

Graceful Home No.2 Limited - Shelly Beach Dementia

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 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: Graceful Home No.2 Limited

Premises audited: Shelly Beach Dementia

Services audited: Dementia care

Dates of audit: Start date: 4 December 2023 End date: 5 December 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: 12

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

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

General overview of the audit

Shelly Beach Dementia provides dementia care for up to 13 residents. The facility is operated by Graceful Home No.2 Limited and is managed by a facility manager (FM) and is supported by a registered nurse (RN). The director was available by phone and interviewed at this audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 8134:2021 and the provider's contract with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with, whānau , the owner director, facility manager, registered nurse, staff and a general practitioner.

As a result of this audit 15 corrective actions have been identified and refer to developing partnerships with Māori and Pasifika in the community, business planning, essential reporting and notification, critical analysis of organisational practices, internal auditing, performance appraisals, the sharing of high-quality Māori health information, pro re nata medication outcomes, food control plan, interRAI assessments, maintenance of outside areas, antimicrobial stewardship, Infection control and training in restraint.

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.

Some subsections applicable to this service partially attained and of low risk.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code). All staff receive in-service education on the Code.

Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. Family/whānau confirmed that residents are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, residents, and families is promoted and was confirmed to be effective. Interpreter services are provided as needed. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

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 service has a philosophy supporting the care they provide. The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed with corrective actions supporting systems learnings. Staff are aware of statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

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 low risk. |
|---|--|---|

Residents are assessed before entry by the Needs Assessments and Service Coordination (NASC) agency to confirm their level of care. The registered nurse (RN) is responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans were completed in consultation with family/whānau, residents, and staff. Twenty-four-hour activity care plans were in place. Residents and family/whānau expressed satisfaction with the activities programme.

The organisation uses an electronic medicine management system for e-prescribing, dispensing, and administration of medications. The general practitioner (GP) is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements were met. Nutritional snacks were available for residents 24 hours a day.

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

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

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

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

The facility meets the needs of residents and was clean. There is a maintenance schedule. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

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

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.

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

Policies in place ensure the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator, who is the registered nurse (RN), is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan. Aged-care specific infection surveillance is undertaken with follow-up action taken as required. There has been no infection outbreak of COVID-19 reported since the last audit.

The environment supports both the prevention of infections and mitigation of their transmission. Waste and hazardous substances were being well managed. Cleaning and linen services were safe and effective.

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. | | Some subsections applicable to this service partially attained and of low risk. |
|---|--|---|

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Subsection | 0 | 14 | 0 | 8 | 5 | 0 | 0 |
| Criteria | 0 | 153 | 0 | 9 | 6 | 0 | 0 |

| Attainment Rating | Unattained Negligible Risk (UA Negligible) | Unattained Low Risk (UA Low) | Unattained Moderate Risk (UA Moderate) | Unattained High Risk (UA High) | Unattained Critical Risk (UA Critical) |
|-------------------|--|------------------------------|--|--------------------------------|--|
| Subsection | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 0 | 0 | 0 | 0 |

Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

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

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

| Subsection with desired outcome | Attainment Rating | Audit Evidence |
|--|-------------------|---|
| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | PA Low | <p>Shelly Beach Dementia has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Manu motuhake is respected. A Māori health plan utilizing Te Whare Tapa Whā model is used for residents who identify as Māori.</p> <p>Whānau of residents interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. Partnerships are yet to be established with iwi and Māori organisations to support service integration, planning, equity approaches and support for Māori.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit there were residents who identified as Māori. Staff ethnicity data is documented on recruitment and trended.</p> |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of</p> | PA Low | <p>Whānau of Pasifika residents interviewed felt their worldview, and cultural and spiritual beliefs were embraced. The facility has residents and staff that identify as Pasifika. Staff that identify as Pasifika support residents in regards to their cultural needs.</p> |

