brochures available and wall posters displayed related to the Code of Rights and advocacy services. Information was available in English and te reo Māori with other languages available on request. All staff interviewed (three registered nurses (RNs), four healthcare assistants (HCAs), one cook, one activity coordinator, one maintenance, one cleaner and one laundry assistant) understood their responsibilities in relation to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) in relation to their roles. These included (but not limited to) respecting privacy, identifying and supporting individual cultural and spiritual needs, communication related to informed consent, the management of complaints, and support from advocacy services.</p> <p>The residents interviewed (four rest home, including one resident on respite, three younger people with a disability and three residents on a mental health contract) were aware of their rights. There were no family/whānau available for interview during the audit.</p> <p>Staff have received education on the many forms of abuse, neglect, and discrimination and when interviewed, were able to show their understanding of the subject and the actions that could be indicators of abusive treatment and neglect of residents. There were no complaints in the past year relating to discrimination, coercion, harassment, sexual, financial or other exploitation. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at</p>

		<p>orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Privacy is ensured and independence is encouraged.</p> <p>The management team have an open-door policy. During interviews the consumer auditor held with younger residents with a disability (YPD) and residents under the mental health contract, residents on the age care contract, and staff, all indicated they would have no problem discussing any issues or concerns to the managing director or clinical managers attention. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Communion services and church services are held as required. The residents interviewed reported they felt respected by staff, Māori mana motuhake and their rights were upheld, as evidenced in the care plans reviewed.</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>Staff were observed to use person-centred and respectful language with the residents. Otatara Heights provides services and support to residents, and they are inclusive and respectful of each residents' individual identity and life experience. Staff are respectful of cultures, values, beliefs, disabilities, and other personal characteristics.</p> <p>As part of the admission process, staff collate information from residents and their family/whānau, where appropriate, in relation to their individual cultural, religious, and social needs. The support provided to address these needs were detailed in the residents' files reviewed. There is signage displayed in te reo Māori, and staff were available to communicate in te reo Māori at the time of the audit. There is a range of information available in English, te reo Māori and other languages as required.</p> <p>The younger residents (YPD and the residents under the mental health contract) were positive about the service, and the staff. They felt their values and beliefs were considered and that they were listened to. Staff interviewed spoke of how the service works hard to provide for the continuing wellness of residents in a culturally safe environment. All residents said they have choices in activities they participate in which are many and varied.</p> <p>The staff noticeboards contain information related to Māori tikanga practice. Interviews with management and staff members confirmed their understanding</p>

		<p>of tikanga best practice and how this is provided. Residents who identified as Māori interviewed also confirmed tikanga was practiced and gave examples of this.</p> <p>Te Tiriti and cultural safety training had been included in the orientation requirements for all new staff. The annual training programme included Te Tiriti o Waitangi and tikanga Māori. The service has links to iwi and evidenced practice that embraced tikanga with whānau centric decision-making during care/support delivery. Māori staff interviewed confirmed they respond to all residents needs and enable their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>There was a code of conduct policy in place which addressed the elimination of discrimination, harassment, and bullying in the workplace and was available to all staff. The code described staff behaviours that were not acceptable and actions that would be taken should these occur. All staff discuss and sign the code of conduct at the time of employment, and this was confirmed in personnel records reviewed. Police vetting was also undertaken for all staff prior to employment to meet legislative requirements and this is documented in individual files reviewed. Staff interviewed reported a positive and inclusive work environment.</p> <p>At the time of the audit, there were residents who identified as Māori. A Māori health care plan is strengths based and holistic and is developed for each Māori resident. Plans included cultural requirements for support/care and practices maintained by the resident. Māori residents interviewed confirmed support care was delivered appropriately to meet their individual needs and desires. They reported they could provide feedback at any time to change the care/support provided, should they require this.</p> <p>Staff receive training annually to ensure consumers were provided services free of discrimination; coercion; harassment; physical, sexual, or other exploitation or abuse. Staff reported there is a zero tolerance of abuse including financial abuse and/or disregard for consumers property. Residents interviewed confirmed they and their possessions were treated respectfully by staff. Policies are documented and implemented in relation to management of resident finances and property. Care staff interviewed described the environment as free from discrimination and the residents interviewed supported this response.</p>

