

Agape Care Limited - Milton Court Rest Home

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Agape Care Limited
Premises audited:	Milton Court Rest Home
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 13 November 2023 End date: 14 November 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:	28

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
	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

Milton Court provides rest home and dementia level care for up to 36 residents. On the day of the audit there were 28 residents.

This surveillance audit was conducted against the relevant Nga Paerewa Health and Disability Services Standards 2021 and the contracts with the Te Whatu Ora New Zealand - Waitemata. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and a general practitioner.

An experienced aged care management team oversee the service. Milton Court has been operated by the owner/manager who is a registered nurse for 14 years. The owner/manager is supported by an experienced registered nurse and care supervisor who supports the care givers, many of whom have worked at Milton Court for many years. Residents and family/whānau were very complimentary of the service provided. Policies, procedures, and processes have been reviewed and established to meet the Nga Paerewa Health and Disability Services Standard. Quality systems are established, and a culture of quality improvement has been embedded into the delivery of services and care.

The previous shortfall regarding the annual review of the infection control programme has been addressed.

There are shortfalls identified in this audit in relation to annual review of the business plan, review of quality data, corrective action plan sign off, training, staff appraisals, assessment and care plan timeframes, and care plan evaluations.

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.

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

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

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

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

Milton Court has an overarching strategy with clear business goals to support organisational values. The business plan aligns with the mission statement and operational objectives. Effective quality and risk management systems that take a risk-based approach are in place to meet the needs of the residents and staff.

The service has an implemented health and safety programme. Hazards are managed. Incident forms are documented, and results are analysed.

There is a staffing and rostering policy which aligns with contractual requirements and includes skill mixes. A role specific orientation programme and regular staff education and training are in place. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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.
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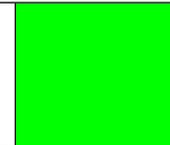
Registered nurses are responsible for all care planning and care plan reviews. The care plans are holistic and address the needs of the residents. There are planned activities developed to address the needs and interests of the residents as individuals and in group settings.

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

The food service caters for residents' specific dietary likes and dislikes. A current food control plan is in place. Residents are referred or transferred to other health services as required.

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

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

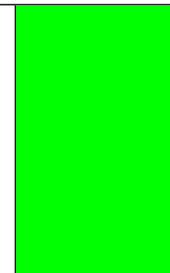


Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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 infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved owner in consultation with the registered nurse.

Education is provided to staff at orientation to the service and is included in the education planner. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. There has been one Covid-19 outbreak since the previous audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is the registered nurse. There have been no residents using restraints for many years. Maintaining a restraint-free environment is included as part of the education and training plan and staff have completed a restraint competency.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	13	0	5	0	0	0
Criteria	0	46	0	7	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Milton Court has a Māori Health Plan which is embedded in staffs' daily practises to ensure Te Tiriti o Waitangi is considered in their day-to-day work. The service has relationships with Māori stakeholders and local communities. Staff have completed training around cultural safety and Te Tiriti o Waitangi.</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. 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</p>	FA	<p>Milton House has a Pacific plan developed by their quality consultant in partnership with Pasifika that supports culturally safe practices for Pacific peoples using the service. There are additional policies, procedures, and guidelines to provide staff with information on a Pacific model of care, worldview, and cultural and spiritual beliefs.</p> <p>There were no residents identifying as Pasifika at Milton Court. There are staff employed that identify as Pasifika.</p>

