

# Kumeu Village Aged Care Limited - Kumeu Village

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Kumeu Village Aged Care Limited

**Premises audited:** Kumeu Village

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 10 January 2024      End date: 11 January 2024

**Proposed changes to current services (if any):** As per the Ministry of Health letter dated 12 December 2023, the service has added two new hospital level care rooms and changed ten dementia care rooms to hospital level care/rest home level care (dual purpose) rooms.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 88

# 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

Kumeu Village provides hospital (geriatric and medical), dementia, and rest home care for up to 111 residents. At the time of the audit there were 88 residents.

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

The Director of Nursing is supported by a HR Director, Business Manager, Clinical Manager, Operations Manager, Quality Consultant, and a team of experienced staff. There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed five of the previous seven shortfalls relating to staffing; staff training; fire evacuation training records; care plan evaluations; and restraint programme review. Improvements are still required in medication management, and monitoring residents with restraints in use.

This surveillance audit identified areas for improvement related to care plan interventions and monitoring.

## 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.

There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Kumeu Village demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

## 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.

Subsections applicable to this service fully attained.

Kumeu Village has a well-established, and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The 2024-2025 business plan includes a mission statement and operational objectives

which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme, regular staff education, training, and competencies are in place to support staff in delivering safe, quality care.

**Ngā huarahi ki te oranga | Pathways to wellbeing**

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. The service has a multi-disciplinary team approach. The resident files reviewed were holistic. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

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

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritional snacks are available for residents 24 hours. Residents were complimentary of the food services.

All residents' transfers and referrals are coordinated with residents and families/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Equipment is maintained for electrical compliance and clinical equipment is regularly 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.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at Board level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There have been three outbreaks recorded and reported on since the last 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.

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

The restraint coordinator is a registered nurse. The facility had residents using restraint at the time of audit. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## 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	18	0	1	2	0	0
Criteria	0	47	0	2	3	0	0

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



# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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>	FA	<p>A Māori health plan is documented for the service, which Kumeu Village utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At the time of the audit there were Māori staff and residents who confirmed in interview that mana motuhake is recognised.</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 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>	FA	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. At the time of the audit there were Pasifika staff and residents who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Kumeu Village.</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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The clinical manager (interviewed) demonstrated how it is also given in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights.</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>Kumeu Village's policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances which are implemented.</p> <p>All staff at Kumeu Village are trained in, and aware of professional boundaries as evidenced in orientation documents and ongoing education records. Management and staff interviewed (four care partners (caregivers), three registered nurses, kitchen manager, maintenance) demonstrated an understanding of professional boundaries.</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</p>	FA	<p>There are policies around informed consent. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Interviews with five family members (four hospital, and one dementia), and four residents (hospital level) confirmed their choices regarding decisions and their wellbeing are respected.</p>

their ability to exercise independence, choice, and control.		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Complaints can be handed to the receptionist, any staff member, or placed in a secure box located at reception to maintain confidentiality. Residents or relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There have been no complaints made in 2024 year to date, and sixteen in 2023 following the previous audit in December 2022. There have been no external complaints.</p> <p>Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The management team interviewed acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</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</p>	FA	<p>Kumeu Village is owned and operated by Kumeu Village Aged Care Limited. The service provides care for up to 111 residents. Eighty-three beds are dual purpose, there are two dedicated hospital beds, and 23 dementia care beds. There are eight rooms suitable for two residents to share that had single occupancy on the day of the audit.</p> <p>On the day of the audit there were 88 residents in total; 62 hospital, including six residents funded by ACC, and two younger persons with a</p>

<p>organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>disability (YPD), and 26 dementia level. There were no residents at rest home level of care at the time of the audit. All residents other than the ACC and YPD were under the age-related residential care (ARRC) agreement.</p> <p>Kumeu Village has a well-established organisational structure, including a Director of Nursing who provides guidance to the Board and clinical governance that is appropriate to the size and complexity of the organisation. A business plan and a quality and risk management plan are in place. The business plan identifies scope, direction, and goals of the service. There are two directors, one of whom comes on site most days and is available via phone, text, or email when not on site. Kumeu Village's current business plan identifies annual goals and measure these regularly. The Directors are supported by an experienced Director of Nursing, clinical manager, and wider management team. The management team were knowledgeable around contractual and legislative requirements. The structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals. The strategic plan reflects a leadership commitment to collaborate with Māori and tāngata whaikaha, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The current objectives are to train more staff in the Eden alternative, develop a new palliative care area, and continue with ongoing refurbishments.</p> <p>The management team have completed more than eight hours of training related to managing an aged care facility, including cultural training, restraint training, and ARRC forums.</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</p>	FA	<p>Kumeu Village continues to implement the quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly staff, and management 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); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service</p>