		<p>Professional boundaries were observed in the service, and these were maintained throughout the audit period. Registered nurses interviewed discussed the oversight provided to ensure all staff maintained professional boundaries. The managing director reported a respectful family environment had been established for the long-term residential care for all residents at Otatara Heights. All residents interviewed felt they were cared for in a professional manner.</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 wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>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>FA</p>	<p>Residents and where appropriate, their family/whānau are provided with the information they needed to make informed choices. Policies and procedures were in place to guide staff and support consent processes. Staff interviewed were knowledgeable about the organisation's policies and procedures relating to informed consent, including obtaining consent from parents/guardians/representatives/enduring power of attorneys for residents with diminished capacity. The resident files reviewed documented evidence of relevant information being provided to facilitate informed consent, including information related to adverse events and/or changes in care/support provision. There was documented evidence in the resident files that relatives are informed and kept up to date of any changes in resident's condition.</p> <p>The younger residents interviewed reported they were provided with and receive communication that is effective, transparent, and open to meet their individual needs. Assistance was available for those who require literacy support through a local organisation. Younger residents reported feeling valued and listened to. All residents' reported staff were friendly and warm in their interactions with them, allowing sufficient time for them to make decisions.</p> <p>The clinical manager discussed open communication with other agencies, including needs assessment service, hospice, public hospital, and allied health contactors. This was confirmed during on-site observation.</p> <p>An interpreter policy and contact details for interpreters was available to staff in the office. Management staff confirmed interpreter services were used where there was an identified need. Care staff interviewed identified they could access interpreters for sign language if this were required and the process to do this.</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>There were policies available to staff to guide practice related to informed decision making. The Informed Consent policy was comprehensive and met the requirements of the Code. Definitions of consent alongside legal requirements were included.</p> <p>Staff involved in care/support delivery receive training regularly related to informed consent and this has been facilitated since the last audit. Staff interviewed discussed the consent process and how to provide information and support residents in relation to decision making. Documentation reviewed confirmed residents were receiving appropriate information prior to deciding. Families/whānau were included in decision making as required or identified by the resident and this was documented in the resident's file. Culturally appropriate support was provided/advised by whānau, and this was also documented in the resident's file.</p> <p>Staff interviewed report that where advance directives were developed, these were included in the residents file, and directives were followed. Advanced directive reviews were undertaken by the general practitioner (GP) and any changes documented. Communication with residents and families/whānau related to informed decision making was documented in five files reviewed.</p> <p>The younger residents interviewed confirmed they were provided information and choices around any changes in support, medication, treatment plans and services. Files reviewed documented informed consent for the provision of care had been gained appropriately using the organisation's standard consent form. These were signed by the residents and/or the Enduring Power of Attorney (EPOA) as required. Tikanga best practice guidelines in relation to consent were considered for residents, which included whānau involvement with the consent process if agreed by the resident.</p> <p>All residents interviewed were positive around the support from staff to make informed choices. They described feeling confident around making changes and accessing appropriate service and clinical information that would assist their decisions. They also described the confidentiality upheld by staff around their personal decisions whilst living in a communal residential multiservice environment. Staff were observed politely gaining consent for day-to-day service provision.</p>
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<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The service had a complaints policy and procedure in place which was available to staff, residents, family/whānau and visitors. The complaints policy provided information related to complaints information, processes and timeframes required to identify, manage, and respectfully respond to complaints in keeping with right 10 of the Code. The complaints reviewed had been received electronically by the managing director. Since the last audit, there has been one external complaint made through the Health and Disability Commissioner's office following the February 2023 cyclone event, which was not upheld. There was no further action required. No issues were identified in this audit in relation to the complaint.</p> <p>The clinical manager is responsible for managing complaints and maintaining the register. Staff interviewed described the complaint process and how to access/provide supportive information and assistance for residents. Information on the Code was available to staff, residents and family/whānau in multiple languages, including te reo Māori.</p> <p>Information gathered from complaint outcomes followed a clear process which fed into the quality improvement system. Resident feedback is collected and collated for service improvement purposes, and this was confirmed through the review of staff meeting minutes review. Māori staff are available as required to support the complaints process for Māori residents and their whānau. All residents interviewed confirmed they felt confident to make a complaint should they need to so and the methods available to them.</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,</p>	<p>FA</p>	<p>Otatara Heights Residential Care (Otatara Heights) is owned by Taslin NZ Limited. The service is certified to provide rest home, residential psychiatric and physical level care for up to 42 residents. At the time of the audit there were 40 residents living at Otatara Heights.</p> <p>There were 19 rest home level residents, including three funded by ACC, one resident on respite, and five on a long-term support- chronic health contract (LTS-CHC). The remaining residents were on the age-related residential care (ARRC) contract. There were 10 residential disability - psychiatric on mental health contracts, and 11 young persons with disabilities (YPD).</p> <p>The service is a family owned and operated business currently managed by an</p>