| | | |
|--|----|---|
| <p>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>Active recruitment, training and actions to retain a Pacific workforce are supported, resulting in Pasifika staff employed across roles.</p> <p>The facility is yet to work in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity.</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> | FA | <p>All staff interviewed at the service 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 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. The Code is available in te reo Māori and English. Staff training on the Code was conducted and evidence of this was sighted.</p> <p>There were residents and staff who identified as Māori. The RN reported that the service recognises Māori mana motuhake (self-determination) of residents, whānau, or their representatives in its updated cultural safety policy. The assessment process includes the residents' wishes and support needs.</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> | FA | <p>Residents are supported in a way that is inclusive and respects their identity and experiences. Family/whānau confirmed that residents receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>The RN reported that residents were supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the secure environment. There is a</p> |

| | | |
|--|-----------|---|
| | | <p>documented privacy policy that references current legislation requirements. All residents have an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas, and knocking on doors before entering.</p> <p>All staff had completed cultural training as part of orientation and annually through the education programme, along with Te Tiriti o Waitangi, te reo Māori, and tikanga practices. The RN reported that te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to Māori.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p> | <p>FA</p> | <p>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. Family/whānau reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The RN 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. Family/whānau 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.</p> <p>The Māori cultural policy in place identified strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the staff, who reported that all outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</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>Family/whānau reported that communication was open and effective, and they felt listened to. EPOA/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services through Te Whatu Ora Te Toka Tumai if required. Staff can provide interpretation as and when needed and use family members as appropriate. The RN reported that any non-subsidised residents who are admitted to the service are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The RN reported that verbal and non-verbal communication cards, simple sign language, use of EPOA/whānau/family to translate, and regular use of hearing aids by residents when required is encouraged.</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</p> | <p>FA</p> | <p>Staff interviewed understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative signed on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Consents for residents were signed by the residents' legal representatives. Resuscitation treatment plans were signed and a medical decision was made by the general practitioner (GP). The RN reported that the GP discusses the resuscitation treatment plan with the resident, and family/whānau. This was verified in interviews with the family/whānau</p> |

| | | |
|--|------------------------|--|
| <p>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>and the GP. Staff were observed to gain consent for daily cares.</p> <p>Family/whānau confirmed that they are provided with information and are involved in making decisions about residents' care. Where required, a nominated support person is involved, for example family/whānau. Information about the nominated residents' representative of choice, next of kin, or enduring power of attorney (EPOA) is provided on admission. Residents had activated EPOAs in their files. Communication records verified inclusion of support people where applicable. The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent.</p> |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | <p>FA</p> | <p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Whānau understood their right to make a complaint on behalf of their loved one and knew how to do so.</p> <p>There have been no complaints since the last audit. The facility manager, registered nurse and staff interviewed showed an understanding of the complaints process.</p> <p>The service assures the process works equitably for Māori by having the ability to provide a cultural advocate and the complaint forms available in te reo Māori.</p> <p>There have been no complaints received from external sources since the previous audit.</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>PA Moderate</p> | <p>Shelly Beach Dementia provides aged related residential secure dementia care services. The director/owner owns and operates three aged care facilities. The director/owner interviewed stated that 'as a Māori, it is significantly important to assume accountability for delivering a high-quality service to the resident communities served and demonstrate expertise in Te Tiriti, health equity and cultural safety'.</p> <p>The leadership structure, including for clinical governance, is</p> |

| | | |
|--|------------------------|--|
| <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | | <p>appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service.</p> <p>The philosophy of the facility was evidenced on the wall in the main corridor, but a business/strategic plan identifying purpose, values, direction, scope, defined goals, monitoring and reviewed performance through regular reporting at planned intervals was not available. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in discussions with staff; however, there was no evidence of monitoring documentation reviewed and a commitment to the quality and risk management system was not evident. The owner/director attends all staff meetings and when interviewed felt well informed on progress and risks.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>People receiving services and their whānau participate in planning and evaluation of services through day-to-day conversations.</p> <p>Shelly Beach Dementia has Aged Residential Care (ARRC) contracts with Te Whatu Ora Te Toka Tumai for providing dementia level care. On the day of audit nine residents were receiving dementia level care. The service was continuing to support one resident experiencing decompensation, requiring hospital-level care. This resident is awaiting an interRAI assessment to reflect an increase in mobility and return to dementia level of care. A second resident's interRAI assessment outcome identifies the need for requiring hospital level of care; the facility is awaiting confirmation from the needs assessment team. A third resident has been admitted under a long-term chronic support contract and has been assessed by the mental health team as requiring secure dementia level care. The facility has no boarders.</p> |
| <p>Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe,</p> | <p>PA Moderate</p> | <p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular</p> |