<p>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>improvements, with evidence of progress and sign off when achieved.</p> <p>Quality data and trends in data are available to staff in the staffroom and nurses' station. Corrective actions are discussed at the monthly meetings to ensure any outstanding matters are addressed with sign-off when completed. The resident/relative satisfaction survey completed in September 2023 showed a high level of satisfaction in clinical care. Survey results analysis resulted in corrective actions plans related to cleaning, laundry, and GP communication.</p> <p>Kumeu Village has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff. A health and safety system is in place. Hazards are identified, and an up-to-date hazard register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings, and via memos.</p> <p>Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident records reviewed. Results are discussed in the monthly combined and at handover.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of the change of Director of Nursing, pressure injuries, and registered nurse shortages. There was one previous Covid-19 outbreak in December 2023, and two Scabies outbreaks (September and November 2023) that had been notified and managed.</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</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support, including 24-hour registered nurse cover. This is an improvement upon the previous audit, and the partial attainment relating to HDSS:2021 #2.3.1 has been satisfied. Staffing levels reviewed are sufficient to include the HealthCERT approved reconfiguration from 10 dementia beds to 10 dual purpose (hospital level care / rest home level care) beds. The</p>

<p>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>registered nurses, and a selection of care partners hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>There is an annual education and training schedule completed for 2023 and is being implemented for 2024. The education and training schedule lists compulsory training, which includes cultural safety, and Te Tiriti education. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Te Whatu Ora- Waitematā, and hospice. There are 21care partners who work in the dementia unit; 16 have completed the required dementia standards, three care partners are in progress, and two have been employed for less than 18 months.</p> <p>All care partners are required to complete annual competencies for: restraint; moving and handling; personal protective equipment (PPE); medication (if competent); handwashing; and cultural competencies. Staff who work night shifts undertook extra night cares and emergency training last in June 2023. A total of six sessions related to fire safety and evacuation drills have been held in 2023 to ensure all staff attended the training. The partial attainment identified at the last audit related to HDSS:2021 #2.3.4 has been satisfied.</p> <p>All new staff are required to complete competency assessments as part of their orientation. Registered nurses complete competencies, including restraint, and medication management (including controlled drug management, insulin administration and syringe driver training). Additional RN specific competencies include subcutaneous fluid, and interRAI assessment competencies. There are seven RNs, and one enrolled nurse (EN) in the facility (plus the clinically qualified managers), and four RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete critical thinking and problem solving, and infection prevention and control training (including pandemic and outbreak management).</p>
Subsection 2.4: Health care and support workers	FA	Seven staff files reviewed included evidence of completed orientation,

<p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and care partners to provide a culturally safe environment to Māori. Care partners interviewed reported that the orientation process prepared new staff for their role and could be extended if required. All staff employed for 12 months or more have a current annual appraisal on file.</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 whānau to support wellbeing.</p>	PA Low	<p>Six electronic resident files were reviewed: two dementia resident files and four hospital resident files including one younger person with a disability (YPD) and one on accident compensation corporation (ACC) funding. All other residents were under the age-related residential care (ARRC) agreement. The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include falls, mobility, behaviour, pressure injury, skin, pain, continence, cultural and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>Initial assessments and long-term care plans were completed for residents within the required timeframes, detailing needs, and preferences. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Assessment tools used included (but not limited to) functional; falls; skin; pressure risk; nutrition; restraint; activities; mobility; and pain.</p> <p>The individualised long-term care plans were formulated with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI assessments and reassessment sampled (except for the ACC funded resident) had been completed and reviewed within expected timeframes. Documented interventions and early</p>