<p>inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>experienced managing director who is qualified in healthcare delivery. The family have owned the business since 2013 and had up until mid-year a director and managing director in situ. There have been recent changes to the remaining company director roles and responsibilities as one director passed away suddenly mid-year. The managing director has been supported by a clinical nurse manager (RN), who has been in the role since June 2017 and the senior leadership team.</p> <p>The managing director described the company's quality goals and these were documented and reviewed at the time of the audit. The services philosophy and strategic plan reflected a resident/whānau-centred approach to all services and that every potential admission was thoroughly considered. There is a 2023 business plan that outlined objectives for the period. Objectives were evaluated and signed off when fully attained by the managing director. There were six main quality goals for the year identified that included improved staff induction, workplace incident reduction, health and safety management system improvement, enhanced communication with staff and environmental improvements.</p> <p>The clinical nurse manager has a current nursing annual practising certificate, a post graduate qualification in aged care and has worked in aged care for over 25 years. There are two additional registered nurses employed. The clinical manager has been on leave for four months immediately prior to the audit. A quality coordinator, operational manager, business manager (unavailable at the time of the audit) and human resource support role were established. The human resource lead was on parental leave at the time of the audit and unavailable for interview. The managing director and clinical nurse manager have both maintained at least eight hours annually of professional development activities related to managing the services provided. This has included cultural training, specific to Te Whare Tapa Whā, te ao Māori and Te Tiriti O Waitangi.</p> <p>The management team collaborates with mana whenua, including staff and whānau contacts in business planning and service development to improve outcomes and achieve equity for Māori and to identify and address barriers for Māori for equitable service delivery, and improve outcomes/achieve equity for tāngata whaikaha. There is Māori representation in the governance/leadership team and management staff report engagement by the residents and family/whānau informs strategic documents through consultation with all residents.</p>
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<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 Low</p>	<p>The service had an established quality and risk management programme which includes performance monitoring through internal audits and the collection of clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours). Ethnicity data is collected and included with quality data. While data is collated, not all data has been analysed and discussed at meetings. Internal audits were completed as per the internal audit schedule by the quality coordinator and/or nursing staff. Staff meetings reviewed confirmed that quality data, health and safety, infection control/pandemic strategies, any complaints received, staffing, and training/education are standing agenda items. Corrective actions were documented to address service improvements, with evidence of progress and sign off when achieved; however, not all meetings have been held as scheduled. The service does not benchmark data.</p> <p>Separate resident, family and food satisfaction surveys are completed annually. The surveys completed consistently reflect high levels of satisfaction which was also confirmed during interviews with the residents. The satisfaction survey was issued in May 2023 and is undergoing evaluation.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Recent weather events demonstrated a coordinated safe evacuation of staff and residents (February 2023) and subsequent review of emergency plans (June/July 2023). The service provides training and support to ensure all staff are adequately equipped to deliver high quality health care for Māori. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Standard.</p> <p>Health and safety is managed by the operations manager and managing director. Health and safety is part of induction and regular meetings occur with representation from laundry, cleaning etc. Health and safety issues if raised are recorded and managed by the managing director swiftly to ensure a safe environment is maintained. Incident/accidents were documented in hard copy and managed as per the Adverse Events policy. Incident/accident data is collated, analysed and reported at facility meetings.</p> <p>Discussions with the managing director evidenced leadership understanding and knowledge around essential notifications. A Section 31 report had been completed to notify HealthCERT around the cyclone event and subsequent</p>
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		<p>evacuation, and an event between residents, alongside an infection outbreak (February/March 2023). Staff and consumers were kept informed, services were managed and maintained, and staff and residents debriefed in all three events.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There was a staffing policy that described rostering requirements to ensure appropriate coverage for the effective delivery of care and support. The clinical nurse manager, registered nurses, a selection of HCAs and the activities coordinator hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Observations and interviews with staff and residents confirmed that staff workloads are manageable. On-call cover is provided by the clinical nurse manager, registered nurses and managing director. The senior registered nurse performs the clinical nurse manager's role in her absence, and the clinical nurse manager performs the owner/manager's role in her absence. Clinical on call is shared and occurs week about on the roster between the three RNs.</p> <p>Staff and residents have been informed when there were changes to staffing levels, as evidenced in staff interviews and staff meeting minutes.</p> <p>An annual education and training schedule was implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Cultural awareness training took place in January 2021, including the provision of safe cultural care, Māori worldview and the Treaty of Waitangi. The training content provides resources to staff to encourage to participate in learning opportunities that will provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff training has included sessions on privacy/dignity and spirituality/counselling, to ensure the needs of younger residents are met. There was also training around management of challenging behaviour, community participation and supporting residents to live full lives. Mental health training included de-escalation, effective communication to respond to resident stress, and managing stress.</p> <p>The service accesses online Te Pou modules for education around mental health. There are two RNs who are mental health trained and have experience in the field. Te Pou modules (online) completed since the last audit include Bi</p>