Pacific peoples for improved health outcomes.		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Staff interviewed (one registered nurse (RN), four caregivers, one caregiver supervisor) described how they uphold residents rights in relation to their role.</p> <p>Four rest home residents were interviewed and reported all staff respected their rights, and that they were supported to know and understand their rights. The care plans reviewed were resident centred and evidenced input by residents and their family/ whānau into their care and choices/independence. All residents are encouraged to determine their own pathway and journey with independence promoted for each individual, this was confirmed in interviews with residents and three family/whānau.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Milton Court has an implemented abuse, neglect, and prevention policy. There are policies for the management of misconduct which addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive, and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias, and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses and the handling of precious items - taonga.</p> <p>Police checks are completed as part of the employment process There are policies for the management of misconduct which addresses the understanding of professional boundaries, the elimination of discrimination, harassment, and bullying. Professional boundaries are defined in job descriptions. A staff code of conduct/house rules is discussed during the new employee's induction to the service. Interviews with the RN and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and family/whānau who were interviewed described what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they engage in the decision-making process, and in the planning of resident's care (where this is appropriate).</p> <p>Discussions with the registered nurse and caregivers confirmed they are familiar with the requirements to obtain informed consent for personal cares and entering rooms. Signed admission agreements, enduring power of attorneys (EPOA) and activation documentation were evident in the resident files sampled.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is an equitable process, provided to all residents and family/whānau on entry to the service. The owner/manager maintains a record of all complaints, both verbal and written, in a complaints' register. There have been no internal or external complaints since the last audit. Documentation of previous complaints, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). All complaints are documented as resolved and closed. Discussions with family/whānau and residents confirmed they are provided with information on the complaints process.</p> <p>There are complaints/concerns/compliments forms and a suggestion box located in a visible location at the entrance to the facility. Family/whānau and residents have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family meetings which are held regularly. Interviews with the owner/manager and RN, confirmed their understanding of the complaints process. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The owner/manager acknowledged the understanding that for Māori there is a</p>

		preference for face-to-face communication.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	PA Low	<p>Milton Court is privately owned and operated. The service provides care for up to 36 residents at dementia and rest home level care. At the time of the audit, there were 28 residents. The Milton Court owner has another dementia specific facility in the region which they also manage.</p> <p>The owner/manager has owned the facility for 14 years and manages the business and is present at Milton Court two – three days per week or more often as necessary. The owner/manager is a RN with a practicing certificate supported by a care supervisor (non-clinical) and a fulltime RN. The communication policy addresses meeting requirements and communication between management, staff, residents and family/whānau.</p> <p>The owner/manager oversees the implementation of the business and quality plan. The owner/manager, care supervisor and RN meet to discuss progress updates on various topics including quality data analysis, escalated complaints, human resource matters and occupancy. The owner/manager works closely with the RN, care supervisor (non-clinical) and are supported by experienced staff, an administrator, RNs, and caregivers. The RN provides clinical oversight of the service provision and ensures it aligns with the Milton Court philosophy and vision as well as the relevant standards and legislation.</p> <p>The 2022/2024 business plan in place, which links to the direction of the facility and the philosophy. Clear, specific business goals are documented to manage and guide quality and risk; however, these have not been reviewed for 2022. The review for 2023 was completed at the time of the audit.</p> <p>The owner/manager (interviewed) has been at Milton Court for fourteen years and has business experience and understands the responsibilities required in the implementation of health and disability services standard. Further to this the manager explained their commitment to Te Tiriti o Waitangi obligations. The obligation to proactively help address barriers for Māori and to provide equitable health care services is documented in the Business Plan. The Māori health plan reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>The owner has relationships with Māori community groups to provide input as necessary and there are a number of residents, whānau and staff who are Māori</p>

		<p>who can support residents and staff at Milton Rest Home. There is cultural support and training available for aged care providers through Te Whatu Ora – Waitemata. The Māori health plan and business plan supports outcomes to achieve equity for Māori and addressing barriers for Māori.</p> <p>The owner and registered nurse have completed more than eight hours of professional development in the last 12 months related to managing a rest home and looking after the older person.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Milton Court has a quality and risk management programme. There are quality focussed goals documented and the progress are reviewed, monitored, and evaluated at the quality meetings.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education; with opportunities discussed to minimise risks that are identified. Meeting minutes reviewed evidenced quality data being discussed at staff/quality meetings. The quality data was collected in 2022 there was no evidence of an overall review of the year to demonstrate progress towards achieving quality outcomes. Quality data and trends for 2023 are documented in minutes are posted on a noticeboard and shared with staff at handovers. Benchmarking activities occur by doing comparisons between months. Internal audits for 2023 were completed as per schedule and staff were informed of the outcome. Corrective action plans related to audits are implemented; however, a number of these were not signed off by the owner/manager when completed.</p> <p>Milton Court has a quality system and policies are developed by an external contractor and has been approved by the owner/manager and the RN. The quality improvement officer and one of the owners maintain document control. New policies and procedures reflect updates to the Ngā Paerewa Service Standard 2021 and are implemented when they become available. There are procedures to guide staff in the management of clinical and non-clinical emergencies. There are printed copies of policies available to all staff. There is documented evidence that updated and new policies are discussed at staff meetings.</p>