| | | |
|--|---------------|---|
| <p>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>patient satisfaction survey, monitoring of outcomes, policies and procedures, and clinical incidents including infections.</p> <p>Residents/patients, whānau and staff contribute to quality improvement through day-to-day conversations and meetings. The facility is currently organizing a whānau satisfaction survey to be sent out. A staff satisfaction survey to which eight staff responded showed that staff were satisfied and/or very satisfied.</p> <p>Critical analysis of practices and systems, using ethnicity data, identifying possible inequities is yet to be commenced. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support roles internally.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The facility manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The facility manager interviewed is aware of the need to complete the required audits but to date only two audits have been completed since the last audit in July 2023.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The facility manager and registered nurse understood, but have not complied with, all essential notification reporting requirements.</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>PA Low</p> | <p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts</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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | | <p>staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents' whānau interviewed supported this. At least one staff member on duty has a current first aid certificate. The registered nurse is on site 22.5 hours a week and on call and available for clinical issues. The facility manager is on site 22.5 hours a week and also on call and available for non-clinical matters along with the owner/director.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is not yet accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Restraint training for staff is yet to occur (refer to 6.1.6). Records reviewed demonstrated staff completion of all other required training and competency assessments.</p> <p>All staff have either completed the approved qualification in dementia care or have commenced this qualification.</p> <p>Staff reported feeling well supported and safe in the workplace.</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</p> | <p>PA Moderate</p> | <p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment.</p> |

| | | |
|---|----|---|
| <p>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.</p> | | <p>Staff reported that the induction and orientation programme and support of other staff/colleagues prepared them well for the role, and evidence of this was seen in files reviewed. Not all staff had a performance appraisal completed.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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>Residents' files and the information associated with residents and staff are retained in electronic and hard copies. Staff have their own logins and passwords. Backup database systems are held by an external provider. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, and timely, including staff signatures, designation, and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p> <p>Residents' and staff files are held securely for the required period before being destroyed. Paper-based files are archived onsite. No personal or private resident information was on public display during the audit.</p> <p>The provider is not responsible for registering residents' National Health Index (NHI) numbers. All residents have an NHI number on admission.</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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a</p> | FA | <p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring dementia, hospital, and long-term support-chronic health conditions (LTS-CHC), level of care were in</p> |

| | | |
|---|---------------|--|
| <p>person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | | <p>place. Residents assessed as requiring dementia level of care were admitted with consent from EPOAs and documents sighted verified that EPOAs consented to referral and specialist services. Evidence of specialist referral to the service was sighted.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. Family/whānau were updated where there was a delay to entry to service. This was observed on the days of the audit and in inquiry records sampled. Family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The RN reported that all potential residents who are declined entry are recorded. When an entry is declined, relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. The service is collecting and analysing entry and decline rates, including specific data for entry and decline rates for Māori. The service can access cultural advice support through Te Whatu Ora Te Toka Tumai health practitioners, traditional Māori healers, to support Māori individuals and whānau. However, they are yet to partner and have formal relationships with iwi and Māori organisations in the community (Refer 1.1.5).</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and</p> | <p>PA Low</p> | <p>A total of six files were reviewed. Needs Assessment and Service Co-ordination (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 appropriately trained and skilled staff, including the nursing team and care staff. Cultural assessments were completed by the RN in consultation with the residents, and family/whānau/enduring power of attorney (EPOA).</p> <p>The general practitioner (GP) completes the residents' medical</p> |

| | | |
|-------------------------------------|--|--|
| <p>whānau to support wellbeing.</p> | | <p>admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, that medical orders were followed, and care was resident-centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The RN 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 nurse; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>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 interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>Five of six long-term care plans reviewed evidenced that outcome scores from interRAI assessments were not consistently documented.</p> <p>The Māori health care plan in place reflected the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau.</p> |
|-------------------------------------|--|--|

