Lexham Gardens Limited - Lexham Gardens Rest Home and Hospital

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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:	Lexham Gardens Limited
Premises audited:	Lexham Gardens Rest Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 September 2023 End date: 21 September 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: 45

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 haumaru │ 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
	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
	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

Lexham Garden Rest Home and Hospital provides rest home and hospital level care for up to 50 residents.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service's contract with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland. The audit process included the review of policies and procedures, the review of residents' and staff records, observations and interviews with residents, family, staff and management, the general practitioner, and the general manager clinical and operations.

The organisation is governed by a board and a clinical governance team. The service is currently managed by an experienced interim manager who covers two facilities, and a clinical manger recently appointed to the role. The general manager clinical and operations is overseeing the facility.

The residents and families interviewed were pleased with the service which provides a supportive cultural community and welcomes residents of all cultures.

Two areas were identified for improvement from this surveillance audit. One area related to registered nurse coverage and one in relation to the status of the resident interRAI assessments on admission, and the interRAI re-assessments.

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.

Policies are in place to ensure residents who identify as Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake when required.

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

Staff understand the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). There is a current policy on abuse and neglect. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. Residents' property and finances are respected, and professional boundaries are maintained. Staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Informed consent for specific procedures is gained appropriately.

Processes are in place to resolve complaints promptly and effectively with all parties involved. The complaints register is maintained.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The quality and risk management systems are focused on quality service provision and care. Actual and potential risks are identified and mitigated. The service complies with statutory and regulatory obligations and meets the contract with Te Whatu Ora Te Toka Tumai Auckland. Policies and procedures are managed from the organisation's support office.

All newly employed staff are provided with orientation. Competencies are completed and training was provided through orientation and recorded. Staff participate in planned education annually including first aid training. All employed and contracted health professionals maintain a current annual practising certificate.

Staffing is managed to ensure adequate cover by the clinical manager.

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.

Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met.

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

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

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

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment and calibrations are up to date. External areas are accessible, safe and meet the needs of residents living in this rest home and hospital.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.

The service ensures the safety of the residents and of staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The senior registered nurse coordinates the programme.

There were sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support the plan if it is activated.

Orientation and ongoing education of staff are maintained.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. The infection outbreak of COVID-19 in May 2023 was managed according to Ministry of Health (MoH) guidelines.

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.

Policies and procedures are in place that evidence promotion of eliminating restraint use. At the time of the audit no restraints were in use. The last restraint was used in August 2023.

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	16	0	0	2	0	0
Criteria	0	47	0	0	2	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
Subsection 1.1: Pae ora healthy futures 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.	FA	Lexham Gardens Rest Home and Hospital (Lexham Gardens) has a cultural policy and a Te Tiriti o Waitangi policy which is embedded also in the organisation's Māori health plan reviewed. Māori residents and staff are provided with support to achieve their aspirations recognising mana motuhake. There were residents who identified as Māori. Staff who identify as Māori are part of the diverse team of staff who are employed at the facility.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa 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.	FA	Policies and procedures are available to guide staff in the care of Pacific peoples. The provision of equitable services is underpinned by the Pacific peoples' worldview policy. Expert advice is sought from the resident and family and/or the community. Cultural assessments and care plans for residents of each Pacific descent are available to implement. Models of care for each are clearly documented and implemented. There were residents who identified as Pasifika and twenty-four staff who identified as Pasifika on the day of the audit. Each

		spoke their own languages fluently.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	All staff interviewed at Lexham Gardens understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained. The clinical manager (CM) reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to	FA	Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation and service plans were signed by residents who were competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent.

access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	The complaint/compliment management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code. Staff interviewed stated that they are fully informed about the complaints procedure and where to locate the forms if needed. The families interviewed were pleased with the care and management provided to their family members. They clearly understood their right to make a complaint or to provide feedback as needed to improve service delivery, or to act on behalf of their family member. The interim facility manager (FM) is responsible for complaints management and maintaining the reviewed complaints register. The general manager clinical and operations (GMC&O) was present at the audit and follows up all complaints. There have been five complaints received this year and all have been closed out effectively. Complaints were acknowledged, investigated and followed up in a timely manner. No complaints were recorded on the register via the Health and Disability Commissioner's (HDC) office, Te Whatu Ora Te Toka Tumai Auckland or other external agencies since the last audit. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of a te reo Māori interpreter if this was required. The complaints process was sighted in te reo Māori.

Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	New Zealand Aged Care Services Limited owns ten facilities. Lexham Gardens is a rest home and hospital that provides aged related residential care for rest home and hospital level residents. There is a managing director and two additional board members, one who identifies as Māori. The managing director is currently the interim chair of the board. The board meets monthly and more often as needed. The general manager interviewed (the managing director was overseas on the day of the audit) explained the roles of the board members and other management staff at the head office. These roles are also highlighted in the 2023 to 2024 business plan reviewed. The governance body ensures compliance with legislative, contractual and regulatory requirements. The organisation'smission statement, statement of purpose and philosophy are clearly documented on the business plan reviewed. There are four main set objectives to achieve for the coming year. Governance is appropriate for the size of the organisation. The GM provides a clinical and operations report monthly to the board and monthly key performance indicators (KPIs) for benchmarking purposes, which is a new initiative being currently implemented. The GM provides support to the interim facility manager and the clinical manager. The interim manager presently covers two facilities (approximately 20 hours per week), this facility and Avondale Lifecare until a facility manager is employed. There have been several managers since the previous audit. The CM has worked in another of the organisation's aged residential care facilities but is new to the role at Lexham Gardens. The organisation has established a clinical governance board. Training has been provided for the board, including Te Tiriti o Waitangi and health equity training. The CM has previously attended training on Te Tiriti and health equity. The service provider endeavours to provide equitable services to Māori as documented in policy, and aims to reduce any barriers for those residents

		who identify as Māori and those with disabilities. The CM aims to have a good relationship with all residents, families/whānau and local community organisations. Core competencies are completed by all staff as part of the orientation process. Lexham Gardens provides aged related residential care (ARRC) and has contracts with Te Whatu Ora Te Toka Tumai Auckland for providing rest home, respite, MoH younger persons disabled (YPD) and hospital level care. Forty-five beds were occupied on the day of the audit. Twenty residents were receiving rest home level care, 21 hospital level care, one respite care, and three YPD residents were receiving hospital level care.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, internal and external audit activities, monitoring of outcomes, policies and procedures, health and safety reviews, and clinical incident management. The clinical manager and interim facility manager are working on this together until a manager is appointed. The GM C&O present at the audit explained the processes involved. The organisation is currently transitioning to electronic policies and procedures and to a clinical electronic system. This will provide more consistency between all services. There are a range of internal audits which are undertaken. The schedule for 2023 was reviewed. Internal audits reviewed included infection prevention, cleaning and laundry, environment, care planning and other audits as per the audit schedule. The service prioritises those related to key aspects of service delivery and resident and staff safety. Any issues identified are addressed with a corrective action plan. The staff are informed of any results. Health and safety systems are implemented. Any internal or external risks are identified. There was a current up-to-date hazard register and

		hazardous substance register. A risk management plan 2023 to 2024 with aims and objectives was in place. The interim manager and the CM understood the responsibilities for adverse event reporting and complied with statutory and regulatory obligations in relation to essential reporting. Four notifications to HealthCERT were reviewed. In both June and July, notifications were forwarded in relation to registered nurse vacancies and senior leadership roles. One was to inform regarding the interim manager position (Avondale Lifecare) covering the two facilities, and the new clinical manager position (three weeks in this role) was completed and sent on the day of the audit by the GMC&O. Notification forms are held at the organisation's head office.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	PA Moderate	Rosters for the last four weeks were reviewed to determine staffing levels and skill mix to provide clinical services. The service provides staff to cover twenty-four hours a day, seven day a week (24/7). The rosters reviewed adjusted in response to resident numbers and levels of care, and when residents' needs change. Bureau staff are not employed but staff from Avondale Lifecare (both care staff and registered nurses), provide additional cover as needed. A core of care staff had been employed at Lexham Gardens for some time. However, the service with the appointment of the CM, is still two registered nurses down. The CM covers Monday to Friday. Two registered nurses cover weekend morning shifts and the afternoon shifts. The service, with support of Avondale Lifecare RNs, do provide some cover for the remaining shifts. It was noted that an enrolled nurse covers five-night shifts (11pm to 7am) with the CM on call. These shifts need to be filled by a registered nurse to meet the agreement obligations of RN 24/7 cover. A 'roamimg/relief' RN assists with interRAI re-assessments (refer to CAR 3.2.5). The CM is actively advertising for staff. The impact has been because of the shortage of RNS is that there were interRAI assessments

		overdue. The CM is interRAI competent, however the two RNs are yet to complete the interRAI training. The families and residents interviewed stated they felt safe and pleased with the cares provided A diversional therapist (Level 4) is employed five days a week in this role Tuesday to Saturday. The health care assistants (HCAs) have completed all competencies required on employment. There are a total of 29 health care assistants, with 19 having completed recognised New Zealand Qualifications Authority (NZQA) aged care related courses. Five have completed level 4, four level 3, two level 2 and eight level 1. One cleaner also is trained to cover as an HCA as needed.
Subsection 2.4: Health care and support workers 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. 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.	FA	All employed and contracted registered health professions have current annual practising certificates. An orientation and induction programme is implemented and staff confirmed the programme's usefulness and applicability and felt well supported. New health care assistants are 'buddied' to work with a senior HCA for orientation. Time was also spent with the registered nurses. Additional time is provided as required. A checklist is completed. Orientation when completed is signed off by the CM and a record is maintained in the individual staff members record. Staff appraisals are completed annually.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori	PA Moderate	Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. Needs Assessment and Service Coordination (NASC) confirmed the levels of care were completed and sighted in all files reviewed. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by