		<p>A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register was sighted. Health and safety policies are implemented. There have been no serious staff injuries in the last 12 months. Health and safety training begins at orientation.</p> <p>Each incident/accident is documented in hard copy. Incident and accident data is collated monthly and analysed. Results are discussed in the staff and quality meetings which the manager/owners attend.</p> <p>Discussions with the RN and manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Since the previous audit in 2022, no section 31s have been required.</p> <p>The shortfalls noted in the previous certification audit around RN progress note entries and ensuring staff have first aid certificates when in charge of the facility were evidenced in staff files and on the roster and therefore resolved.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>The staffing policy guides staffing at Milton court. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. Staffing rosters were sighted and there is an adequate number of staff on duty to meet the resident's needs on different shifts and for both floors of the facility. The manager stated that they had experienced staff shortages during the Covid-19 outbreaks; however, these were now resolved with a number of new employees living in accommodation provided by the owner/manager. The owner/manager lives locally and provided on call 24/7 for all issues. The care supervisor role Monday – Sunday is covered by senior caregivers and provides support on site to the caregivers. The RN, caregivers, residents, and family/whānau members interviewed, advised there are sufficient staff are rostered on for each shift. A staff member who has a first aid certificate is on each shift, 24/7.</p> <p>The annual education and training schedule is in place. The education and training planner covers compulsory education requirements over a two-year period. Training has been based on an electronic platform which staff report they have enjoyed. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. There were 14 caregivers in total (six have the NZQA level four certificate, seven with the level three certificate and one with level two certificate); however, specific training for the caregivers</p>

		<p>in the dementia unit has not been completed. Of the thirteen caregivers employed, there are seven caregivers with level four Careerforce New Zealand National Qualifications NZQA, three with level three qualifications. Of the thirteen caregivers ten are routinely rostered in the dementia unit. Two staff have completed these unit standards with eight staff have completed three of the compulsory unit standards required to work in this area. There has been some difficulty accessing the fourth unit standard and the owner is intending to have this completed by February 2024. The activities coordinator has completed these unit standards.</p> <p>Competencies are completed by staff including medication, hand hygiene, infection control, fire and emergency training, health, and safety etc. A record of completion is maintained in each staff members files. The manager has completed at least eight hours training in the past year to ensure they are able to manage an aged care facility. The RN has completed interRAI training and maintains competency in this along with medication management; however, has not completed external education in relation to infection control.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. A diverse mix of staff are employed. New staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are consistently implemented. Five staff files were reviewed (RN, cook, and two caregivers) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions; however, not all staff who have been employed for more than a year have had appraisals completed as scheduled.</p> <p>Professional qualifications are validated. There are systems in place to ensure that annual practising certificates are current for all health care professionals. Each of the sampled personnel records contained evidence of the new staff member having completed an orientation to work practices and standards and the environment, including management of emergencies.</p>
Subsection 3.2: My pathway to wellbeing	PA Low	Five resident files were sampled for review (two rest home and three dementia

