

Cambridge Resthaven Trust Board Incorporated - Resthaven on Burns Street

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Cambridge Resthaven Trust Board Incorporated
Premises audited:	Resthaven on Burns Street
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: 24 January 2024 End date: 25 January 2024
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:	43



Executive summary of the audit

Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Cambridge Resthaven Trust Board Incorporated operates Resthaven on Burns (Resthaven) and provides hospital, rest home and dementia level care for up to 48 residents. The board also owns and operates another aged care facility in Cambridge, Resthaven on Vogel.

There have been no significant changes since the previous surveillance audit in August 2022.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and contracts with Te Whatu Ora – Health New Zealand Waikato (Te Whatu Ora Waikato). The process included a pre-audit assessment of policies and procedures, reviewing a sample of residents’ and staff files, observations, and interviews with residents and whānau, management, staff, and a general practitioner. The service is managed by an experienced chief executive officer (CEO) and general manager (GM). A nurse director, clinical nurse leader (CNL) and other heads of department also oversee service delivery. Residents, whānau and other external health providers were complimentary about the care provided.

There were no areas requiring improvement identified during this audit.

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.

Resthaven works collaboratively to support and encourage a Māori world view of health in service delivery. A Māori health plan, policies and procedures are in place to ensure Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of self-determination/mana motuhake.

Policies, processes, and staff knowledge ensure Pacific peoples are provided with services that recognise their worldviews and enable culturally safe care.

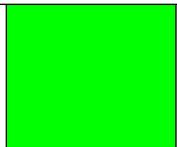
The service provides an environment that supports residents' rights. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, and other ethnicities. This was confirmed by care plan reviews, and resident and staff interviews.

Residents and their family/whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents are kept safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provides services and support to people in ways that are inclusive and respect their identity and their experiences. Care plans accommodated the choices of residents and/or their whānau. There was evidence that residents and their family/whānau were being kept well informed.

Residents and their family/whānau receive information in an easy-to-understand format and are included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Residents and their family/whānau and legal representatives participate in decision-making that complies with the law. Advance directives were being followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The organisation is governed by a board of trustees who work with senior managers to monitor organisational performance and ensure ongoing compliance. The board assumes accountability for delivering a high-quality service and is inclusive of and sensitive to the cultural needs of Māori. All board members are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

Organisational planning ensures the purpose, values, direction, scope, and goals for the service are defined. Progress toward meeting goals and organisational performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care and include processes to meet these standards, legislation, regulations and health and safety requirements. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated. Essential notification reporting occurs as required.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced, and a sufficient number of staff are on site 24 hours a day, seven days a week. Staff competencies are monitored, and their individual performance was being reviewed.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

Each stage of service provision is managed by suitably qualified personnel who are competent to perform the function they manage. When residents enter the service, a holistic approach is adopted. Relevant information is provided to the potential resident's family/whānau. The service has developed meaningful partnerships with Māori communities and organisations to benefit Māori residents and whānau. Care plans are individualised, based on a comprehensive range of information, and accommodate any new problems that might arise. Files sampled demonstrated that the care provided and needs of residents were reviewed and evaluated on a regular basis. Residents' transfers and discharges were planned and managed effectively with appropriate documentation completed.

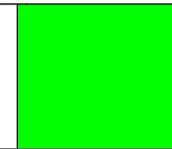
The planned activities provide residents with a variety of individual and group activities and maintain their links with the community. Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their stage of life and ability.

The service uses a pre-packaged medication system. Medication is administered by staff who have current medication administration competencies. Medication reviews are completed by the general practitioner (GP) in a timely manner.

The food service meets the nutritional needs of the residents, with special needs and cultural needs catered for. Food is safely managed. A current food control plan is available.

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.



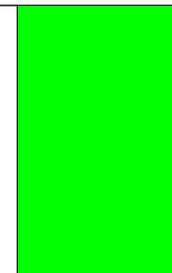
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was observed to be clean and well maintained. There is a current building warrant of fitness. Electrical and medical equipment is being tested as required. External areas are accessible and safe, with suitable seating and shade provided. The outside areas meet the needs of older people and people with disabilities.

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

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

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



Subsections applicable to this service fully attained.

The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and scope of the service. The education facilitator is the nominated infection control coordinator who leads the programme, which is reviewed annually. Specialist infection prevention advice is accessed when needed. Resthaven has an approved infection control and pandemic plan.

Staff understood the principles and practice of infection prevention and control. This was guided by relevant policies and supported through education and training.

Hazardous waste is managed appropriately. A clean and tidy environment is maintained.

Prescribed antibiotics were recorded, and occurrence of adverse effects was monitored. Surveillance of health care-associated infections is undertaken with results shared with staff. Follow-up action is taken when required.

