

# MA HealthCare Group Limited - Awanui Rest Home

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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:** MA HealthCare Group Limited

**Premises audited:** Awanui Rest Home

**Services audited:** Dementia care

**Dates of audit:** Start date: 14 December 2023    End date: 15 December 2023

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 24

# Executive summary of the audit

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## 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

## General overview of the audit

Awanui Rest Home provides rest home care for up to 24 residents. At the time of the audit there were 24 residents requiring dementia rest home level of care.

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

The chief executive officer provides oversight of the facility, with the business and care manager providing support. There is a registered nurse recently appointed who provides on-site clinical oversight during the week and is on call after hours.

There are quality systems and processes being implemented. The resident and family interviewed were very satisfied with all aspects of care provided. The general practitioner also commented on the high quality of care provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

Three of the four areas for improvement identified at the previous audit around family being informed, orientation and training have been met. The service also now offers a family satisfaction survey; however, this audit identified further shortfalls related to the quality programme.

There were four shortfalls identified at this surveillance audit. These related to the complaints process; the quality programme including use of the internal auditing programme to identify service gaps and use of data to improve quality of service; assessment and care planning, and evaluation of care.

## Ō tātou motika | Our rights

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of low risk.</p>
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Cultural values and beliefs are understood and respected with the service providing a unique environment for residents who have high needs at times. There is a Māori health plan in place for the organisation, with policies and processes to ensure Te Tiriti O Waitangi is embedded and enacted. 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.

Awanui Rest Home 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. A resident and family interviewed stated that they were extremely happy with the service and care provided.

The complaints policy describes a process that is responsive, fair, and equitable. Complainants are kept fully informed of outcomes any investigation.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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Awanui Rest Home is one of four facilities owned by MA Healthcare Ltd. The service has a well-established leadership team that takes responsibility for governance, including clinical governance, which is appropriate to the size and complexity of the service provided. The 2023-2024 business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered to a standard that would improve outcomes for Māori and for people who do not 'fit' often with other services offered.

The service has a quality and risk management plan in place in place with a standardized agenda at monthly meetings. A clinical and quality manager has been appointed across the four facilities, including Awanui Rest Home. 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.

An 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 are partially attained and of medium or high risk and/or unattained and of low risk.

The registered nurse is responsible for each stage of service provision. Family members and those who can engage work with the registered nurse to complete care plans. Initial assessments and care plans are well documented and demonstrate service integration. Staff are able to describe interventions to meet each residents' individual needs. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

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

Residents' food preferences, dietary and cultural requirements are identified at admission. There is a current food control plan.

## 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 are fully attained.

There is a current Building Warrant of Fitness. All equipment has been tested, tagged, or 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 are fully attained.
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All policies, procedures, the pandemic plan, and the infection control programme have been reviewed by the chief executive officer (registered nurse) and the registered nurse. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is documented, including the use of standardised surveillance definitions, and ethnicity data.

## 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 are fully attained.
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The facility is committed to continuing an environment of no restraint use. Annual education takes place and staff have completed restraint competencies. On the day of audit, the service had no residents using restraint.

## 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	17	0	1	2	0	0
Criteria	0	46	0	1	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. 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 Awanui Rest Home utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery, including the recognition of mana motuhake. At the time of the audit there were Māori residents and resident records reviewed as part of the audit identified their whakapapa and had detailed cultural assessments and plans that supported them as Māori to engage in te ao Māori. The service has included a cultural component to the entire care plan and to each section that requires comment on cultural considerations (e.g. for mobility, physical health etc). Managers and staff interviewed described the commitment the organisation had to improving equity for Māori with practical interventions for Māori residents that included activities in the community, learning of te reo Māori for all staff, culturally appropriate food services, and creating an environment that welcomed Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of</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. The Pacific health plan has been written by the chief executive officer in conjunction with several staff who identify as Pasifika. Staff interviewed showed an understanding of Pasifika models of</p>