<p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>level of care). The RN is responsible for completing the admission assessments, care planning and evaluation. The initial nursing assessments and initial care plans sampled were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate or per the residents' request. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>A range of clinical assessments, including interRAI, referral information, and previous assessments served as a basis for care planning. Residents' and family/whānau representatives of choice or EPOAs were involved in the assessment and care planning processes. InterRAI assessments were not always completed within three weeks of an admission and not all interRAI reassessments had occurred six monthly.</p> <p>The long-term care plans were developed within three weeks of an admission. The long-term care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs documented. Detailed strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed for any behaviours of concern. Triggers identified in the interRAI assessments were identified and strategies to manage these were documented in the long term care plans.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. Allied health interventions were documented for visits and consultations. There is a physiotherapist who can be contacted if required. A podiatrist visits six weekly. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the GP. Records of referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated, were evidenced in the residents' files sampled. Examples of evidence of referrals sent to specialist services included referrals to the mental health services for older people, diabetes clinic and eye clinic. On interview, the GP confirmed they were contacted in a timely manner when required, and that medical orders were followed, and care was implemented promptly.</p> <p>There were three active wounds at the time of the audit. Wound assessments</p>
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	<p>were completed, wound management plans were implemented with regular evaluation completed. There were no pressure injuries.</p> <p>The general practitioner (GP) is from the local medical centre who visits the service once a week and is available for afterhours on call consultations when required. Medical assessments were completed by the GP within five working days of an admission. Routine medical reviews were completed every three months and more frequently as determined by the resident's needs when required. Medical records were evidenced in sampled records.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the caregivers. Any changes noted were reported to the RN, as confirmed in the records sampled. The long-term care plans were not always reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for any events, identified acute resident care needs, or as a result of a care measurement trigger. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations completed did not always document the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan or utilise short term care plans. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local needs assessment service coordination team for reassessment of level of care.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p> <p>Neurological observations have been recorded for unwitnessed falls or falls where there has a potential for a head injury a post fall assessment was completed on some occasions. Family/whanau were updated following incidents as required (some rest home residents manage this for themselves). Monitoring charts were in place for bowels, vital signs, if residents require them then behaviour and blood glucose levels monitoring charts are implemented.</p>
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<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>FA</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. A total of ten medicine charts were reviewed. Indications for use were noted for pro re nata (PRN) medications. 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 being consistently documented.</p> <p>Medication competencies were current, and these were 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 were reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridges and medication room temperatures were being conducted regularly and deviations from normal reported and attended to promptly. Records were sighted. The caregiver was observed administering medications safely and correctly. Medications were stored safely and securely in the trollies, locked treatment rooms and cupboards. There were no residents self-administering medications. There was a self-medication policy in place when required. There were no standing orders in use.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All food and snacks are produced on site, and it complies with current food safety legislation and guidelines. A current food control plan in place which expires on 26 June 2024. On admission a nutritional profile is completed for residents, which identifies dietary requirements and likes and dislikes, a copy is provided to the kitchen. This is reviewed/updated six-monthly as part of the care plan review. Dietary preferences were noted on the kitchen for kitchen staff to access at all times. The four-weekly menu cycle is approved by a contracted dietitian and includes modified diets (moullis, supplements, soft and purees) for residents. There is 24 hours access to snacks for residents ion the dementia area.</p> <p>The interviewed residents and family/whānau expressed satisfaction with food</p>

		portions and the options available.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau were involved for all transfers, exits or discharges to and from the service, including being given options to access other health and disability services and social support.</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>	FA	<p>Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. A proactive and reactive maintenance programme and buildings, plant, and equipment are maintained to an adequate standard is in place. The building warrant of fitness expires on 1 June 2024. All electrical equipment is tested and tagged, and the hoist has been calibrated.</p> <p>Hot water temperatures were monitored and recorded as part of the maintenance schedule and were noted to be under 45 degrees Celsius.</p> <p>There are lounges/dining rooms in both the dementia and rest home with spaces that are culturally inclusive and provide privacy for residents and family/whānau.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to</p>	FA	<p>There is a comprehensive infection prevention and control programme in place that is reviewed annually by the external contractor, infection control coordinator and the owner. The previous shortfall (5.2.2) regarding ensuring the infection prevention and control plan has been addressed. The 2022 plan was reviewed,</p>

<p>implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>and the 2023 plan is due for review.</p> <p>Infection control is part of the education plan as well as being included in the orientation programme at the commencement of employment. Staff reported they had received infection prevention control during the past 12 months which included a focus on hand hygiene and the use of gloves, aprons and masks. The infection control coordinator has not completed external education in relation to infection control (link 2.3.2).</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of healthcare-associated infections is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Infection data is collated and analysed monthly with trends identified, and corrective actions implemented. Results of the surveillance data (includes ethnicity data) are shared with staff during shift handovers, monthly staff meetings and reported to the owner/manager. All current infections are discussed at handovers with staff and are documented in short term care plans. The infection control coordinator confirmed that the GP is informed when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p> <p>There has been one Covid -19 outbreak reported in December 2022 since the previous audit; this was managed appropriately, with appropriate notifications completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The RN is the restraint coordinator. There have been no residents using restraint for many years at Milton Court. There are procedures providing guidance and direction for the staff if restraint was considered and it would be reported at the quality meeting (which the owner/manager attends). The facility works in partnership with Māori, to promote and ensure services are mana enhancing and has access to cultural advice and support through links within the staff and the community. Staff have had training in behaviours that challenge and de-escalation techniques.</p> <p>The use of restraint is reported at the quality meeting which acts as the restraint approval group.</p>