	<p>Polar Disorder. Sessions are monitored for completion. The CM confirms completion with staff and this is recorded in their individual staff file. Appraisals record discussions and plans for education for the coming year, and these were sighted. Individual plans are catered to the roles and requirements of each staff member. RNs have attended external study days and the newest RN is enrolled to complete syringe driver training. The other two have current competency for the event of end-of-life care.</p> <p>The staff have access to a community MH team should they need specific training. They have a stable resident group of institutionalised residents unlikely to ever achieve semi-independent living.</p> <p>The service supports HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are completed. There are 26 HCAs employed at the service. Eleven HCAs have achieved a level 4 NZQA qualification, ten have achieved level 3, two HCAs have achieved level 2, and the remaining three are relatively new to the service and working towards their level 2. Four HCAs have mental health related qualifications.</p> <p>All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), medication administration (if medication competent) and moving and handling. A record of completion was maintained. Training, support, performance, and competence have been provided to staff to ensure health and safety in the workplace, including manual handling; handwashing; hoist training; chemical safety; emergency management, including (six-monthly) fire drills; and personal protective equipment (PPE) training.</p> <p>Additional RN specific competencies include an interRAI assessment competency. There is one RN who is interRAI trained. One RN is relatively new to the service and has planned to engage in interRAI training. All HCAs are encouraged to also attend external training, webinars and zoom training where available and attend relevant staff, quality, and clinical meetings. External training opportunities for care staff include training days provided by the local hospital.</p> <p>The service has a policy and procedure for the participation of residents at all levels of the organisation. Resident/family meetings are held monthly and provide opportunities to discuss results from satisfaction surveys, corrective</p>
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	<p>actions being implemented, in addition to private discussions regarding care and support provision.</p> <p>There is a policy around family advisory in place. The managing director has developed an advocacy lead for the service. Examples discussed of situations where family have lead advocacy for residents. The service uses local advocacy and if they were involved, they would be required to document their involvement – as discussed with the managing director.</p> <p>Residents are involved with aspects of service planning and implementation, and this was confirmed through interviews with staff and residents. Interviews with residents confirmed they were involved with service planning including. The residents provided formal recommendations related to the food service and these were implemented. Another resident participated in preparing and cooking their own food. Residents described input into events and outings of their choice and environmental changes to include the types and styles of furniture and furnishings. The residents interviewed confirmed that they were provided with terms of reference and that family were supported and involved in decisions around residents support/care. Documents reviewed onsite supported the framework for meetings that informed residents participation in service planning. Staff could describe the processes undertaken when meeting occurred and ow actions could be implemented. Examples were provided of feedback informing service provision which included mobility supports on outings.</p> <p>The service has meeting structure that includes weekly feedback and these are documented. There are guidelines related to residents input, feedback and involvement in service planning meetings guide staff when meetings are held. Residents interviewed confirmed they were provided with guidelines that ensured their understanding and role in service planning was identified.</p> <p>The service engages staff in training to ensure their understanding related to the importance of involving people with lived experience in service delivery. This has included training related to consumers rights and training sessions/modules through Te Pou. Policies reviewed onsite include consumer involvement is service planning. Residents and staff interviewed discussed te process undertaken through formal and informal feedback mechanisms. Meetings held onsite include residents and family where indicated . Suggestions made are documented and any follow up cations implemented. Staff interviewed reported willingness for residents to choose times, styles and methods for service provision and this was evidenced in the meal service</p>
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		<p>where two sittings are facilitated.</p> <p>The service invites people from the community such as an advocate and family to join meetings or provide feedback to ensure choices are provided. Staff reported that residents who have EPOA or advocates were encouraged to have terms of reference in place.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There were human resources policies in place, including recruitment, selection, orientation, and staff training and development. Six staff files were selected for review (three HCAs, one activities coordinator, one manager, one RN). Staff files were held in hard copy, retained in the clinical manager's office, in a locked filing cabinet. A recruitment process had been implemented by the human resource coordinator which includes interviews, reference checking, signed employment contracts, police checking and completed orientation. Job descriptions were in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>The service has a role-specific orientation programme to provides inexperienced staff with relevant information for safe work practice. It includes buddying with a more experienced staff member when first employed and completing competencies. The service demonstrated that the orientation programme supports RNs and HCAs to provide a culturally safe environment to Māori and Pacific consumers through the orientation programme requirements and ongoing training.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry). There was an appraisal policy in place and all staff who have been employed for over one year have an annual appraisal completed. Information held about staff was secured and confidentiality maintained. Ethnicity data was collected, and an employee ethnicity database maintained.</p> <p>There was evidence of staff debriefing and follow-up action taken following recent events (eg, cyclone). Management, staff and RNs discussed the support provided to all staff and this was confirmed during interviews with HCAs, support staff and residents.</p>