| | | |
|--|-----------|--|
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | <p>FA</p> | <p>Planned activities are appropriate to the residents' needs and abilities. Activities are facilitated by the diversional therapist (DT) assisted by care staff. The programme runs from Monday to Sunday. EPOA/whānau/family visits and other activities are facilitated by care staff. The activities are based on assessments and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated. A life history book is completed for each resident within two weeks of admission in consultation with the family and resident.</p> <p>The activity programme is formulated by the DT in consultation with the management team, registered nurse, EPOAs, residents, and care staff. The activities are varied and appropriate for people assessed as requiring hospital, LTS-CHC, and dementia level of care. Twenty-four-hour behaviour management plans reflected residents' preferred activities of choice and are evaluated every six months or as necessary. Outcome scores from interRAI assessments relating to activities were not being identified on the long-term care plans (Refer to 3.2.5). Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Outings are conducted weekly in the company of staff, EPOA/whānau/family, and friends except under Covid-19 national restrictions.</p> <p>Some residents identified as Māori. The activities staff reported that opportunities for Māori and whānau to participate in te ao Māori are facilitated through community engagements, and by celebrating religious and cultural festivals and Māori Language Week.</p> <p>EPOA/whānau/family reported overall satisfaction with the level and variety of activities provided.</p> |
|--|-----------|--|

| | | |
|---|---------------|--|
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>PA Low</p> | <p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews.</p> <p>Medication reconciliation was conducted by the registered nurse or the senior team leader when a resident was transferred back to the service from the hospital or any external appointments. The RN or senior team leader checked medicines against the prescription, and these were updated in the electronic medication management system. Medication audits were not completed as per the audit schedule (Refer to 2.2.2). The medication incident process was completed in the event of a drug error and corrective actions were acted upon.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of the medicine fridge and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The health care assistant was observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked treatment room, and cupboards.</p> <p>There were no residents self-administering medications and there is a self-administration policy in place if required. There were no standing orders in use. The medication policy clearly outlines that all residents and their whānau are supported to understand their medications. This was reiterated in interviews with the RN, and Māori family members.</p> <p>An improvement is required in documenting the effectiveness of PRN outcomes.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p> | <p>PA Low</p> | <p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. The kitchen was recently audited by the council and was waiting</p> |

| | | |
|--|-----------|---|
| <p>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>to be issued with a current approved food control plan. The menu was reviewed by a registered dietitian on 23 May 2023. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given the 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. The residents’ weights were monitored regularly, and supplements were provided to residents with identified weight loss issues. Snacks and drinks are available for residents when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning was undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers were maintained, and these are recorded as per policy requirements. All decanted food had records of use-by dates recorded on the containers and no expired items were sighted. Whānau/EPOA interviewed indicated satisfaction with the food service.</p> <p>The chef reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori; ‘boil ups’, hāngi, and pork were included on the menu, and these are offered to Māori residents when required.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service</p> | <p>FA</p> | <p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The RN reported that discharges are normally into other similar facilities or hospital level of care facilities. Discharges are overseen by the RN who manages the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required. A discharge or transition plan will be developed in conjunction with the residents</p> |

| | | |
|--|------------------------|---|
| <p>experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | | <p>and family/whānau (where appropriate) and documented on the residents' files.</p> <p>Referrals to other allied health providers were completed, with the safety of the resident identified. Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, was sighted in the files reviewed.</p> <p>Upon discharge, current and old notes are collated and scanned onto the residents' electronic management system. If a resident's information is required by a subsequent GP, a written request is required for the file to be transferred.</p> <p>Residents and EPOA/family/whānau were involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>PA Moderate</p> | <p>There was a current building warrant of fitness with an expiry date of 2 June 2024. This was displayed at the entrance to the facility. Tag and testing of equipment is next due August 2024. Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements, although the front decking requires maintenance.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. A process is in place to ensure consultation or codesign with Māori occurs when a new building is in the design process.</p> |

