

Te Awa Care Limited - Te Awa Care

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:	Te Awa Care Limited
Premises audited:	Te Awa Care
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: 18 January 2024 End date: 19 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:	56

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 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

Te Awa Lifecare provides hospital (medical and geriatric), rest home, and dementia levels of care for up to 78 residents. At the time of the audit there were 56 residents.

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 - Waikato. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The chief executive officer is supported by a clinical manager, and a team of experienced staff.

There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The areas for improvement identified at the previous audit relating to interRAI assessments and controlled drug management have been satisfied. The partial attainments from the previous audit relating to quality data and medicine self-administration remain areas for improvement.

This surveillance audit identified additional areas for improvement related to care planning timeframes, staff appraisals, infection surveillance and meetings.

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 are fully attained.
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There is a Māori health plan in place. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Staff demonstrated an understanding of resident's rights and obligations and ensures residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		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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Te Awa Lifecare business plan includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has established quality and risk management systems that take a risk-based approach, to meet the needs of residents and their staff. 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. Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner, nurse practitioner and visiting allied health professionals.

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

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritious snacks were available 24/7.

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

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

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

Subsections applicable to this service are fully attained.

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

There is an approved evacuation scheme.

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

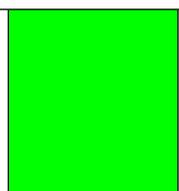
Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date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

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

Infection prevention management systems are in place to minimise the risk of infection to residents and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources for staff. Documentation evidenced that relevant infection control education is provided to staff as part of their orientation and as part of the ongoing in-service education programme.

Surveillance data is undertaken, including the use of standardised surveillance definitions. Results of surveillance acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements. There had been four outbreaks (Covid-19) recorded and reported on since the last audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The restraint coordinator is the clinical manager. The facility had two residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	13	0	3	2	0	0
Criteria	0	45	0	3	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the organisation, which Te Awa Lifecare utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service has a working relationship with Ngāti Korokī Kahukura and Ngāti Hauā with access to kaumātua for support to enact Te Tiriti o Waitangi in service delivery. At the time of the audit the service had no residents who identify as Māori. There were Māori staff who confirmed that mana motuhake is recognised.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Fonofale model of health is the tool that Te Awa uses to create understanding of the values and beliefs which underpin their health service provision to Pacific people.</p> <p>At the time of the audit the service had no residents who identify as Pasifika. There were Pacific staff who confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Te Awa Lifecare.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The chief executive officer (CEO) and clinical manager (interviewed) demonstrated how the Code is provided in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Te Awa Lifecare's policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>All staff at Te Awa Lifecare are trained in, and aware of professional boundaries as evidenced in orientation documents and ongoing education records. Staff (three healthcare assistants, two registered nurse, kitchen manager, administration manager), and management demonstrated an understanding of professional boundaries when interviewed.</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</p>	FA	<p>There are policies around informed choice and consent. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Interviews with three family (one hospital, one rest home, and one dementia level), and seven residents (two hospital and five rest home) confirmed their choices regarding decisions and their wellbeing is respected.</p>

<p>and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Complaint forms are located at the entrance and in visible places throughout the facility or on request from staff. Residents or relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is maintained which includes all complaints, dates and actions taken. There have been no internal or external complaints received since last audit.</p> <p>Although there have been no complaints received, the interview with the CEO and the documentation reviewed demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents (five rest home, two hospital level of care) and family members (one hospital, one rest home and one dementia) confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The CEO acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance</p>	<p>FA</p>	<p>Te Awa Care is located in Cambridge. The service is certified to provide rest home, dementia, and hospital (geriatric and medical) level care for up to 78 residents.</p> <p>There are 56 dual purpose beds (rest home and hospital), 10 rest home beds and 12 beds located in the secure dementia unit. On the day of the</p>

<p>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>audit, there were 22 rest home level care residents; 17 hospital level care residents; 9 dementia level care residents including one on Accident Compensation Corporation funding (ACC) and eight private paying residents with no designated level of care including one who was palliative care. All remaining hospital, rest home, and dementia residents were under the age-related residential care contract (ARRC).</p> <p>The service is governed by a board of four directors (including the CEO) who have experience in owning aged care facilities. The board membership includes the three directors and CEO, finance manager and general manager (position currently vacant). The board meets monthly (11 months of the calendar year). An overarching strategic executive plan is in place (August 2022 – December 2023). The vision and values are posted in visible locations throughout the facility and are reviewed in meetings and toolbox talks with staff. The Board receives progress updates on various topics, including but not limited to staff and resident incidents and infections, benchmarking, escalated complaints, human resource matters and occupancy. The plan reflects links with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The service has identified external and internal risks and opportunities that include addressing possible inequities and how these inequities plan to be addressed. Goals are regularly reviewed with evidence of being signed off when met.</p> <p>Clinical governance is led by the clinical manager, clinical lead, and healthcare assistant lead. There are daily toolbox updates given at handover and these talks focus on implementation of core values within the service. Monthly reports to the board reflect evidence of communicating quality and risk activities.</p> <p>The CEO has extensive experience in managing businesses and is supported by a clinical manager (RN) who has many years' of experience in hospice care, particularly as a clinical nurse specialist. The clinical manager is a nurse prescriber and has also completed training in mental health and dementia. She has a post graduate diploma in health sciences (advanced nursing) and a Master of Nursing.</p>
Subsection 2.2: Quality and risk	PA	Te Awa Lifecare is implementing the organisational quality and risk