<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>care and they explained that these underpinned the care provided for residents. Documentation reviewed on site (also reiterated by the management team) confirmed a commitment to acknowledging Pacific culture, language, faith, and family values.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their family/whānau during entry to the service in the language that they speak (English, Māori, Pacific languages, Indian and others). The Code is also displayed in English and Māori. The following managers and staff were interviewed during the audit: the chief executive officer, quality and clinical manager, business and care manager; the registered nurse, five healthcare assistants (HCAs) including one team lead; and the cook. All were able to talk about the Code in relation to the services they provided. They stressed the importance of the Code for all residents and articulated how they would ensure that this was provided. Four family members [including one for a resident under the LTS-CHC contract] stated that staff upheld the rights expressed in the Code.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Awanui Rest Home has policies that support prevention of any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are policies and protocols documented in relation to respecting resident's property, and a process to manage resident money; however, the managers stated that family/whānau are encouraged to manage residents money.</p> <p>All staff are trained in, and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff demonstrated an understanding of professional boundaries when interviewed.</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>The previous audit identified a shortfall related to documentation that confirmed family were notified of any incident. Ten incident/accident forms reviewed at this audit confirmed that family were informed of the incident. Family members interviewed also confirmed that they are kept well informed. The resident and family members interviewed also confirmed that the managers had an open-door policy and made communication and information easy for all people to access; understand; and use, enact, or follow. The previous shortfall has been met.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Staff and management interviewed have a good understanding of the organisational process to ensure informed consent for all residents. Information related to consent is available in English and Māori. Interviews with a resident and four family members confirmed their choices regarding decisions around their wellbeing were respected.</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</p>	PA Low	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. The complaints forms can be located at the entrance to the facility or on request from staff. Complaints can be handed to the business and care manager, RN or to any member or staff who would escalate this to management. Residents or family/whānau 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</p>

<p>escalate complaints in a manner that leads to quality improvement.</p>		<p>Māori and English. Information can be accessed in Pacific and other languages if requested.</p> <p>There were two complaints made in 2023 year to date. The initial complaint is documented with evidence that an investigation is completed. The business and care manager contacted the complainant to inform them of the outcomes of the investigation. All complaints in 2023 were reviewed by the auditor and considered low level complaints that were addressed immediately and resolved to the satisfaction of the complainants. A complaints register is available; however, this has not been well maintained. 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 family/whānau confirmed that they were provided with information on the complaints process and those interviewed confirmed that any concerns or issues they had, were addressed promptly.</p>
<p><b>Subsection 2.1: Governance</b></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>Awanui Rest Home is one of four facilities owned by MA Healthcare Ltd. The service provides care for up to 24 residents. On the day of the audit there were 24 residents in total. There were two residents under a long-term support – chronic health care (LTS-CHC) contract and all others were under the age-related residential care (ARRC) agreement.</p> <p>Awanui Rest Home has a well-established organisational structure. The service has two directors – one is the chief executive officer (registered nurse) and other has financial oversight. The two are the ‘Board’ or governance group and regularly meet (at least monthly) to discuss risk, service delivery, future endeavours. The chief executive officer (registered nurse) provides strategic oversight (operational and clinical) of the four sites with the business and care manager providing operational management for Awanui Rest Home. The chief executive officer is supported by the Clinical and Quality Manager who was appointed in September 2023 and who also provides support for all four services.</p> <p>A business plan and a quality and risk management plan are in place. The business plan identifies scope, direction, and annual goals of the service. The structure, purpose, values, scope, direction, performance, and goals</p>

		<p>are clearly identified, monitored, reviewed, and evaluated quarterly and annually. There is a leadership commitment to collaborate with Māori and tāngata whaikaha daily during service delivery and externally when required. The service provided aligns with Manatū Hauora strategies and addresses barriers to equitable service delivery. The overall goal is to deliver a high-quality service to residents in the service who are often marginalised and for whom services in the past have not responded in an equitable manner.</p> <p>The business and care manager who has been in the role since September 2023, has a Bachelor Pharmacy (overseas) and a level 7 Healthcare Management certificate. The chief executive officer is providing mentorship for the business and care manager. A registered nurse has been appointed three weeks prior to the audit following the resignation of the previous nurse three months prior to audit. The chief executive officer has been providing clinical care in the absence of a registered nurse.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Awanui Rest Home continues to implement the quality and risk management programme. Leadership for quality and risk is now provided by the newly appointed clinical and quality manager who has a Bachelor Psychology and Physiology and who is enrolled in a Post Graduate Diploma Public Health.</p> <p>The quality and risk management systems includes expected performance monitoring through internal audits and through the collection of data linked to clinical and key performance indicators. There is a quality and risk management plan that is reviewed quarterly and annually. Monthly combined staff meetings, and monthly management meetings are set up to provide an avenue for discussions in relation to quality data; reports from audits completed as per schedule; health and safety; cultural safety; infection control/pandemic strategies; complaints received; staffing; and education. There was insufficient evidence in staff meeting minutes reviewed of discussion around data, use of trend analysis, or of learnings used to improve services. A family satisfaction survey is now being offered and the shortfall identified at the previous audit has been met.</p>