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.
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There are clearly documented restraint policies and procedures, and a nominated restraint coordinator who reports to the health and safety committee which oversees restraint use and all organisational risk. Resthaven is committed to reducing and eliminating the use of restraints which is endorsed by governance. On the days of audit one resident required a restraint when seated. A comprehensive assessment, approval, monitoring process, and regular review occurs for all restraint interventions. Staff are provided with ongoing education on restraint minimisation and the requirements of this standard and service policy. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	0	174	0	0	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.</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>	<p>FA</p>	<p>Resthaven has developed policies and processes under the guidance of local iwi which reflect mātauranga Māori and enact the principles of Te Tiriti o Waitangi in all aspects of its work. This is reflected in the organisation's values, across a wide range of service documents. Tikanga Māori is embedded in day-to-day practices, for example, karakia to open and close meetings, adherence to Māori cultural and spiritual beliefs, and kawa around death and dying.</p> <p>A staff 'cultural group' comprising a board member, Māori staff, managers, and other staff representatives or leaders from different service areas are meeting regularly. So far the group have updated the existing Māori health plan, and implemented strategies for cultural safety and equitable practices, using a partnership approach. The work of this group has been supported by input from local tau iwi.</p> <p>On the days of audit, 8.2 percent of the total staff population (from both aged care facilities) identified as Māori. A majority of staff work across both sites. Staff interviewed said they experienced the service as culturally safe and that they felt proud to be working there. A small number of residents whose ethnicity was Māori said that staff respected their right to self-determination/mana motuhake, and</p>

		that they felt culturally safe.
<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>The organisation has knowledge of local Pacific communities and organisations who are available to advise and provide information. The Pacific plan, which was developed with input from Pacific communities, supports culturally safe practices and promotes equity of Pacific peoples using the service.</p> <p>Although there were no Pasifika residents, the processes and resources in place provide sufficient guidance for staff to ensure a resident's cultural and spiritual needs and beliefs are considered. There are a significant number of Pasifika staff employed (15.5% across both facilities) some of whom are in leadership roles.</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>Staff have received training on the Code as part of the orientation process and in ongoing annual mandatory training, as was verified in staff files and interviews with staff. Staff gave examples of how they incorporated residents' rights in daily practice. Copies of the Code in English and te reo Māori were posted on notice boards around the facility. The Nationwide Health and Disability Advocacy Service (Advocacy Service) pamphlets, the Code and information on advocacy services are included in the admission agreement.</p> <p>Residents, family/whānau and legal representatives confirmed being made aware of residents' rights and advocacy services during the admission process and explanation was provided by staff on admission. They confirmed that services were provided in a manner that complies with residents' rights.</p> <p>Māori mana motuhake is recognised in practice. The Māori health care plan is used to guide care for Māori residents. A holistic approach is adopted in the development of care plans. This approach enables residents' individual wishes and support needs to be determined. Residents, family/whānau or legal representatives are involved in the care planning processes. Independent advocacy can be accessed when required.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Residents' values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics are identified through the assessment processes. These were documented in the residents' care plans sampled. Staff were observed respecting residents' personal areas and privacy. All residents had individual rooms. Personal cares were provided behind closed doors. Shared bathrooms had clear signage when in use. Residents were supported to maintain as much independence as possible.</p> <p>Principles of Te Tiriti o Waitangi are incorporated in service delivery. Tāngata whaikaha needs are responded to as assessed. Residents are supported to participate in te ao Māori as desired. Staff training included training on support for people with disabilities.</p> <p>Te reo Māori and tikanga Māori are actively promoted throughout the organisation and incorporated in all activities. Te reo words were posted around the facility to increase staff awareness. Staff have received Te Tiriti o Waitangi training. Staff who identify as Māori converse with residents who identify as Māori in te reo, where applicable. Residents who identify as Māori and their family/whānau confirmed satisfaction with the consultation process during assessment and care planning stages.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are discussed in the orientation process for all staff and in ongoing professional development education. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation.</p> <p>Systems in place to protect residents from abuse, revictimisation, systemic and institutional racism include the complaints management process, staff education, and care evaluation meetings with residents, family/whānau and legal representatives. Staff</p>