| | | |
|---|------------------------|---|
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | <p>FA</p> | <p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). A fire evacuation trial was last completed on 20 September 2023. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Staff can provide a level of first aid relevant to the risks for the type of service provided. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</p> <p>Call bells alert staff to residents requiring assistance. Whānau reported staff respond promptly to call bells and residents requiring/seeking support.</p> <p>Security was managed by the staff by checking all doors and windows on the afternoon and night shifts. There are closed-circuit television security cameras (CCTV) and signage is in place. The CCTV is connected to the owner/director's mobile phone. There was a code to access the facility as it is a secure dementia care service. Whānau and staff are aware and well informed of the code. A bell was placed at both entrances to the facility for visitors to ring on arrival. Back-up for the security computer system is in place. Staff wear badges for identification.</p> |
| <p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring</p> | <p>PA Moderate</p> | <p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, they are linked to the quality improvement system implemented by an external consultant but are yet to be approved by the governing body. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing</p> |

| | | |
|---|---------------|---|
| <p>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>body.</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. 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.</p> | <p>PA Low</p> | <p>The RN oversees and coordinates the implementation of the infection prevention and control (IPC) programme. The infection control coordinator's role, responsibilities, and reporting requirements are defined in the infection control coordinator's job description. The RN has completed external education on infection prevention and control for clinical staff. They have access to shared clinical records and diagnostic results of residents. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practices. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient IPC resources including personal protective equipment (PPE) were available on the days of the audit. The IPC resources were readily accessible to support the pandemic response plan if required. The infection control coordinator has input into other related clinical policies that impact on health care-associated infection (HAI) risk. Staff have received education in IPC at orientation and through ongoing annual 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 with support from family/whānau if required. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with family/whānau.</p> <p>The infection control coordinator liaises with the owner/director on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Te Whatu Ora Te Toka Tumai. The RN stated that the management team will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed</p> |

| | | |
|---|-----------|--|
| | | <p>to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were not completed as required (Refer to 2.2.2). Care staff, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique, and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and colour-coded towels are used for different parts of the body. These are some of the culturally safe practices in IP observed, thus acknowledging the spirit of Te Tiriti.</p> <p>The RN reported that residents who identify as Māori and their whānau are consulted on IP requirements as needed. In interviews, staff understood these requirements. The service has educational resources in te reo Māori.</p> <p>The infection control programme was not reviewed and reported annually as per policy and legislative requirements.</p> |
| <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> | <p>FA</p> | <p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governing body, management, and an external consultant. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The RN reported that annual IP and AMS review and the infection control include the antibiotic usage, monitoring the quantity of antibiotics prescribed, effectiveness, pathogens isolated, and any occurrence of</p> |

| | | |
|--|----|---|
| | | adverse effects. |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | FA | <p>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. All infection data is reported to the staff, facility manager, and the owner/director.</p> <p>Infection prevention and control audits were not completed; these include cleaning, laundry, PPE donning and doffing, and hand hygiene (Refer to 2.2.2).</p> <p>Staff reported that they were informed of infection rates at staff meetings, and these were sighted in the meeting minutes reviewed. 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 was completed by comparing with previous monthly results.</p> <p>Residents and whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with family/whānau.</p> <p>There was a COVID-19 infection outbreak in March 2022 reported since the previous audit. This was managed in accordance with the pandemic plan with appropriate notifications completed.</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> | FA | <p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the</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>laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There are designated cleaners. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. Internal environmental cleanliness audits were not completed as per the audit schedule (Refer to 2.2.2).</p> <p>Designated laundry staff are responsible for laundry services which are completed on site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents' rooms. Washing temperatures are monitored and maintained to meet safe hygiene requirements. The laundry staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme (Refer to 2.2.2). The laundry staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Family/whānau interviews confirmed satisfaction with cleaning and laundry processes.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | <p>PA Low</p> | <p>Maintaining a restraint-free environment is the aim of the service. The director/owner interviewed confirmed this. At the time of audit there were no residents using a restraint. No restraint has ever been used at this facility and this was verified in the restraint register. The facility manager and RN interviewed confirmed that any use of restraint would be reported to the director/owner; however, this has not been required as there is no restraint used.</p> <p>Policies and procedures meet the requirements of the standards. Staff have not been trained in the least restrictive practice, safe</p> |

| | | |
|--|--|--|
| | | restraint practice, alternative cultural-specific interventions, and de-escalation techniques. |
|--|--|--|