		<p>warning signs meet the residents' assessed needs; however, the care plans did not always document detailed interventions to provide guidance to care staff in the delivery of care. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>The activity assessments and cultural assessment which gather information about cultural needs, values, and beliefs inform the resident's individual activity and cultural care plan. The resident on the ACC contract has appropriate risk assessments completed and a long-term care plan developed.</p> <p>Residents in the dementia units (The Villa and Memory Assist unit) all have behaviour assessment and a behaviour plan with associated risks and supports needed and includes strategies for managing/diversion of behaviours. The long-term care plans included a comprehensive 'rhythm of the day' that reflects a 24-hour reflection of close to normal routine for the resident to assist staff in management of the resident behaviours.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Care plan evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Goals, interventions, and evaluations of short-term needs such as weight loss, infections and wounds are integrated in the long-term care plans, and these were sighted for the files reviewed. The previous audit shortfall (HDSS:2021 # 3.2.5) has been addressed.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiate a review with the general practitioner.</p> <p>Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, medication changes and any changes to health status and this was documented in the resident files.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the general practitioner within required timeframes and</p>
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		<p>when their health status changes. The GP visits the facility four times a week and as required. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The GP practice provides on-call services in rotation with other local medical practices. There is access to a physiotherapist for at least twice a week and continence specialist via referral as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through the local Te Whatu Ora – Waitematā; however, there was not always documented evidence of the specialist reviews in the integrated records.</p> <p>An adequate supply of wound care products were available at the facility. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed; however, documented wound evaluations did not always demonstrate progress towards healing. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were 28 active wounds from 19 residents, including two stage II pressure injuries.</p> <p>The clinical progress notes are recorded and maintained on the electronic resident management system. Care partners document each shift in the progress notes. Registered nurses document in the progress notes every 24 hours for hospital level care and at least weekly for dementia level care. Care partners and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover is between a registered nurse to the incoming registered nurse and care partners on each shift; as observed on the day of audit, and was found to be comprehensive in nature.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls; however, these have not been completed consistently. A range of monitoring charts which include (but not limited to) behaviour, blood glucose levels, restraint and repositioning are available for the care staff to utilise; however, these have not been consistently completed as per care plan. Staff interviews confirmed they are familiar with the needs</p>
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		of all residents in the facility and that they have access to the supplies and products they require to meet those needs.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent care partners interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular and short course medication and blister packs for pro re nata (PRN) medication. There is a clear process of ensuring all medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily and weekly respectively; however, these have not been completed consistently as per policy. Not all eyedrops and creams have been dated on opening. All stored medications are checked by the night registered nurse.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. Effectiveness of pro re nata (PRN) medication have not been consistently recorded in the progress notes or electronic medication chart; the previous shortfall remains ongoing. At the time of the audit there were no residents self-administering medication. No vaccines are kept on site. The service uses standing orders with the list last reviewed by the general practitioner in November 2023; however, no internal audits related to standing orders have been completed since last audit.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</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>	FA	<p>The four-week seasonal menu has been approved by a registered dietitian. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The kitchen manager interviewed reported they accommodate residents' requests.</p> <p>There is a verified food control plan expiring March 2024.</p> <p>The residents and family/whānau interviewed were complimentary regarding the standard of food provided and the varied options for the residents to choose from.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and 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</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Kumeu Village and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 20 February 2024. At the time of the audit, 10 beds were in the final stages of refurbishment, as per HealthCERT approved reconfiguration from 10 dementia beds to 10 dual purpose (hospital level care / rest home level care) beds. The assessed rooms, bathrooms and environment meet the requirements to deliver dual purpose service of hospital / rest home level</p>

<p>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>of care.</p> <p>There is a maintenance request book for repair and maintenance requests located in the reception area. This is checked daily and signed off when repairs have been completed. There is a monthly, six-monthly, and annual maintenance plan that includes electrical testing, tagging and equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature checks and recordings have been completed monthly and corrective actions undertaken when outside of expected ranges. Review of electrical equipment in the facility demonstrated that test and tag of equipment was next due in April 2024. Medical equipment calibration was completed, with the next one due April 2024.</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>	FA	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service on 25 June 2018. The service has completed two trial evacuation drills in August 2023 (to ensure different staff and different areas are covered). The drills are conducted every six-months, and these are added to the annual training programme. The staff orientation programme includes fire and security training. Fire training was last completed on three separate sessions in August 2023. This is an improvement upon the previous audit, and the partial attainment relating to HDSS:2021 # 4.2.3 has been satisfied.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and</p>	FA	<p>There is an infection, prevention, and antimicrobial programme and procedure that includes the pandemic plan. This has been developed with input from suitably qualified and experienced professionals; and has been approved by the Board of Directors. The programme links to the overarching quality programme and is reviewed, evaluated, and reported on annually.</p> <p>The pandemic plan is available for all staff and includes scenario-based</p>