		<p>understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, and/or exploitation. Residents and family/whānau confirmed that professional boundaries are maintained by staff.</p> <p>Residents' property is labelled and recorded on admission, and residents and family/whānau reported that residents' property is respected. A comfort account is held by the administrator for safe management of residents' expenses money. Residents and family/whānau expressed that they had not witnessed any abuse or neglect.</p> <p>Te Whare Tapa Whā model of care is used to ensure wellbeing outcomes for Māori. Residents and family/whānau confirmed that residents are treated fairly.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and family/whānau are provided with an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. Residents' family/whānau stated they were kept well informed about any changes to care and any incidents in a timely manner. This was supported in residents' records. Staff understood the principles of effective and open communication, which are described in policies and procedures.</p> <p>Residents were referred to allied health care providers where required. Information provided to residents and family/whānau was mainly in the English language. Interpreter services are engaged when required. Family/whānau and staff support Māori residents with interpretation where appropriate. Written information and verbal discussions were provided to improve communication with residents, their family/whānau or legal representatives.</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</p>	FA	<p>Residents, family/whānau or residents' legal representatives are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making.</p>

<p>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>Appropriate best practice tikanga guidelines in relation to consent are followed. Staff interviewed understood the principles and practice of informed consent.</p> <p>Consent is obtained as part of the admission process with admission agreements, informed consent, resuscitation authorisation plans, level of notification consent signed by competent residents or by nominated representatives of choice and enduring power of attorney (EPOA) for residents in the home. Informed consent for specific procedures had been gained appropriately. Legal representatives were nominated, and enduring power of attorney documents were activated for all residents receiving dementia level of care and where applicable for other residents receiving continuing care/hospital and rest home level support.</p> <p>Advance directives were available where applicable. Staff were observed to gain consent for daily cares.</p> <p>Residents are supported by family/whānau, and advocacy services can be accessed when required. Communication records verified inclusion of support people where applicable.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable complaints system is in place which promotes use and understanding by Māori and others to receive and resolve complaints. For example, local kaumātua and tau iwi who have been advising the organisation, are available to support any Māori residents and their whānau.</p> <p>The GM has overall responsibility for all complaint investigations and uses these as opportunities to make improvements. The process and policies meet the requirements of the Code and these standards. Residents and whānau interviewed understood their right to make a complaint and confirmed they knew how to raise concerns. Interview with a previous complainant revealed they were very satisfied with the way their concerns were responded to. They described having a high level of trust with the way services are delivered.</p> <p>Documentation confirmed that all complaints received since the</p>

		<p>previous surveillance audit had been acknowledged in writing, complainants had been informed of findings throughout the process and following investigation and that resolution and/or agreement had been reached between the parties involved. No complaints were still open pending further investigation and resolution.</p> <p>There have been no known complaints received or investigated by the funder or the office of the Health and Disability Commissioner since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>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>FA</p>	<p>Minor changes within the governing body/trust board have been notified under section 31. The seven-member board assumes accountability for delivering a high-quality service and is inclusive and sensitive to the cultural needs of Māori. All trustees have completed education on Te Tiriti o Waitangi, cultural safety, equity, and unconscious bias. One of the board members is identified as ‘championing’ equity and cultural safety. The chief executive officer (CEO) and the board are fully informed about their legal, contractual, and regulatory obligations including the requirements of Ngā Paerewa. The board are kept informed about all operational matters, including changes to service delivery, the quality and risk system, and progress toward achieving equity for tāngata whaikaha, Māori and Pasifika. Interviewees spoke of their commitment to the principles of their charitable status, ensuring equal access and options for all people in their community.</p> <p>The strategic and annual business/quality/risk plans outline the purpose, values, scope, direction, and goals of the organisation. These documents describe annual and longer-term objectives and are linked to operational plans. A sample of monthly reports to the trust board confirmed that quality data such as incidents, including falls, pressure injuries, infections, behavioural events, and restraint is presented for discussion. Key performance indicators and any emerging risks and issues, including potential inequities, are used to monitor performance.</p> <p>The organisation works in partnership with a group of tau iwi, who provide guidance and advice on cultural safety and Te Tiriti. The</p>