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 1.1.5</p> <p>My service provider shall work in partnership with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning, and support for Māori.</p> | PA Low | The facility has residents and staff that identify as Māori. Residents' whānau interviewed confirmed they were happy with the cultural care received. Staff that identify as Māori support residents with cultural aspects of their care and care planning. The facility is yet to develop a relationship with Māori communities to design a Māori plan. | The facility has not developed a Māori plan in partnership with Māori communities. | <p>Provide evidence that shows the facility works in partnership with iwi and Māori organisations.</p> <p>180 days</p> |
| <p>Criterion 1.2.3</p> <p>My service provider shall design a Pacific plan in partnership with Pacific communities underpinned by Pacific voices and Pacific models of care.</p> | PA Low | The facility has residents and staff that identify as Pasifika. Residents' whānau interviewed confirmed they were happy with the cultural care received. Staff that identify as Pasifika support residents with cultural aspects of their care and care planning. The facility is yet to develop a relationship with Pacific communities to design a Pacific plan. | The facility has not developed a Pacific plan in partnership with Pacific communities. | <p>Provide evidence of a partnership with Pacific communities to support residents that identify as Pasifika.</p> <p>180 days</p> |

| | | | | |
|---|------------------------|---|--|--|
| | | | | |
| <p>Criterion 2.1.2</p> <p>Governance bodies shall ensure service providers' structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.</p> | <p>PA Moderate</p> | <p>A poster on the wall provided information to staff, residents and whānau on the values and philosophy of the facility. The director/owner interviewed stated that the facility did not have a business plan.</p> | <p>There is no business/strategic plan for the facility available.</p> | <p>Provide evidence that the governing body provides a business plan that identifies direction and performance, and goals are clearly identified, monitored, reviewed and evaluated at defined intervals.</p> <p>90 days</p> |
| <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> | <p>PA Moderate</p> | <p>The facility manager interviewed confirmed that they are aware of the need to have audits completed and have commenced a plan following the audit calendar that is in place. There have been only two audits completed since the surveillance audit in July 2023 which were for food services and staff satisfaction survey obtaining 100 percent for each.</p> | <p>Internal audits are not completed.</p> | <p>Provide evidence that internal audits are being completed as per the 2024 audit schedule.</p> <p>90 days</p> |
| <p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p> | <p>PA Moderate</p> | <p>The facility manager and RN interviewed are aware of essential reporting and requirements and were able to provide examples completed, however several events have not been notified when required. This includes notification of who is taking clinical responsibility at the facility. The events included: a resident with a stage three pressure injury and who had also been interRAI assessed as requiring hospital level of care, and one incident where staff required support from the police in regard to an</p> | <p>Not all essential reporting and notification events are being reported to comply with statutory and regulatory obligations.</p> | <p>Ensure all essential reporting and notification events are being reported to the appropriate authority/agency in a timely manner to comply with statutory and regulatory obligations.</p> <p>90 days</p> |

| | | | | |
|--|-------------|---|--|---|
| | | incident with a resident. | | |
| <p>Criterion 2.2.8</p> <p>Service providers shall improve health equity through critical analysis of organisational practices.</p> | PA Low | The facility has residents and staff that identify as Māori. Staff and residents' whānau interviewed have confirmed that they are happy with the cultural support provided in all areas. A critical analysis of organisational practices in regard to improving health equity is yet to occur. | A critical analysis of organisational practices in regard to improving health equity has not occurred. | <p>Provide evidence that a critical analysis of organisational practices has occurred.</p> <p>180 days</p> |
| <p>Criterion 2.3.6</p> <p>Service providers shall establish environments that encourage collecting and sharing of high-quality Māori health information.</p> | PA Low | The facility manager interviewed stated they are yet to obtain this information. In the interim all staff have completed training in Te Tiriti o Waitangi and health equity and residents that identify as Māori are supported by all staff including staff that identify as Māori | The facility is not collecting and sharing high-quality Māori health information. | <p>Provide evidence that shows collection and sharing of high-quality Māori health information.</p> <p>180 days</p> |
| <p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p> | PA Moderate | Staff interviewed confirmed that they felt supported in their roles and that they worked well as a team. The facility manager interviewed stated that they were unaware that this was part of their job description. Of the ten staff files reviewed, five staff were new including the registered nurse and facility manager. The remaining five staff did not have an up-to-date annual performance review. | Not all staff have had an annual performance appraisal. | <p>Provide evidence that all staff have had an annual performance appraisal.</p> <p>90 days</p> |
| <p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> | PA Low | All interRAI assessments reviewed were current. Residents' files sampled identified that initial assessments and initial care plans | Outcome scores from interRAI assessments were not consistently | Ensure outcome scores from interRAI assessments are consistently documented in |