		<p>One resident and family interviewed stated that they felt they could talk to any of the managers at any time with managers being available, approachable and solution focused when feedback was given. Family/whānau are also encouraged to give feedback via phone and email with any communication documented in the resident's individual record. One family member responded to questionnaires sent out in 2023 and they were happy with the service provided.</p> <p>Awanui Rest Home 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 Ngā Paerewa NZS 8134:2021. New policies or changes to a policy are communicated to staff. A health and safety system is in place. Hazard identification forms are completed in hard copy, 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>Entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, as evidenced in 10 accident/incident forms reviewed. Results are stated as being discussed in the monthly meetings and at handover. Neurological observations are completed for unwitnessed falls, or where there is a head injury.</p> <p>Discussions with the chief executive officer evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required to be completed to notify HealthCERT or a serious incident since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is</p>	<p>FA</p>	<p>Policy describes safe staffing levels. The roster provides sufficient and appropriate cover for the effective delivery of care and support.</p> <p>Interviews with staff confirmed that their workload is manageable, and that management are very supportive. Staff and family/whānau are informed when there are changes to staffing levels, evidenced in staff interviews. There is a registered nurse who provides on-site support during the week (five hours a day during weekdays) and is on call out of hours. The chief executive officer is a registered nurse and is also hands on when</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>required.</p> <p>There has been an annual education and training schedule implemented for 2023. The education and training schedule lists compulsory training, which includes culturally safe support practices in New Zealand awareness training. 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- Te Toka Tumai Auckland.</p> <p>All HCAs are required to complete annual competencies for: restraint; moving and handling; personal protective equipment (PPE); medication; handwashing; insulin administration; and cultural competencies. The previous audit identified a shortfall related to completion of training, competencies, and New Zealand Qualifications Authority dementia training. This audit confirmed that training had occurred, and the previous shortfall has been addressed. Of the 13 caregivers working in the unit, seven have completed the required NZQA approved dementia standards; four are currently completing these and two are new staff not yet enrolled.</p> <p>All new staff are required to complete competency assessments as part of their orientation. The registered nurse completes competencies, including restraint, and medication management (including controlled drug management, insulin administration and syringe driver training). Additional RN specific competencies include the interRAI assessment competency. The registered nurse is enrolled in training for interRAI with the chief executive officer currently completing interRAI 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</p>	<p>FA</p>	<p>Five staff files reviewed included evidence of completed 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. All staff employed for more than one year had a current appraisal on file. 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 all staff to</p>

<p>services.</p>		<p>provide a culturally safe environment. Staff interviewed reported that the orientation process prepared new staff for their role and could be extended if required. The previous audit identified a shortfall related to completion of orientation which has now been addressed.</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>PA Moderate</p>	<p>Five resident files were reviewed. The registered nurse is responsible for conducting all assessments and for the development and evaluation of care plans with input from staff, residents (if able) and family/whānau. Involvement in the interRAI assessments and long-term care plans reviewed confirmed engagement if the family was involved in the life of the resident.</p> <p>The service completes a nursing assessment, and an initial support plan within 24 hours of admission. The initial interRAI is completed on entry within the first 21 days. The chief executive officer has been supporting completion of these; however, the registered nurse has struggled to complete the ongoing interRAI and nursing assessments in a timely manner. The plans reviewed contained interventions relating to residents' health needs in some cases with specific interventions lacking around management of behaviours that challenge. Care plans were not kept up to date and therefore evaluation of care was not documented in a timely manner.</p> <p>Short-term care plans were utilised for infections and other short-term issues.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with a GP from a local general practice who sees each resident at least three-monthly and provides out of hours cover. Specialist referrals are initiated as needed. The facility utilises other health professionals as required. There is a contracted dietitian. The wound care and other specialist nurses are available as required through Te Whatu Ora - Te Toka Tumai Auckland.</p> <p>HcAs interviewed could describe a verbal and written handover at the beginning of each duty that maintained a continuity of service delivery. Progress notes are expected to be written on every shift and as necessary by HcAs. There were gaps in documentation of progress notes and little evidence of documentation of nursing notes. The notes are handwritten</p>