		<p>CEO also confirmed that services are delivered safely and appropriately for tāngata whaikaha to facilitate improvement in their health outcomes and achieve equity. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery. This was further demonstrated by interviews with members of the leadership team, staff, residents and their whānau/family, results of satisfaction surveys, and the demographic population of residents.</p> <p>The CEO has been in the post for more than 20 years and has well-established connections within the aged care sector. Day-to-day service delivery and operations are managed by the GM who is a registered nurse with managerial qualifications. This person has been in the role for more than 14 years. Responsibilities and accountabilities are defined in their job description and individual employment agreements.</p> <p>The service holds contracts with Te Whatu Ora Waikato for aged residential care - hospital medical, geriatric, rest home and secure dementia care with a maximum capacity of 48 beds. The agreement includes provision for respite/short stay and Long Term Support-Chronic Health Conditions (LTS-CHC) and post-acute care. On the days of audit there were no respite residents and no LTS-CHC residents.</p> <p>Of the 43 residents receiving services on the days of audit, 10 were assessed at rest home level care, 20 at hospital level care and 13 for dementia care in the memory enhancement unit, which is referred to as 'The Home' in this report.</p> <p>The approach, size and complexity of clinical governance is appropriate for the services delivered. Weekly meetings with heads of teams discuss, for example, unstable/deteriorating residents, new wounds/pressure injuries and/or any new infection events, and any other clinical concerns including safe staffing. Clinical governance also occurs via quarterly Health and Safety Committee meetings. This group of clinicians and senior managers discuss trends in quality monitoring statistics, infection control and best-known practice.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service provider has a documented and implemented quality and risk management system which is reviewed and kept current by the senior leadership team and the external owner of the quality system. The system includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks including potential inequities and corresponding mitigation strategies.</p> <p>Activities to monitor adherence to the business, quality and risk plan, and the service policies and procedures include scheduled and ad hoc internal audits, a range of staff and resident meetings, provision of staff education and professional development opportunities, and analyses of quality data, such as incidents, infections, restraint use and complaints. Where a need for improvement is identified, corrective actions are implemented until improvement occurs. This was demonstrated by interview, and observed on the documented outcomes of incidents, internal audits and in the minutes of the full staff meetings, the RN meetings and the health and safety meetings.</p> <p>Annual resident and relative surveys are conducted by an external company which provides valuable feedback and is used to monitor improvement or decrease in satisfaction with services. The 2023 survey revealed no major concerns and an overall satisfaction rating of 83%.</p> <p>Essential notification reporting is occurring as required. Two section 31 notifications for pressure injuries, notification of a power outage, changes on the board and weekly RN shortage notifications have been submitted since the previous audit. Te Whatu Ora Waikato public health unit were notified about positive COVID-19 infections in October 2023. There have been no other significant events, police investigations, coroner enquiries, or reports/investigations by WorkSafe New Zealand.</p> <p>The provision of culturally safe and equitable health care is integrated and embedded in quality and risk activities. For example, practical outcomes produced by the cultural group, collecting and analysing resident and staff ethnicity data, entry and decline rates, cultural care planning, incorporating karakia and te reo in daily practices, and a range of education sessions being provided to staff,</p>
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		management and governance.
<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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Interviews with residents and their whānau revealed that staff work in ways to deliver health care that is responsive to the cultural and individual needs of all residents, including Māori and tāngata whaikaha.</p> <p>There are six registered nurses (RNs) employed plus the GM, the nurse director and clinical nurse leader who are on site Monday to Friday and available after hours for clinical support and advice. The organisation has ceased using the virtual RN service for night shifts as there are now enough RNs employed to cover all shifts.</p> <p>Residents and whānau interviewed said that staff were always attentive to their needs and that nurse call bells were answered within a reasonable time. Clinical advice is available by phone 24/7 and the CNL and nurse director will attend after hours for complex clinical interventions. For example, syringe drivers/subcutaneous infusions, or end-of-life care.</p> <p>There is at least one RN on the floor for all shifts plus five full shift health care assistants (HCAs) to care for hospital and rest home residents and two HCAs are rostered in The Home (with one HCA at night). The afternoon shift is exactly the same. There are three HCAs and an RN on site at night. A flexible RN roster allocates periods of time for each RN, who can choose to be in the facility to complete paperwork. This system means that there are often additional RNs on site, any day of the week at variable times. An additional short shift HCA is rostered for morning shift on specific weekdays.</p> <p>All RNs and lead HCAs are maintaining current first aid certificates so there is always a first aider on site. Senior care staff who are assessed as competent to administer medicines are rostered on each shift to support the single RN on duty. A total of 19 HCAs have been assessed as competent.</p>