| | | | | |
|--|---------------|--|--|--|
| <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p> | | <p>were resident-centred, and these were completed in a timely manner. Long-term care plans were developed, and six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs; however, outcome scores from interRAI assessments were not consistently documented. Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care. All residents had 24-hour activities care plans in place. Behaviour management plans identifying triggers and interventions were implemented as required.</p> | <p>identified in long-term care plans.</p> | <p>long-term care plans.</p> <p>180 days</p> |
| <p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p> | <p>PA Low</p> | <p>Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Effectiveness of PRN medications was not being consistently documented.</p> | <p>Effectiveness of PRN outcomes were not consistently documented.</p> | <p>Ensure the effectiveness of PRN medications is consistently documented.</p> <p>180 days</p> |

| | | | | |
|---|-------------|--|--|--|
| | | | | |
| <p>Criterion 3.5.5</p> <p>An approved food control plan shall be available as required.</p> | PA Low | <p>The kitchen was clean and tidy. The chef interviewed was able to provide evidence that the requirements of the food control plan have been meet. The facility has recently been audited by the council and at the time of audit was awaiting the council's formal response. The facility was unable to provide a current approved food control plan.</p> | <p>The service does not have a current approved food control plan.</p> | <p>Provide evidence of a food control plan.</p> <p>180 days</p> |
| <p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p> | PA Moderate | <p>The facility manager interviewed confirmed that they have caught up with the known maintenance delays and previous audit corrective actions, that residents when outside were always supervised and that no injuries or near misses had occurred. Evidence in meeting minutes and the maintenance schedule showed that regular internal and external maintenance is occurring. At time of audit the wooden decking in the front garden requires cleaning as it is a slippery surface.</p> | <p>Maintenance to ensure the wooden decking in the front garden is non slippery and safe to walk on has not occurred.</p> | <p>Ensure that the wooden decking in the front garden is non slippery and safe to walk on.</p> <p>90 days</p> |
| <p>Criterion 5.1.1</p> <p>The governance body shall identify the IP and AMS programmes as integral to service providers' strategic plans (or equivalent) to improve quality and ensure the safety of people receiving services and health care and support workers.</p> | PA Moderate | <p>The registered nurse interviewed was familiar with the IP and AMS program. The owner/director attends the staff meetings where infections are discussed. The business/strategic plan to show acknowledgment of the IP and AMS programmes was unable to be provided at time of audit.</p> | <p>:There is no evidence to identify that the IP and AMS programmes are integral to the service provider's strategic and/or business plan.</p> | <p>: Provide evidence that the governance body shall identify the IP and AMS programs as integral to the strategic/business plan.</p> <p>90 days</p> |

| | | | | |
|--|---------------|---|---|---|
| <p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p> | <p>PA Low</p> | <p>The service has a clearly defined and documented IPC programme implemented that was developed with input from external IPC services. The IPC programme was approved by the management and external consultant; however, this was not reviewed and reported annually as per policy and legislative requirements.</p> | <p>The infection control programme has not been reviewed and reported annually as per policy and legislative requirements</p> | <p>Ensure the infection control programme is reviewed and reported annually as per policy and legislative requirements.</p> <p>180 days</p> |
| <p>Criterion 6.1.6</p> <p>Health care and support workers shall be trained in least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques within a culture of continuous learning.</p> | <p>PA Low</p> | <p>Staff interviewed knew the residents well and this was also observed at time of audit. Residents of concern are always followed up with a GP review and staff meeting minutes also evidenced these discussions. Staff interviewed had a clear understanding of what restraint was and were able to provide examples of de-escalation techniques. The registered nurse has had formal training in restraint; however, the staff have not.</p> | <p>Staff training in restraint and de-escalation techniques has not occurred.</p> | <p>Provide evidence that staff have been trained in restraint and de-escalation techniques.</p> <p>180 days</p> |

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.