<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>Moderate</p>	<p>management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The CEO, clinical manager and clinical lead implement the quality programme. The programme involves all staff with every staff member expected to be active in implementing a quality approach when at work and participating the quality programme.</p> <p>The service is implementing an internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Reports are completed for each incident or accident with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (behaviour, witnessed and unwitnessed falls, skin tears, bruising). Neurological observations were consistently recorded for unwitnessed falls or when head injury was suspected. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Opportunities to minimise future risks are identified by the registered nurses, the clinical lead and clinical manager. Relatives are notified following incidents. The clinical lead collates all the data and completes a monthly and annual analysis of results which is provided to staff. Results are discussed in handovers and displayed for staff on the notice board.</p> <p>Monthly staff, registered nurse and weekly head of department meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Meetings have not been completed as scheduled since last audit. therefore, there is no consistent evidence that data is tabled at meetings, discussed, and used for improvements to the service. The previous audit shortfall (NZS HDSS:2021 # 2.2.2) continues to be not met.</p> <p>Resident and family/whānau satisfaction surveys have not been completed since last audit. The service completed a food survey in November 2023 which is yet to be analysed. Resident and family/whānau meetings have also not been completed since last audit.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register was reviewed. Health and</p>
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		<p>safety is discussed as part of the heads of department meetings. Staff have completed regular training related to health and safety. Staff are kept informed on health and safety issues through the toolbox at handovers.</p> <p>Discussions with the CEO, clinical manager, and clinical lead evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications submitted relating to one pressure injury grade three and above, and health and safety risk related to a fire. There have been four outbreaks since last audit all related to Covid-19 (June, August 2022, and May June 2023). Documentation reviewed provides evidence that the outbreaks were well managed, and notifications completed appropriately to Public Health authorities.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The CEO and the clinical manager work full time from Monday to Friday. There is a weekly on-call roster between the clinical manager and clinical lead for any clinical concerns and the CEO is available 24/7. Any clinical concerns are escalated to the clinical manager 24/7.</p> <p>Separate cleaning and laundry staff are rostered. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated that the staffing levels are adequate for the resident needs, and that the management team provide good support. Residents and family/whānau members interviewed reported that there are adequate staff numbers to attend to residents.</p> <p>There is an annual education and training schedule completed for 2022 and 2023. The training programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes but not limited to code of rights, informed consent, restraint, dementia, challenging behaviour, Pacific values, Māori health (values, beliefs, tapu, noa and end of life), pressure injury and medication management. There is an attendance register for each training session and an individual staff member record of training electronically.</p> <p>Educational courses offered include in-services, online, competency</p>

		<p>questionnaires and external professional development through local hospice and Te Whatu Ora – Waikato. All registered nurses, selection of healthcare assistants and activities staff have completed first aid training. There is at least one staff member on each shift with first aid training. All registered nurses and healthcare assistants who administer medications have current medication competencies. All healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Of the 49 healthcare assistants, 42 have NZQA qualification, level three and above. There are 12 healthcare assistants rostered across the dementia unit. Nine healthcare assistants have achieved the required standards, three are enrolled and have been employed in the last 18 months.</p> <p>The clinical manager, clinical lead and registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments, including (but not limited to) medication, controlled drugs, manual handling, restraint, wound, syringe driver and emergencies. At the time of the audit, there were 10 registered nurses with six having completed interRAI training.</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. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<p>Six staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and healthcare assistants to provide a culturally safe environment to Māori. Staff who have been employed for a year or more do not have a current performance appraisal on file.</p>
Subsection 3.2: My pathway to wellbeing	PA Low	Five resident files were reviewed; two dementia (including one ACC), two

<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>rest home including one respite and one hospital. The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care.</p> <p>Apart from the respite resident (link 3.2.1), initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility. A previous finding in this area has been resolved. Documented interventions and early warning signs meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP or nurse practitioner (NP) within required timeframes and when their health status changes. There is one GP who visits twice weekly, and one NP who visits weekly and as required. Medical documentation and records reviewed were current. When interviewed the GP stated that the standard of care was satisfactory, and RN's provided accurate and timely information. After hours care is provided by Residential</p>
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		<p>Elder Care. A physiotherapist visits the facility for nine hours a week. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, dietician, wound care nurse specialist and medical specialists are available as required through the local Te Whatu Ora - Waikato.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds require additional specialist input a wound nurse specialist is consulted. At the time of the audit there was one unstageable pressure injury.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include but not limited to monthly blood pressure and weight monitoring, bowel records and repositioning charts. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of their shift.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses robotics packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in locked cupboards in residents' rooms or in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily, and all stored</p>