	<p>Allied staff, such as the resident support person (known as 'camp mother'), the diversional therapist and activities assistant, cleaners, administrators, a gardener, and maintenance staff, are allocated sufficient hours to meet residents' needs and provide smooth service delivery seven days a week. An externally contracted provider ensures there are sufficient kitchen staff providing meal services. Laundry services are carried out daily under contract to an external provider with designated staff to manage delivery and despatch of linen and personal laundry. There have been no concerns with the provision of meals or laundry under these systems.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. The training programme is overseen by a long-term employed staff educator (education facilitator) who is an approved moderator of Careerforce work-based training programmes and is a registered nurse with a current practising certificate. Interview, cross referencing of staff files and review of the annual education plan and individual records of attendance, confirmed that all staff are engaging with education relevant to their roles. Education over the past two years has focused on growing cultural safety and awareness using a variety of resources and teaching methods. Staff education has also focused on infection control and prevention and management of COVID-19 outbreaks.</p> <p>Care staff have either completed or commenced modules of the National Certificate in Health and Wellness registered by the New Zealand Qualification Authority (NZQA) to meet contractual requirements and best-known practice. Of the 29 care staff employed, 11 have achieved level four, seven are at level three and eleven are progressing level two of the National Certificate in Health and Wellbeing, on the NZQA framework. Thirteen care staff have completed the limited career path in dementia and five more are in training. A sample of rosters confirmed that only staff who have completed or are progressing the four-unit standards in dementia care are allocated duties in The Home (the secure unit).</p> <p>The organisation supports people's right to speak their own language, endorses tikanga and supports connections to iwi, hapū, and whānau. All staff have attended at least one educational session</p>
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		<p>on Te Tiriti o Waitangi, implicit bias, health equity and cultural safety.</p> <p>Four of the six RNs are accredited and maintaining competencies to conduct interRAI assessments. The staff records sampled demonstrated completion of the required training and competency assessments.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, current visa, proof of vaccination status, and confirmation of qualifications before an offer of employment is made.</p> <p>Staff records sampled confirmed the organisation's policies are being consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities. Records were kept confirming all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ Medical Council, and the pharmacy, physiotherapy, and podiatry bodies.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role.</p> <p>Formal performance appraisals occur at least annually, and the staff records sampled contained evidence of a performance review for 2023.</p> <p>Staff receive ongoing support, debrief and mentoring regularly and as required after incidents, through one-to-one meetings and via the contracted employment assistance service. A large percentage of staff participated in the 2023 survey which revealed a high level of satisfaction and wellness and some comments about the need to</p>

		improve internal communications. Senior leadership have already implemented a quarterly staff newsletter as part of an overall project to enhance communication.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resthaven maintains records in ways that comply with relevant legislation, health information standards and professional guidelines. Most information was held electronically, and password protected. Any paper-based records were being held securely and only available to authorised users.</p> <p>Electronic and hard copy resident records are integrated. Files for residents and staff are stored securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current health records standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Resthaven are not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the Needs Assessment and Service Coordination (NASC) agency. Residents in the home were admitted with the consent of their EPOAs. Specialist authorisation for admission into The Home was confirmed. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process.</p> <p>Entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Entry to services data is documented, including ethnicity data. Analysis of</p>

<p>communicated to the person and whānau.</p>		<p>entry to services and decline rates, including specific entry and decline rates for Māori is completed.</p> <p>The service has established partnerships with local Māori communities and organisations to benefit residents who identify as Māori, when required. Additional Māori cultural support can be accessed from the family/whānau, and the cultural support group as required.</p> <p>Residents, family/whānau and legal representatives interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</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>	<p>FA</p>	<p>The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation of care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p> <p>Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan and review timeframes met contractual requirements. This was verified in residents' records, and in interviews with staff and the general practitioner. Te Whare Tapa Whā model of care was utilised to ensure tikanga and kaupapa Māori perspectives permeate the care planning process and support Māori residents and whānau to identify their own needs. Māori healing methodologies, such as karakia, rongoā and mirimiri were documented where applicable. The GP and the clinical nurse leader stated that these will be supported when required. Tāngata whaikaha and family/whānau are involved in the care planning process to ensure their choices and wishes are respected. The service enables accessible services by encouraging family/whānau engagement and ensuring cultural support and advocacy services can be accessed when required.</p> <p>A range of clinical assessments, including interRAI assessment outcome scores, referral information, and the Needs Assessment</p>

	<p>and Service Coordination (NASC) assessments served as a basis for care planning. Residents, family/whānau and legal representatives were involved in the assessment and care planning processes as confirmed in interviews. The long-term care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The 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 were well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed, with identified triggers and strategies to manage the identified behaviours documented. Family/whānau goals and aspirations identified were addressed in the care plan where applicable.</p> <p>Service integration with other health providers including activity notes, medical and allied health professionals was evident in the care plans. Changes in residents' health were escalated to the general practitioner (GP). Referrals were sent to relevant specialist services as indicated in the residents' files sampled. In interview, the GP confirmed they were contacted in a timely manner for any residents' health issues and care was implemented promptly. Care staff reported health changes to the RNs, as confirmed in the records sampled and in interviews.</p> <p>Short-term care plans were completed for acute conditions, and these were reviewed as clinically indicated. Routine six-monthly care plan evaluations were completed in a timely manner. Evaluation of care included the residents' degree of progress towards the achievement of agreed goals and aspirations as well as family/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.</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 levels of care provided and in accordance with the residents' needs. The residents' family/whānau confirmed</p>
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		being involved in evaluation of progress and any resulting changes.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is overseen by a registered diversional therapist who is supported by four activities assistants. Monthly activities programmes were posted on notice boards around the facility. Activities on the programme reflected residents' ordinary patterns of life, strengths, skills, interests and included normal community activities.</p> <p>Residents are supported to access community events and activities where possible. Regular van outings are scheduled, and residents take turns to go on van outings. Individual and group activities and regular events were offered. Opportunities for Māori residents to participate in te ao Māori were facilitated. Māori residents were supported to attend to ANZAC celebrations in the community and there are kapa haka performances by the local school at the facility. National events observed include Waitangi Day and Matariki. Residents are supported to go out to visit family/whānau and friends where applicable. Family/whānau supported this activity.</p> <p>Activities care plans were completed in all residents' files sampled. Residents' activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review, and when there is a significant change in the residents' abilities. Daily participation records were available. Twenty-four-hour activity plans were completed for all residents in The Home. Residents and family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they found the programme meets residents' needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication</p>	FA	<p>The implemented medicine management system is appropriate for the scope of the service. All staff who administer medicines were competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the GP. The prescribing practices included the prescriber's name and date recorded on the</p>