<p>Subsection 2.5: Information</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>	FA	<p>The service had policies and procedures to ensure the safe management of information to meet legislative requirements. A blend of electronic and paper-based consumer information management systems were utilised. Resident files were maintained in hard copy. Medication was managed electronically. Policies were available electronically and in hard copy. During interview, all staff discussed sufficient access to information required to deliver services.</p> <p>Staff understood their responsibilities regarding access to information required to complete admission information. Responsibilities related to consumer information were confirmed during all interviews with staff undertaken. Staff had access to privacy training and discussed the requirements of the Privacy Act. The service provided a safe environment related to consumer information and this was achieved by maintaining staff only access to files, protection of electronic devices (individual passwords and log ins), and protection of general information, including whiteboards and bedroom identification. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The Otatara Heights admission policy/decline to entry policy and procedure guides staff around admission and declining processes, including required documentation. The clinical manager maintains records of prospective residents and families/whānau who have viewed the facility, admissions and declined referrals. Records include ethnicity.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service is a preferred provider for Māori in the local area and had information available for Māori, in English and in te reo Māori. There were residents and staff who identified as Māori. The service currently engages with Te Taiwhenua O Heretaunga and local kaumātua to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p>	FA	<p>Seven resident files were reviewed: three rest home, including one resident on respite; two residential disability - psychiatric on mental health contracts; and</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>two younger people with a disability -physical (YPD). The RNs were responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments (for ARRC) and long-term care plans reviewed, and this was documented in progress notes and family/whānau contact forms. The residents identified as being under the residential disability services – psychiatric contract, YPD and LTS-CHC were not required to have an interRAI assessment completed.</p> <p>The service uses a nursing assessment and an initial support plan completed within 24 hours of admission. The assessments include falls, pressure area, skin, nutritional, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Dietary requirements were completed on admission with a copy shared with the kitchen staff. Additional risk assessment tools include behaviour and wound assessments as applicable. For the residential disability - psychiatric on mental health contract resident, assessments also included early warning signs, triggers, current symptoms, history of mental illness and any substance use/misuse. The outcomes of risk assessments were reflected in the care plan.</p> <p>Long-term care plans had been completed within 21 days for all residents and first interRAI assessments had been completed within the required timescales for the ARRC and ACC residents. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six-monthly. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and were documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. The GP records their medical notes in the integrated resident file.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with the local medical centre and has a GP visit fortnightly. The GP service also provides out of hours cover. Specialist referrals were initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information were</p>
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		<p>identified and strategies to manage these documented. The service has a physiotherapist available as required and a podiatrist visits regularly. Mental health team support is well documented and a dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora- Te Matau a Māui Hawkes Bay.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes were written on every shift and as necessary by HCAs and at least weekly by RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations regarding their health and care were being met. When a resident's condition alters, the clinical manager, or an RN initiates a review with the GP. Family were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. A family/whanau contact sheet records family notifications and discussions.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for the two residents with chronic wounds. Wound dressings were being changed appropriately and a wound register is maintained. There was regular communication and well documented input from the wound nurse specialist. Care staff interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. HCAs and RNs complete monitoring charts including bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Neurological observations were completed for unwitnessed falls, or where there was a head injury.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	<p>FA</p>	<p>The service employs an activities coordinator for 27 hours per week, who leads and facilitates the activity programme Monday to Friday. Out of hours HCAs support residents and facilitate activities using a stock of available</p>

<p>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>activity resources. The activities coordinator has been an HCA for four years, has completed her level four certificate in health and wellbeing, and has been working in this role for three months. She is supported by an experienced Diversional Therapist (DT) based at another facility owned by the organisation.</p> <p>The activities calendar included celebratory themes and events. A monthly activities calendar was posted on noticeboards, and a copy given to residents. The service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language on planners, in activities, signage and culturally focused food related activities. The activities coordinator (interviewed) described the philosophy of being a whānau rather than a rest home and that speaking te reo Māori to everyone was considered business as usual.</p> <p>Residents can participate in a range of activities that are appropriate to their cognitive and physical capabilities. Residents who do not participate regularly in the group activities are visited for one-on-one sessions, with activities of their choosing. All interactions observed on the day of the audit evidenced engagement between residents and the activities coordinator/HCAs.</p> <p>Each resident has an activities assessment and plan developed on admission. The activities assessment includes previous careers, hobbies, life accomplishments and interests, which forms the basis of the activities plan. The resident files reviewed included a section of the long-term care plan for activities, which has been reviewed six-monthly.</p> <p>All residents had individual activities plans reflective of their needs, including swimming and 10 pin bowling. The service engages with the local 'Mosaics' centre for younger persons to further provide age appropriate and culturally based activities. The residents also access the community through van trips, supported shopping and via the Mosaics centre. Individual records and attendance were documented in a way that can be used to identify residents who may not attend, who may have deteriorated in their ability to participate, and who may need individual or small group activities versus generic activities.</p> <p>The service provided a range of activities such as crafts; exercises; bingo; cooking; quizzes; van trips; sing-alongs; hacky sack; balloon games; movies; and pampering sessions. Community visitors include entertainers, church services and pet therapy visits. Community outings include regular collaboration with 'earth gardens' – organic gardening for residents with disabilities and on the mental health contract. The service connects with</p>
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		<p>another facility owned by the same family for some activities, which broadens the social interaction for both services.</p> <p>Residents interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</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>Otatara Heights had policies available for safe medicine management that met legislative requirements. All clinical staff who administer medications had been assessed for competency on an annual basis. Education around safe medication administration was completed. The clinical manager and one of the RNs had completed syringe driver training.</p> <p>The service uses the electronic medication management system for all permanent residents and a paper system for respite residents. Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and pro re nata (PRN) medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the service's medication room and within a locked trolley. The medication fridge and medication room temperatures were monitored daily, and the temperatures were within acceptable ranges. All medication supplies were checked in to the facility and signed on the checklist form. All eyedrops had been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP as per the medication policy and this was evidenced in medication files reviewed. Efficacy of all prn medications administered is documented.</p> <p>Fourteen medication charts were reviewed (13 electronic and 1 paper). The electronic medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each drug chart has a photo identification and allergy status identified. The paper medication chart (respite resident) did not have a resident identification photo; the resident's allergy status was not identified; and not all medication administered had been signed for as required, including controlled medication. The service had an</p>