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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.2</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>	PA Low	The 2022/2024 business plan in place, which links to the direction of the facility and the philosophy. Clear, specific business goals are documented to manage and guide quality and risk; however, these have not been reviewed for 2022. The 2023 review occurred at the time of the audit.	There was no evidence the business plan had been reviewed for 2022.	<p>Ensure the annual review of the business plan is completed.</p> <p>90 days</p>
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	There is a quality plan in place which directs the collection of data and review of the data and an internal benchmarking and review of the results. However, the data has not been collated and compared with previous months/year's results.	Quality data is collected; however this was not reviewed in 2022 to demonstrate progress quality outcome's.	<p>Collate the clinical data to inform ongoing quality planning and service delivery.</p> <p>90 days</p>
<p>Criterion 2.2.4</p>	PA Low	There is a quality and risk management plan in place which includes internal audits. The	Eight corrective action plans were not signed off	Ensure corrective action plans are signed off by

<p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>		<p>internal audits are completed and any area that does not meet the standard has a correctives action plan put in place; however, not all corrective action plans have been completed and signed off as completed</p>	<p>by the owner/manager or their delegate.</p>	<p>the owner/manager or their delegate, 90 days</p>
<p>Criterion 2.3.2 Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	<p>PA Low</p>	<p>Milton Court has a dementia unit and staff are required to complete Aged Residential Care (ARC) contract clause E4.5.1. The activities coordinator has completed these unit standards. There is an annual training plan in place; however, specific training for the caregivers in the dementia unit has not been fully completed. The activities coordinator (not a qualified diversional therapist) has not had any specialist training in the areas of activities provision for residents with dementia and the RN in infection prevention and control.</p>	<p>i). The caregivers have completed three of the four required unit standards to meet the requirements of the ARC contract E4.5.1. ii). The activities coordinator has not had training around providing specialised activities for residents in the dementia unit. iii). The RN has not completed specialist infection prevention control training to enable her to complete her role as infection prevention control coordinator.</p>	<p>i). Ensure specialist training requirements for care givers in the dementia unit to meet the ARC contract E4.5.1 are met. ii). Ensure the activities coordinator completes training around providing specialised training for residents in the dementia unit. iii). Provide training to the RN/infection prevention and control coordinator to assist in meeting the requirements of the role. 90 days</p>
<p>Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA Low</p>	<p>There is a performance appraisal policy, process, and schedule in place to provide staff with opportunities to review their performance. One of the five staff files reviewed was for a new staff member and one had an up-to-date performance appraisal completed. one staff member had been</p>	<p>In reviewing the files three of the four files did not have an appraisal completed within the timelines required by the policy.</p>	<p>Ensure appraisals are completed within the timeframes required. 90 days</p>

		employed for less than a year.		
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>Long-term care plans had been documented for residents that were holistic and resident centred. Initial care plans were completed within 24 hours of admission. However, not all interRAI assessments and interRAI reassessments were completed within timeframes. One resident had not been in the facility for six months.</p>	<p>i). Two of the four files reviewed that required initial interRAI assessments evidenced these were not completed within the required timeframes.</p> <p>ii). Three of the four files reviewed did not have interRAI reassessments completed within the required timeframes.</p> <p>iii). Long term care plans were not evidenced as being routinely reviewed in three of four long term care plans sampled.</p>	<p>i).- ii). Ensure interRAI assessments and reassessments are completed within the required timeframes.</p> <p>iii). Ensure all long term care plans are reviewed at least six monthly.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the</p>	PA Low	<p>The RN and owner/manager reported that the schedule for completion, review and evaluation of resident files was not completed as expected. Four of the five resident files were due for evaluations, two of these did not have care plan evaluations and the two care plans that had been evaluated did not report progress on resident goals.</p>	<p>i). Two residents (one rest home and one dementia level resident) care plans were not evidenced as evaluated at least six-monthly.</p> <p>ii). Where evaluations had been completed, these did not reflect the residents progression towards meeting goals.</p>	<p>i). & ii). Ensure that care plan evaluations are completed in a timely manner, and they reflect progress on resident goals.</p> <p>90 days</p>

<p>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>				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.