<p>and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over-the-counter medicines and supplements were documented on the medicine charts where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>Medicines are supplied to the facility from a contracted pharmacy. Medicine reconciliation occurs. All medicines sighted were within current use-by dates. The medicines, including controlled drugs and associated documentation, were stored safely. The required stock checks had been completed. Clinical pharmacist input was provided six-monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medicine room sampled were within the recommended range. Residents and their family/whānau are supported to understand their medicine when required. The GP stated that when requested by Māori, appropriate support and advice will be provided.</p> <p>No residents were self-administering medicine at the time of audit. Policies and procedures were available to ensure this is managed in a safe manner when required.</p> <p>The implemented process for analysis of medication errors is comprehensive and corrective actions are implemented as required. Regular medication audits are completed, and corrective action plans are implemented as required.</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</p>	<p>FA</p>	<p>Food services are contracted to an external provider and the food is prepared and cooked onsite. The food service is in line with recognised nutritional guidelines for older people. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The assessment identifies residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>texture requirements. Special food requirements are accommodated in daily meal plans.</p> <p>Kitchen staff have received the required food safety training. The menu follows summer and winter patterns in a six-weekly cycle and was reviewed by a qualified dietitian on 27 April 2023. Meals are served in respective dining rooms and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Menu options specific to te ao Māori on the menu included hangi, mussel fritters, seafood chowder and sweetcorn fritters. Residents and family/whānau for residents who identify as Māori expressed satisfaction with the food options provided.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. An approved food control plan and registration issued by the Ministry for Primary Industries was available. The current food control plan will expire in January 2025.</p> <p>A kitchenette is available where competent residents can prepare hot drinks when desired. Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion. Snacks and drinks are provided on a twenty-four-hour basis for residents in The Home.</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>	<p>FA</p>	<p>A documented transition, transfer, and discharge policy is in place to guide staff practice. Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and family/whānau or legal representative. Residents' family/whānau reported being kept well informed during the transfer of their relative. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer, current needs and associated risks were documented in the transfer documents reviewed and the residents' progress notes.</p> <p>Residents and family/whānau were advised of their options to access other health and disability services, social support, or</p>

		kaupapa Māori services if the need is identified.
<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>The building had a current warrant of fitness with an expiry date of 16 June 2024. Inspection of the internal and external environments revealed no concerns. Residents were observed to be independently accessing the gardens, decks, and external areas. There was enough safe and suitable seating, handrails, and flat walking surfaces and shade options provided.</p> <p>Plant and equipment is being well maintained and new equipment to promote independence and mobility is acquired as needed. Records and receipts sighted confirmed at least annual checking, tagging and testing, and calibration of electrical devices and medical equipment. For example, testing and tagging of all plug-in electrical equipment by a registered electrician in March 2023 and safety checks of hoists, electric beds, sit-on scales, and calibration of thermometers and blood pressure monitors by the supply company in June 2023.</p> <p>Facility improvements have been made. A large percentage of resident bedrooms have been repainted, with floors and chattels upgraded, all the bedroom doors in The Home have been replaced and memory boxes installed outside to assist residents with identifying their room. The internal environment is inclusive of residents' cultures. For example, signage throughout the home is in te reo Māori and English. The external areas accessible to residents in The Home have been renovated.</p> <p>There are no ensuite bathrooms or toilets. A sufficient number of disability-accessible resident bathrooms and toilets are conveniently located and have functional privacy locks. Separate staff and visitor toilets are available. Hot water temperature monitoring was occurring, as confirmed by the records sighted. Daily inspections of equipment and the environment are occurring. Where hazards are identified, these are added to the hazard register and urgent or non-urgent maintenance requests are logged. Interviews and documents sighted confirmed that remedial or preventative maintenance occurs in a timely manner.</p> <p>All bedrooms are for single occupancy and are large enough to</p>