		<p>implemented system for the management of controlled drugs.</p> <p>There were no self-medicating residents; however there are policies and procedures documented should a resident choose to administer medications. No standing orders were in use and no vaccines were kept on site.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with the Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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>Otatara Heights has a New Zealand Registered Dietitian who informs and signs off on the organisation’s meal plans. There are seasonal meal plans in situ and a current Food Control Plan.</p> <p>There are cooks, kitchen hands, and support staff employed seven days a week who provide kitchen services. The lead cook was interviewed for this audit and staff and residents interviewed confirm the quality of food services across the week. There was one main kitchen for all the services residents. Resident meals prepared on site during the audit were of high quality and represented a range of choices for residents. Staff confirmed a high level of satisfaction with the food service provided, including meals and snacks for residents who were limited in their ability to indicate choices and for families/whānau, as desired. Residents are supported to be involved with food choices and preparation with examples given. Home baking was available, and residents confirmed their satisfaction with the food and beverages provided. The main cook provides traditional foods as requested. Staff and residents are able to suggest off menu items as desired.</p> <p>There are two sittings for each meal, with residents requiring assistance eating first. Residents were observed chatting and playing games after their meal in a very relaxed family fashion. The dining room was observed as warm and welcoming.</p> <p>Residents’ allergies/sensitivities/ special diets/ likes and/or dislikes are assessed on admission and information documented and provided to the kitchen staff on the same day. Observation of the kitchen areas confirmed the</p>

		<p>area was clean, neat, and orderly, including the storage areas. Cleaning schedules were maintained. There was no food stored on the floor. Resident sensitivities were observed listed on the kitchen wall alongside rosters and responsibilities for kitchen staff throughout the week. Staff confirmed they were aware of resident allergies/sensitivities.</p> <p>All food temperature documentation reviewed confirmed food was managed safety at required temperatures. Fridge and freezer temperatures were monitored, and food managed appropriately (labelled and covered) in fridges and freezers. There were systems in place for the ordering and management fresh, chilled, and frozen foods with dedicated staff to do this.</p> <p>During interview, kitchen staff confirmed that breakfast and dinner was managed by care staff, whilst the midday meal is managed by the lead cook or an appointed person on the weekend. Kitchen staff have completed appropriate training. A food service was observed, and food sampled was freshly cooked, attractively presented and well balanced.</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>Otatara Heights has documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. Residents and family/whānau are supported to access health and disability services as required, including Kaupapa Māori services.</p> <p>The file of a resident who had been transferred was reviewed and contained all relevant information to support the continuity of their care.</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</p>	FA	<p>The services buildings, plant, and equipment were fit for purpose, and comply with legislation relevant to the health and disability services being provided. There was a current building warrant of fitness which expires 18 November 2023. The environment is inclusive of peoples' cultures and supports cultural</p>