and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.		appropriately trained and skilled staff, including the nursing team and care staff. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau/enduring power of attorney (EPOA). Long-term care plans were also developed, and six-monthly evaluation processes ensure that assessments reflected the residents' daily care needs. Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care. The general practitioner (GP) completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that the nursing team was aware of the escalation process, and management of deteriorating residents, and all clinical assessments were detailed. Furthermore, the GP reiterated that communication was conducted in a transparent manner, medical input was sought in a timely manner that medical orders were followed, and care was resident-centred. The CM reported the service had processes and systems in place to assist staff in assessments, management of deteriorating residents, and escalating any issues to the GP. All staff interviewed demonstrated awareness of the policies and procedures in place. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly. The CM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement

		in the evaluation of progress and any resulting changes. Residents who were assessed as requiring young people with disabilities (YPD) care had their needs identified and managed appropriately. Food and fluid charts were completed for residents requiring these and evidence of this was sighted in files reviewed. The interRAI summary report reviewed showed 15 overdue interRAI re-assessments ranging from 133 to 302 days, and eight residents had no completed interRAI assessments since admission.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Medication competencies were current, completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit. There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted. The registered nurses were observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards. There were no residents who were self-administering medication on the audit day. There is a self-medication policy in place, and this was sighted. There were no standing orders in use.

Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 21 June 2024. Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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	FA	Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose. There was a current building warrant of fitness which is displayed and expires 4 June 2024. Electrical testing and tagging is due to be completed 26 September 2023 for the annual checks and 16 May 2024 for the two-yearly checks of equipment, as noted in the inventory reviewed. Calibration and hoists have had annual checks completed and this was recorded separately.

freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.		Whānau/family interviewed were happy with the environment being suitable for their family member's needs. There was appropriate signage and cultural information on the notice boards for staff and residents to view.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The service has a clearly defined and documented infection prevention and control (IPC) programme implemented that was developed with input from external IPC services. The IPC programme was approved and is linked to the quality improvement programme. The IPC programme for 2023 was in place. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. Staff have received education on IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection prevention audits were completed including cleaning, laundry, personal protective equipment (PPE), donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for

		early interventions to be implemented. Benchmarking is completed with other organisation facilities, and with the previous month's infection rates. There was a COVID-19 infection outbreak reported in May 2023, and this was managed in accordance with the pandemic plan with appropriate notification completed.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The CM and care staff interviewed advised that restraint is eliminated whenever possible. The CM confirmed this is now documented in policy (sighted) and is communicated to staff during orientation and as part of the ongoing education programme. Monthly reporting is provided by the CM restraint coordinator and discussed at the quality and safety meeting. De-escalation training and a competency questionnaire were completed by staff 28 July 2023 as per the training records. The CM takes responsibility for ensuring the restraint register is maintained. The service has been restraint-free since 7 June 2023.

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)
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	PA Moderate	Five weeks of staff rosters were reviewed and provided evidence that skill mix is considered on every shift. Care staff are experienced to assist with added responsibilities as needed, however the rosters reflect regular staff replacements are required to cover absenteeism, both planned and non-planned. Some care staff are completing additional shifts where needed. There are three registered nurses, one of whom is the CM, to cover all shifts. The CM is actively advertising for RNs. An experienced enrolled nurse is covering five night shifts a week with the CM on call. The nurse manager is on call twenty-four hours a day seven days a week. Residents and families interviewed reported that they are pleased with the service and care provided.	The rosters were reviewed. Whist staff from another facility and a relief RN covers as able, there is a significant shortage of registered nurses to adequately cover the roster. A registered nurse is required every shift to provide hospital level care and for meeting the service’s contract with Te Whatu Ora. This was currently not effectively achieved.	Ensure further registered nurses are employed to cover the service and to meet the needs of residents and to meet the Te Whatu Ora contract obligations. 60 days

Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (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; (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.	PA Moderate	The organisation assessment tools were used as initial assessments to develop long-term care plans. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family responded by initiating changes to the care plan. There were 15 overdue interRAI re-assessments ranging from 133 to 302 days, and eight residents without an interRAI assessment developed since admission. Other assessment tools were used as required. The CM reported that the service was actively working towards completing all overdue interRAI re-assessments and completing interRAI assessments for all new admissions.	The interRAI summary report showed 15 overdue interRAI re-assessments ranging from 133 to 302 days, and eight residents had no completed interRAI assessments since admission.	Ensure interRAI assessments are completed within the required timeframes for all residents to meet contractual requirements. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.