		<p>accommodate lifting equipment and easy manoeuvring. The rooms are light-filled, warm and well-ventilated by large opening windows/doors and have individual heaters. There was a wash basin in all bedrooms. Personal spaces were furnished and decorated according to the occupants' preferences. Communal dining and recreational areas were spacious, contained safe and suitable furniture for the resident group and are in close proximity to residents' bedrooms in each wing. Communal areas are fitted with dual-setting heat and air-conditioning heat pumps. Hallways and bathrooms were heated.</p> <p>There are no plans for construction of new buildings at this site. Senior management understands the requirement to consult and design any new builds to reflect the aspirations of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency, natural disaster and civil defence plans and policies direct the service in its preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. There is always at least one staff member with a current first aid certificate on site. Emergency plumbers, electricians, senior managers and/or the CNL and nurse director are available on call after hours. Staff interviewed said that after hours calls were always answered and that clinical advice and assistance was available 24/7.</p> <p>An adequate amount of food, water, and medical supplies for up to 48 residents plus staff was being stored on site. This meets the Ministry of Civil Defence and Emergency Management recommendations for the region. Equipment and resources for use during a power outage or environmental disaster were sighted and confirmed as available, for example, a plug-in generator, a barbeque for cooking, and additional blankets for warmth. A three-day power outage event in February 2023 was managed without too much interruption in service delivery. A systemic review of the event resulted in the purchase of two generators and changes to what was being stored for civil defence events.</p> <p>Six-monthly trial fire evacuations had been occurring. The most</p>

		<p>recent drill occurred on 06 December 2023 and 12 June 2022 before that. Fire suppression systems and equipment audits are carried out by contracted services at regular intervals. A record of residents who require special assistance during emergencies (such as people with mobility issues and/or confusion) is maintained. The fire evacuation plan was approved by the New Zealand Fire Service (now Fire and Emergency New Zealand, FENZ) in 1998 and has not required a review to date.</p> <p>The call bell system was observed to be functional during the audit and residents said staff always responded to these in a timely way.</p> <p>Appropriate security arrangements are in place. Staff wear uniforms and name badges so that they are easily identifiable. Automatic external doors and windows are locked at dusk. All visitors are required to sign in and provide proof of identify if they are unknown to staff. Residents and staff said they were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, approved by the governing body, linked to the quality improvement system, and were being reviewed and reported on yearly. Resthaven has IP and AMS outlined in its policy documents. This is supported at governance level. Clinically competent specialist personnel make sure the IP and AMS are appropriately implemented and managed throughout the facility.</p> <p>Clinical specialists can access IP and AMS expertise through Te Whatu Ora Waikato. Infection prevention and AMS information is regularly presented and discussed at full staff meetings, RN meetings, at clinical governance meetings, and to the board.</p> <p>The service is collecting data on infections and antibiotic use, including the ethnicity of residents with infections. Over time the data will add meaningful information to allow Resthaven to analyse the data at a deeper level to support IP and AMS programmes.</p> <p>A pandemic/infectious diseases response plan is documented and</p>

		has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The nominated infection control coordinator (ICC) coordinates the implementation of the infection prevention (IP) programme. The ICC’s responsibilities and reporting requirements are defined in the infection control coordinator’s job description. The ICC completed external education on infection prevention in May 2023. They have access to shared clinical records and diagnostic results of residents.</p> <p>The IP programme implemented is clearly defined and documented. The IP programme was approved by the general manager and is linked to the quality improvement programme. The IP programme is reviewed annually and was last reviewed in August 2023. The IP policies were developed by an external advisory company and comply with relevant legislation and accepted best practice. The IP policies reflected the requirements of the infection prevention standards and include appropriate referencing.</p> <p>The pandemic plan and the outbreak management plan in place are reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic and outbreak management response plan when required.</p> <p>The ICC has input into other related clinical policies that impact on health care-associated infection (HAI) risk. Staff have received education in IP at orientation and in ongoing annual training. Education with residents is on an individual basis when an infection is identified, through infection control posters posted around the facility and discussions in the residents’ meetings.</p> <p>The ICC is involved in the procurement of the required equipment, devices, and consumables through approved suppliers. The ICC will be involved in the consultation process when significant changes are proposed to the existing facility. The ICC stated that currently there are no planned changes.</p>