<p>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>practices.</p> <p>The service has no plans to expand or alter the building but can access existing iwi contacts to ensure any designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.</p> <p>Maintenance staff take responsibility for refurbishing rooms and day to day repairs with other issues resolved by external trades people as required. They maintain gardens and the external areas. The managing director provides oversight overall. The external areas and gardens were well maintained. All outdoor areas have seating and shade. There is safe access to all communal areas, including a sheltered courtyard.</p> <p>Electrical equipment has been tested and tagged and medical equipment calibrated annually as per schedule. The hoist and scales have been checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. Floor coverings were appropriate to resident needs and they are easy to clean. The corridors were wide, have safety rails and promote safe mobility, with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids as required.</p> <p>Each resident has a single room. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms, as viewed on the days of audit. Bedrooms also have equipment that is individualised if required. Each resident's room has an external window, providing natural light. The service is in the process of working through the rooms and updating the heating and lighting.</p> <p>There is a large room that is the main activities room and a main dining room. There are other areas both inside the facility and outdoors for quiet space. Residents stated that at times, the large lounge is busy with a variety of activities taking place and if they want a quiet area, then they use their bedroom.</p> <p>There are communal toilets and showers with appropriate fixtures, fittings, and flooring. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs and hoists if appropriate. There are signs on all shower/toilet doors that denote vacant or in use. One resident with a wide wheelchair was asked if they could negotiate</p>
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		toilet and shower areas and they stated that there was sufficient room and railings to support them to attend to activities of daily living.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Otatara Heights has documented emergency and disaster policies and procedures and a civil defence plan (reviewed May 2023) The service has a fire service approved evacuation plan developed in December 2004. Fire drills occur every six months (at a minimum). The orientation programme and annual education and training programme includes fire and security training. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes.</p> <p>A civil defence plan was documented for the service. There were adequate supplies available in the event of a civil defence emergency, including food, water, and blankets. A back up barbeque is in place. Staff described that these were adequate during the February 2023 cyclone when the service had to evacuate for a period and was without power and water for a number of days. Additional bottled water has been stocked following review of the cyclone event. Staff reported that information to residents is managed according to their ability.</p> <p>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity. Call bells are checked regularly by maintenance.</p> <p>There is a minimum of one staff member available 24 hours a day, seven days a week with a current first aid/CPR certificate. The facility is secured at night. Access by public is limited to the main entrance.</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</p>	FA	<p>The managing director and leadership team identified in interview the infection prevention (IP) and antimicrobial stewardship (AMS) plans/programmes as integral to improving the quality of services delivered to consumers. Documents reviewed related to Covid-19 confirmed infection prevention issues had been escalated through established reporting lines to the managing director.</p> <p>The leadership team have established links to Te Whatu Ora- Te Matau a</p>

<p>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>Māui Hawkes Bay clinical nurse specialists. Reporting includes activities, outcomes, and overall response effectiveness to outbreaks and infections. The Covid-19 outbreak documentation reviewed included information made available to the managing director who led the decision making, alongside the clinical manager. Significant infection control events were managed using a stepwise approach to risk management and receive the appropriate level of organisational support. This was evidenced in the Covid-19 outbreak (February/March) and confirmed in management staff interviews.</p> <p>Interviews with the clinical manager and managing director confirmed they have completed appropriate training and understand the requirements of the AMS programme. Information related to the AMS programme had been collected, collated, and managed alongside the infection control programme. The programme is scheduled for review in 2024.</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>Otatara Heights has comprehensive infection control policies documented. The infection control programme is reviewed annually and has been approved by the directors. The clinical manager leads the infection control programme and has input into infection control policy development /review, including potential risks related to hospital acquired infections. The job description includes a description of the role and responsibilities.</p> <p>The pandemic plan includes the Covid-19 response plan which includes preparation and planning for the management of screening, transfers into the facility, positive tests and restricting access should this be required. There were outbreak kits readily available and sufficient supplies of personal protective equipment. Processes are established to access additional supplies should these be required. The infection control coordinator has attended external infection control training. Infection control training and competencies are included in the education plan and are completed during orientation to the service. Resources could be accessed as required to ensure safe infection control practice is upheld. Since the last audit, Rongoa practices have been included in the IP programme. Infection prevention information was available for staff, residents, and visitors in te reo Māori. Māori consumers and staff have advised around culturally safe practices, acknowledging the spirit of Te Tiriti.</p> <p>The infection control coordinator is involved in all acquisitions, including</p>

		consumables and any redevelopment programmes. Staff interviews confirmed the clinical manager and RNs provide oversight into the practice management of single use devices and there is information and guidelines available to staff to inform safe practice. All shared equipment is appropriately disinfected between use. Infection control audits are completed as scheduled and any corrective actions identified have been completed.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to 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>	FA	<p>There is an AMS programme developed and implemented to optimise antimicrobial use and to minimise harm. The programme meets the requirements of the standard and is suitable for the size and scope of the service. The programme is part of the infection control programme and includes access to antimicrobial guidelines. The best practice approach to minimal/appropriate use of antibiotics had been supported by prescribers, including the GP service. The IP lead (clinical manager) confirmed the organisation has sufficient resources and has completed staff training to inform the minimal use of antibiotics.</p> <p>Support and information is available from the infection control specialist and GP should this be required for optimal clinical practice. Staff interviewed reported any adverse events related to the administration of antibiotics would be documented and information provided through the quality system.</p> <p>There are processes in place for monitoring antimicrobial use utilised through the electronic medication management system and this was reviewed on site. Observation and staff interviews confirmed ethnicity data related to infections and the use of antibiotics was available to staff and prescribers through the system.</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</p>	FA	<p>Infection surveillance was described by the service in the infection control manual as an integral part of the infection control programme and is appropriate for the size and complexity of the service. Monthly infection data collected includes all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. The RNs collate the monthly data, which includes ethnicity; however, the data has not always been analysed and discussed at meetings (link 2.2.2). All</p>