<p>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>training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE).</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>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control programme is reviewed annually and endorsed by the management and Directors. Monthly infection control data is presented and discussed at the monthly staff meetings, and to the Board via monthly management meetings.</p> <p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register. Surveillance of all infections (including organisms) are monitored and analysed for trends, monthly and annually. Staff are informed of infection surveillance data through meeting minutes and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes. Action plans are completed for any infection rates of concern. Benchmarking occurs internally.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There has been one Covid-19, and two Scabies outbreaks since the previous audit. These were well documented, managed, and reported on appropriately. The service captures ethnicity data and incorporates this into surveillance methods and data captured around infections.</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</p>	FA	<p>Kumeu Village is committed to providing services to residents without the use of restraint. An interview with the restraint coordinator (clinical manager) described the facility's commitment to minimising restraint use. This is achieved using proactive de-escalation strategies. Restraint policy confirms that restraint consideration and application must be done as a</p>

<p>ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>last resort in partnership with families/whānau, and the choice of device must be the least restrictive possible.</p> <p>The restraint approval process described in the restraint policy and procedures meet the requirements of Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and provide guidance on the safe use of restraints. At the time of the audit, there were six hospital level residents using restraints (two T-belts, three bedrails and one with both a T-belt and bedrail in use). A restraint register is maintained and updated each month.</p> <p>Regular training occurs related to restraint minimisation and management of challenging behaviour as part of orientation programme and the mandatory training plan. Staff completed training on restraint management in November 2023, as sighted in the training records.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>PA Moderate</p>	<p>Assessments for the use of restraint, consent, care planning and evaluation were documented and included all requirements of the Standard; however, monitoring did not always occur as per care plan. The previous audit shortfall (NZS HDSS:2021 # 6.2.2) remains ongoing. Residents and family/whānau confirmed their involvement in the assessment and review processes. Access to advocacy is facilitated as necessary. A restraint register is maintained and reviewed at each restraint meeting. The register contained enough information to provide an auditable record. Management and staff meeting minutes, and monthly reports documented discussions about restraint.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and</p>	<p>FA</p>	<p>Three-monthly restraint reviews have been completed and documented in the resident records. The restraint committee undertakes a bi-monthly review of all restraint use, which includes all the requirements of the Standard. The reviews demonstrate (but not limited to) an analysis of the residents on restraints; ways to minimise and eliminate the use of restraint; residents that can come off or on trial to come off restraints; adverse events that have occurred related to restraints; and ongoing restraint education to all staff. This is an improvement upon the previous audit, and the partial attainment relating to HDSS:2021 # 6.3.1 has been</p>

reviewing data and implementing improvement activities.		satisfied.
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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 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing</p>	PA Low	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. Registered nurses are responsible for completing assessments (including interRAI), developing resident centred care interventions, and evaluating the care delivery six-monthly or earlier as residents needs change. The service seeks multidisciplinary input as appropriate to the needs of the resident.</p> <p>The outcome of assessments informs the long-term care plans with appropriate interventions to deliver care; however, interventions in long-term care plans reviewed were not always detailed to provide guidance for staff in the delivery of care. Triggers identified from the interRAI assessment did not always</p>	<p>(i). There were no detailed interventions documented for diabetes management, pressure risk management and supra pubic catheter care and management for one hospital level care resident.</p> <p>(ii). One hospital level resident using restraint did not document a) risks related to restraint, b) appropriate interventions to minimise the risk of using restraint.</p> <p>(iii). There were no detailed interventions documented related pressure risk management for one</p>	<p>(i)-(iii). Ensure care plan documentation reflects the residents' needs and interventions to provide adequate guidance for care staff related to management of resident needs.</p> <p>(iv). Ensure care plan interventions and notes are documented following GP and specialist reviews.</p> <p>90 days</p>