		<p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. Policies and procedures to guide staff practice were available. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Infection prevention practices were observed during the audit. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>Resthaven works in partnership with cultural groups and local iwi to ensure culturally safe practices in IP are protected, and to acknowledge the spirit of Te Tiriti. Educational resources in te reo Māori were available. Residents and family/whānau and legal representatives confirmed satisfaction with infection communication provided.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governing body. The AMS policy in place aims to promote appropriate antimicrobial use and minimise harm. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</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</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection prevention programme. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection data is collected, monitored, and reviewed monthly. The data is collated, analysed and action plans are implemented. Ethnicity was included in surveillance data. Surveillance data and recommendations for improvement are</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>reported to the general manager monthly and the governing body monthly.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff are informed of infection rates and regular audit outcomes at staff meetings. New infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and family/whānau were advised of infections identified in a culturally safe manner. This was verified in interviews with residents and family/whānau. Infection outbreaks reported since the previous audit were managed effectively.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical storage room and in the cleaners' room. Cleaning products were in labelled bottles. The cleaning trolley was safely stored when not in use. There was sufficient PPE available which included masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>Cleaning policies and procedures to guide staff were available. The cleaning staff have attended training appropriate to their role. The ICC and the general manager have oversight of the facility testing and monitoring programme for the built environment.</p> <p>All laundry at Resthaven is laundered off-site including residents' personal clothing. Policies and processes were in place that identified the required laundering processes. A clear separation for the handling and storage of clean and dirty laundry was sighted.</p> <p>The effectiveness of cleaning and laundry processes is monitored by the internal audit programme. Residents and family/whānau confirmed satisfaction with cleaning and laundry processes.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Resthaven is committed to achieving and maintaining a restraint-free environment and this is reflected in their policy and procedures. Interviews with staff and members of the Trust board/governance body confirmed they are fully informed and understand the philosophy. Policies and procedures for the management of restraint, when required, reflect the requirements of this standard, and define the type of restraints approved for use.</p> <p>The CNL is designated as the restraint coordinator and oversees all aspects of restraint use in collaboration with the restraint committee. Restraint activity is discussed at full staff meetings, RN meetings, in daily handovers and at the health and safety/clinical governance meetings. The extent of restraint use has decreased. Implementation of alternatives, such as sensor beams, and low-low beds contribute to maintaining a restraint-free service. There has been no emergency restraint used since the previous audit.</p> <p>One resident's deterioration in April 2023 necessitated the use of a lap belt when seated, and this is ongoing. Their records confirmed consent had been obtained from the nominated EPOA and that a comprehensive assessment had been conducted prior to use.</p> <p>Staff education records confirmed that all care and clinical staff attend training on alternatives to restraint, safe restraint use and de-escalation practices and techniques. Staff interviews, observation of handover and a sample of meeting minutes confirmed that restraint use, including the type and frequency of restraint, is being reliably reported across all shifts.</p> <p>The health and safety committee reviews all restraint use to ensure any use of restraint is as per policy and ensures the health and safety of residents and the staff.</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.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure</p>	<p>FA</p>	<p>There have been no emergency restraint episodes since the previous audit. Criteria 6.2.5 and 6.2.6 are rated not audited. The restraint register revealed that the number of residents requiring restraint interventions since the last audit continues to fluctuate between nil to one. Observations and interviews with staff showed</p>

<p>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>how residents who are assessed as 'at risk' from falls when in bed, had their electric beds at the lowest level with safety mats on the floor.</p> <p>The records of the restraint intervention in place contained evidence that the requirements in criteria 6.2.4 were met. A comprehensive assessment for the safe use of the lap belt was completed by the RN restraint coordinator with input from other staff, the resident's whānau/family and the resident's GP prior to use. The documented assessment process included consideration and recording of all potential risks associated with the use or non-use of the lap belt and confirmed there were no acceptable alternatives. The records also determined that a cultural assessment was not indicated.</p> <p>Restraint interventions were being monitored two-hourly with comments recorded 24/7. Staff enter the times restraint interventions are on or off, and document the cares provided to the resident concerned. These include movements and positioning, nutrition and hydration, skin integrity, cognitive state, and mood of the resident. The ongoing need for the restraint interventions is reviewed by the restraint coordinator at least every six months or earlier if indicated.</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.</p> <p>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.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The health and safety committee review the extent of restraint used in the service every six months. The committee meeting minutes contained an auditable record of discussions and sufficient detail to show a quality review focus. This included the collection, monitoring and reviewing of all restraint data and activities. There had been no incidents related to restraint use. Internal audit results confirmed that policy and procedures were adhered to, that staff were attending restraint-specific education and that they had acceptable knowledge and understanding about safe restraint use and the need to minimise this. All restraint activity is reported and discussed at full staff meetings, and any changes are recorded in the residents' care records and communicated at shift handovers.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

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.