<p>national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>communication is documented in a culturally safe manner.</p> <p>There has been one outbreak since the previous audit (Covid-19 February-March 2023). The facility staff followed their policies and procedures, and staff wore PPE. Families were kept informed by phone or email and visiting was restricted. There was minimal spread of the infection, and all mandatory reporting was completed. A debriefing occurred and quality improvement opportunities identified.</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 the environment.</p> <p>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.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Safe storage and disposal of waste was reviewed in consumers bedrooms and communal areas visited. There were systems and processes in place to safely transport waste to disposal/collection areas. The laundry and cleaning staff were trained in chemical safety, linen management, and hazardous waste management. Health and safety for staff, and residents met legislative requirements and practice related to cleaning, laundry, and the transport of waste and soiled linen. Yellow bags (infectious waste) and yellow containers for sharps and syringes etc were viewed and available. There is a sluice rooms with a sanitiser which is locked when not in use.</p> <p>Cleaning was managed by employed staff Monday to Friday, with light weekend cleaning completed by HCAs. Cleaning and laundry staff interviewed confirmed they had completed training provided at orientation and ongoing training to include chemical usage. Cleaning processes are in place and align with infection prevention and control principles. The clinical manager, in the role of IP lead, provides oversight and responsibility for involvement in review of the cleaning and laundry processes through internal audits.</p> <p>All areas were well maintained and were very clean on visual inspection. Cleaning schedules were in place relevant to the area (bedrooms, bathrooms, kitchen, dining, and lounge area). There has been an increase in the frequency of cleaning high touch points related to Covid -19. Cleaning trollies were stored safely when not in use. Chemical containers were refillable, and PPE is used when refilling the bottles. All chemical bottles observed were clearly labelled and stored securely with limited access.</p> <p>The laundry has a defined dirty to clean flow, and appropriate PPE was available. Chemicals were stored securely. Used linen was collected and transported to the laundry for reprocessing by laundry and care staff and clean linen is delivered to each bedroom daily by laundry staff. Additional linen was</p>

		available, and this was stored appropriately.
<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>	FA	<p>Otatara Heights is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the clinical manager reported they would work in partnership with Māori to promote and ensure services are mana enhancing. Staff receive training around managing of challenging behaviour and this is briefly reviewed as part of their annual performance appraisal. The family are representative of the Māori voice, as are staff should this be required. The clinical manager was aware of the requirement to include a representative (relative or resident) in the restraint process.</p> <p>The designated restraint coordinator is the clinical manager. The restraint register is maintained. There is currently no residents using restraint. The use of restraint is regularly reported in the monthly facility quality/staff meetings and 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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	There is a quality meeting schedule in place which includes monthly quality/staff meetings. Staff are required to attend these and information related to quality is discussed at this time. However, not all quality/staff meetings have occurred in 2023 as scheduled. There was evidence of the collection of quality data. However, not all data collected has been collated and analysed and discussed in staff meetings. Staff interviewed report all current incidents, and infections are discussed at handover. Quality data is not benchmarked.	<p>i). Not all staff meetings were facilitated as scheduled.</p> <p>ii). Not all quality data was analysed to inform the quality component of staff meetings.</p> <p>iii). Quality data is not benchmarked.</p>	<p>i). & ii). Ensure all quality data is analysed and staff meetings are facilitated as scheduled.</p> <p>iii). Ensure benchmarking of quality data occurs.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate</p>	PA Moderate	There is a medication system, policies and procedures in place which are appropriate to the size and scope of the service. Medications are stored securely. All electronic medication charts evidenced medications were prescribed	<p>i). Sensitivities/allergies were not documented in the medication chart for the respite resident.</p> <p>ii). Two regular medications</p>	<p>i). & ii). Ensure all medication documentation is completed as per policy to meet legislative</p>

to the scope of the service.		appropriately; however, not all controlled drugs administered had been signed for accordingly. The respite resident had medications prescribed; however, the medication chart for the respite resident was not fully completed.	and one controlled drug had not been signed for as required for the respite resident.	requirements. 90 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.