<p>practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>have detailed interventions reflected in the long-term care plans.</p> <p>Supplementary documentation reviewed and interviews with resident, family/whānau and care staff confirmed that the shortfalls noted relates to documentation only and the residents received the required care; therefore, the risk is assessed as a low risk.</p> <p>Following a review by the GP, the care plan had not been updated following the commencement of nutritional supplements for weight loss for one resident in the dementia unit, and following review of two residents by the mental health services of the older adult (MHSA), there was no documentation in progress notes by the specialist or review notes evident in the integrated resident records.</p>	<p>hospital level care resident.</p> <p>(iv). The long-term management plan for two residents with dementia were not evidenced as being updated following GP and a specialist review.</p>	
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds</p>	PA Low	<p>A range of monitoring charts which include (but not limited to) behaviour, blood glucose levels, fluid balance charts, restraint and repositioning are available for the care staff to utilise. Monthly observations, such as weight and blood pressure, were completed and are up to date; however, repositioning charts have not been consistently completed as per care plan.</p> <p>Neurological observations are recorded following un-witnessed falls; however, these have not been fully completed consistently for unwitnessed falls or</p>	<p>(i). Four unwitnessed falls did not have neurological observations fully completed as per policy requirements.</p> <p>(ii). Two-hourly repositioning has not been completed consistently for two hospital level care residents.</p> <p>(iii). Three wound care plan evaluations for two pressure injuries and one chronic wound did not</p>	<p>(i)-(ii)Ensure that monitoring records are completed consistently as per care plan and policy requirements.</p> <p>(iii). Ensure wound charts evidence progression towards healing.</p> <p>90 days</p>

resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.		where head injury is suspected. Registered nurses are responsible for wound management, including review of dressings and documentation. Review of the wound care plan evaluations demonstrate that these have been completed as scheduled; however, there was no documented progress towards healing.	demonstrate progress towards healing.	
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Moderate	<p>The registered nurses and medication competent care partners are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management, including reconciliation, storage, and documentation requirements. However, review of the medication room and fridge temperature monitoring records demonstrated that these have not been completed consistently since last audit. The Villa (dementia unit) has a separate medication storage area for regular and pro re nata (PRN) medications of the 15 residents. There is no current system of monitoring the temperature of the storage area in this unit. In the Villa there were eye drops and creams in use that were not dated on opening. Staff were not always documenting the outcome or effectiveness of pro re nata (PRN) medications when they were administered; the previous shortfall</p>	<p>(i). Medication room and fridge temperature monitoring for the main medication room has not been consistently monitored.</p> <p>(ii). There is no evidence of temperature monitoring for medication room in the dementia unit (the Villa).</p> <p>(iii). On the day of the audit there were eye drops and creams not dated on opening.</p> <p>(iv). Medication records did not demonstrate consistent documentation on the effectiveness of PRN medication administered to residents.</p>	<p>(i)-(ii). Ensure medication and fridge temperature monitoring is completed as per policy.</p> <p>(iii). Ensure eye drops and creams are dated on opening.</p> <p>(iv). Ensure staff assess and document effectiveness of PRN medications when administered</p> <p>60 days</p>

		remains ongoing. Staff have received training related to medicine management and audits have been completed as per schedule.		
<p>Criterion 3.4.7</p> <p>Where standing orders are used, the relevant guidelines shall be consulted to guide practice.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a policy and process on safe medicine management including that of standing orders. Reviewed medication charts on the electronic medication management system demonstrated that medications were prescribed in line with legislative requirements. The general practitioner has reviewed and updated the standing order list in November 2023. However, there is no evidence that an audit of the standing orders for different conditions or medicines has been completed since last audit. Staff have completed competencies and education related to medicine management.</p>	<p>There is no documented evidence that the service has completed an audit of standing orders in use since last audit.</p>	<p>Ensure auditing process is completed for standing orders.</p> <p>60 days</p>
<p>Criterion 6.2.2</p> <p>The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.</p>	<p>PA</p> <p>Moderate</p>	<p>Assessments for the use of restraint, consent, care planning and evaluation were documented and included all requirements of the Standard; however, monitoring did not always occur as per care plan. The restraint register is maintained.</p>	<p>There is no consistent documentation of restraint monitoring for two hospital level care residents.</p>	<p>Ensure restraint monitoring is completed as instructed in the care plan and policy requirements.</p> <p>60 days</p>

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.