		<p>and at times pages were not sequential which made tracking of information difficult. The registered nurse is expected to add further progress notes if there are any incidents or changes in health status but does not record notes regularly for all residents on at least a weekly basis. The newly appointed registered nurse had already identified gaps in documentation of clinical care and had started addressing these.</p> <p>The resident and family members interviewed reported the needs and expectations regarding their family/whānau were being met. When a resident's condition alters, the RN reviews the resident, or there is a review initiated with the GP. The family were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>There were no residents in the service with wounds however a process to assess and care for wounds was able to be described by the RN. The registered nurse could take photos and wound measurements when required. Staff and management interviewed confirmed there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available.</p> <p>HCA's and the RN complete monitoring charts, including bowel chart; blood pressure; weight; blood sugar levels etc.</p> <p>The GP interviewed confirmed that the registered nurse escalated any concerns in a timely manner through emails, texts, or phone calls. The GP also confirmed that staff followed direction and instructions when given. The GP was very happy with the service provided. They also stated that in their view, the residents under the LTS-CHC contract were appropriately assessed to be in a dementia unit.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their</p>	<p>FA</p>	<p>The facility uses pharmacy generated packs. The service uses an electronic system to record administration of medication. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. There is a fridge specifically kept for storing medications. The temperature of the fridge is monitored weekly.</p>

<p>medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>Medications were appropriately stored in a medication room and locked trolley. The medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. Medications with a short shelf life are dated on opening.</p> <p>Ten medication charts were reviewed. The medication charts reviewed identified that resident medications had been reviewed at least three-monthly, have photo identification and allergy status identified. No standing orders are used at the service. There were no residents self-administering medication and this would not be expected to occur for residents in the dementia unit. There are no policies and procedures to support self administration of medication in the dementia unit as this would not occur at any time.</p> <p>There are policies documented around safe medicine management that meet legislative requirements. The RN and HCAs who administer medications have annual medication competencies and education around safe medication practices.</p> <p>A medication round observed during the audit showed that the medication competent HCA followed policies and procedures related to administration and good practice.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs. Food preferences, dietary needs intolerances and allergies are all assessed and documented. The food control plan expires 12 July 2024. The menu was reviewed by a registered dietitian within the last two years. Residents overall appeared to enjoy the meals (as stated by one resident and observed for other residents) and stated that their cultural needs were catered for as much as possible.</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</p>	<p>FA</p>	<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</p>

<p>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>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 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>FA</p>	<p>The buildings, plant, and equipment are fit for use relevant to the health and disability service being provided. The current building warrant of fitness expires 28 November 2024. All equipment has been tagged, tested, and calibrated annually as scheduled. Hot water temperatures are tested regularly, with corrective actions carried out for any temperatures outside the accepted range. Essential services are on call 24 hours a day. The environment is inclusive of peoples' cultures and supports cultural practices.</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>There is a Zealand Fire Service approved evacuation scheme in place. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness.</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 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>FA</p>	<p>There is an infection, prevention, and antimicrobial programme and procedure that includes the pandemic plan. This links to the overarching quality programme and staff state that they review, evaluate, and report annually (link 2.2.3).</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes standard precautions; isolation procedures; hand washing competencies; and donning and doffing of 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>	<p>FA</p>	<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 CEO. Monthly infection control data is presented at the monthly staff meetings, and to the chief executive officer 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 any improvements. Staff are informed of infection surveillance data through meeting minutes and notices (link 2.2.3). Residents (where appropriate) and family/whānau are informed of infections, and this is recorded in the progress notes and on the incident form.</p> <p>The registered nurse stated that infections are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI).</p> <p>Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions.</p> <p>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 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>Awanui Rest Home is committed to not using any restraint. use This is actively monitored by the registered nurse and business and care manager. There are currently no restraints in use. Restraint use (if any) would be reported to the chief executive officer and management team immediately.</p> <p>The designated restraint coordinator is the registered nurse who ensures staff have annual training around least restrictive practices, safe use of restraint, alternative cultural-specific interventions, and de-escalation techniques. Restraint is also part of the orientation package. Staff complete annual restraint competencies.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.8.2</p> <p>I shall be informed about and have easy access to a fair and responsive complaints process that is sensitive to, and respects, my values and beliefs.</p>	PA Low	The complaint forms and complaint box are easily accessible for anyone to make a complaint. Family/whānau were aware of the complaint process and where to access forms. A complaints register is available but has not been well maintained.	A complaints register has not been maintained over the past year.	<p>Ensure the complaints register is updated and maintained.</p> <p>90 days</p>
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Moderate	Staff meetings are held monthly, and these have a set agenda that includes all aspects of the quality and risk programme. There was insufficient evidence in staff meeting minutes reviewed of data being tabled, discussion around data or learnings from discussion used to improve services. The internal audits for example, showed that there were few recommendations or findings and yet this external audit identified shortfalls that should have been identified in	There was insufficient evidence in staff meeting minutes of data being tabled, of discussion around data, use of trend analysis, or of learnings from discussion used to improve services.	<p>Ensure meeting minutes evidence discussions held around quality data and evidence that improvements are made to services as a result of discussion and use of corrective action planning.</p> <p>90 days</p>