		<p>medications are checked weekly. A previous finding in this area has now been resolved. Eyedrops are dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts sampled identified that the GP or NP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, and the effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were two residents self-administering medications who been appropriately assessed as being capable and had safe storage available in their rooms. One of the residents self-administering medications did not have their competency reviewed regularly as per policy. No vaccines are kept on site. Standing orders are in use and meet all medication guidelines.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The four-week seasonal menu is reviewed by a registered dietitian. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook interviewed reported they accommodate residents' requests.</p> <p>There is a verified food control plan dated July 2023. The residents and family/whānau interviewed were satisfied regarding the standard of food provided. Nutritious snacks were available 24/7.</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</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity</p>

<p>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>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 purpose at Te Awa Lifestyle Village and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices.</p> <p>The current building warrant of fitness expires 12 July 2024. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</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 policies and procedures that includes the pandemic plan. The infection control programme is reviewed, evaluated, and reported on annually.</p> <p>The pandemic plan is available for all staff. Staff education includes (but is not limited to): 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>PA Low</p>	<p>The antimicrobial policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility and reinforce basic principles of infection and prevention control.</p> <p>Infection surveillance is the responsibility of the infection control coordinator. All infections are entered into the electronic resident system, with a monthly collation and analysis of infections completed by the infection control coordinator. Any trends are identified, and corrective actions implemented. The service does not currently incorporate ethnicity data into surveillance methods and data captured around infections. Outcomes are discussed at the daily toolbox handovers when residents have infections and staff meetings.</p> <p>Staff have received infection control related training including outbreak management. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora - Waikato.</p> <p>There have been four Covid-19 outbreaks (June, August 2022, and May, June 2023) since the previous audit. These were documented, well managed, and reported to Public Health.</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>Maintaining a restraint free environment is the aim of the service. Policies and procedures meet the requirements of the standards. The CEO is responsible for the restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at the clinical governance level.</p> <p>The designated restraint coordinator is the clinical manager. Systems are in place to ensure restraint use (there are currently two residents using bed rails) will be reported to staff meetings and the CEO. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. Restraint is included as part of the orientation for staff and is completed annually through the education plan.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly staff, registered nurse and weekly head of departments meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Meetings have not been completed as scheduled since last audit. Therefore, there is no consistent evidence that data is tabled at meetings, discussed, and used for improvements to the service.</p> <p>Resident and family/whānau satisfaction surveys have not been completed since last audit. Family/whānau interviewed confirm they know what is happening with the resident through</p>	<p>(i). Staff meetings have not been completed as scheduled since last audit.</p> <p>(ii). Resident and family/whānau meetings have not been completed as scheduled since last audit.</p> <p>(iii). Resident and family/whānau satisfaction surveys have not been completed since last audit.</p>	<p>(i)-(ii). Ensure meetings are completed as scheduled.</p> <p>(iii) Ensure that resident and family/whānau satisfaction surveys are completed.</p> <p>90 days</p>

		emails, face to face contact and phone calls and felt informed regarding events or other information. Regular resident and family/whānau meetings did not occur as planned since the last audit.		
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. The clinical manager and CEO are accountable for ensuring that staff have the opportunity to have a review of performance annually. However, four of the five staff files for staff who have been employed for more than 12 months did not have a current performance appraisal on file.	Four of five staff who have been employed for more than 12 months do not have a current performance appraisal on file.	<p>Ensure that performance appraisals are completed as scheduled.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	Apart from the respite resident, initial care plans and long-term care plans were completed for residents detailing needs and preferences. These were completed within the required timeframe. There is evidence of family involvement in care planning.	One respite resident who has been in for seven weeks has no initial care plan or long-term care plan	<p>Ensure all respite residents have an initial plan completed and if in for longer than three weeks a long-term care plan.</p> <p>90 days</p>
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	PA Moderate	There are currently two residents self-medicating, both had been appropriately assessed as being capable and had safe storage in their rooms; however one of the residents did not have their competency reviewed as per policy.	One resident who has a self-administration competency in place had a nine-month gap between reviews.	<p>Ensure self-medication competencies are reviewed at least three monthly and signed off by the RN and GP</p> <p>60 days</p>

<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Low</p>	<p>Infection surveillance is the responsibility of the infection control coordinator. All infections are entered into the electronic resident system, with a monthly collation and analysis of infections completed by the infection control coordinator. Any trends are identified, and corrective actions implemented.</p> <p>The service does not currently incorporate ethnicity data into surveillance methods and data captured around infections. Outcomes are discussed at the daily toolbox handovers when residents have infections and staff meetings.</p>	<p>Infection surveillance does not include ethnicity data.</p>	<p>Ensure infection surveillance includes ethnicity data.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.