		<p>internal audits. Managers and staff interviewed could give examples of use of data to improve services in some instances.</p> <p>The previous audit identified a shortfall related to completion of a family (and resident if able) satisfaction survey. A survey was offered to family members and the result showed that family were very happy with services and care provided. The previous shortfall around satisfaction surveys has been addressed; however, there was insufficient evidence in staff meeting minutes of data being tabled, of discussion around data, use of trend analysis, or of learnings from discussion used to improve services.</p>		
<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</p>	<p>PA</p> <p>Moderate</p>	<p>The registered nurse completes the assessment and care plan in partnership with residents (and family/whānau if involved) and staff. The assessments include specialised assessments such as for the likelihood of falls, dietary needs, mobility, memory, the Barthel Index to establish involvement in activities of daily living, cultural needs, continence, and the Braden skin assessment. The initial interRAI is completed on entry within the first 21 days. The chief executive officer has been supporting completion of these. However the registered nurse has struggled to complete the ongoing interRAI and nursing assessments in a timely manner (link 3.2.5).</p> <p>The care plans documented have generalised (and some specific) interventions documented to manage most</p>	<p>Three residents whose records were reviewed, who required safety plans documented for challenging behaviours did not have these completed.</p>	<p>Ensure care plans include interventions to manage behavioural issues.</p> <p>90 days</p>

<p>accessible in all settings and circumstances. This includes traditional healing 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>risks e.g. falls, pressure injuries etc. There were three records however, that did not show interventions to manage specific behaviours for the individual resident.</p>		
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p>	<p>PA Moderate</p>	<p>The service completes a nursing assessment and an initial support plan within 24 hours of admission. Five resident records showed that assessments and care plans were not kept up to date or reviewed in a timely manner. The newly appointed registered nurse has identified this as a gap already and is working to address it. The understanding of how to address the shortfalls and the work already completed has meant that this criterion is rated as a moderate risk. The chief executive officer is already supporting the registered nurse with addressing the shortfall.</p> <p>HCA’s are expected to write in the progress</p>	<p>i). Assessments and care plans have not been reviewed at defined intervals.</p> <p>ii). HCAs have not always completed progress notes at the end of each shift as per expectation (sighted in two of five records reviewed).</p> <p>ii). The standard and frequency of documentation of notes by the registered nurse (registered nurse) is</p>	<p>i). Ensure assessments and care plans are reviewed within expected timeframes.</p> <p>ii). Ensure that HCAs complete progress notes at the end of each shift as per policy.</p> <p>iii). Ensure that the registered nurse document notes in each resident at least weekly and when there are changes in presentation of the resident.</p>

<p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>notes for each resident at the end of each shift. Notes were sighted with these consistently documented in the three of five records reviewed. Notes are not always kept in a sequential order and at times it is difficult to track progress for the resident. The registered nurse has not documented in an individual record when there is a change in state of at least weekly.</p>	<p>not as per best practice.</p>	<p>60 days</p>
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## 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, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display
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End of the report.