

B.J.M.H.Enterprises Limited - Killarney Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: B.J.M.H.Enterprises Limited

Premises audited: Killarney Rest Home

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 8 February 2024 End date: 9 February 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: 21

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Killarney rest home is a purpose-built facility located in Tauranga. The service is certified to provide rest home and dementia level care for up to 22 residents. There were 21 residents on the days of the audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand - Hauora a Toi Bay of Plenty. The audit process included a review of quality systems, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, management, and a nurse practitioner.

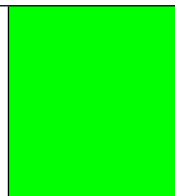
Killarney rest home has set several quality goals which link to the organisation's business plan. The owner/manager has extensive experience in the aged care sector and is supported by the clinical manager (registered nurse). Feedback from residents and families was very positive about the care and the services provided.

The service has addressed previous audit findings relating to 'as required' medication management.

This surveillance audit identified shortfalls related to satisfaction surveys, controlled drug medication management and care monitoring.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



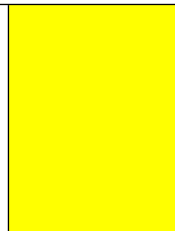
Subsections applicable to this service fully attained.

The service provides an environment that supports residents’ rights, and culturally safe care. Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. There is a Māori health plan in place. There were Māori residents at the time of the audit. Cultural assessments inform the cultural care plan.

Residents and family/whānau interviewed confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

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



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

The 2023/2024 business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation of clinical indicator data were documented as taking place, with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

A recruitment and orientation procedure is established. Healthcare assistants are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme is being implemented.

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 partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

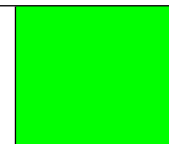
The organisation uses an electronic medicine management system for e-prescribing, and administration of medications. The nurse practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Nutritional snacks are available for residents 24 hours.

Residents are referred or transferred to other health services as required.

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

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



Subsections applicable to this service fully attained.

There is a current building warrant of fitness. There is a planned and reactive maintenance programme in place.

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

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



Subsections applicable to this service fully attained.

An infection control programme is documented for the service. Staff have attended education around infection control.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There has been one outbreak since the previous audit in July 2022.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is committed to maintaining a restraint-free service. There were no residents using restraints at the time of the audit. This is supported by the governing body and policies and procedures. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to prevent the use of 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	15	0	2	1	0	0
Criteria	0	46	0	2	1	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>There is a documented commitment to recognising and celebrating tāngata whenua in a meaningful way through partnerships, educational programmes, and employment opportunities. The Māori health plan references local Māori health care providers and provides recognition of Māori values and beliefs. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit, there were Māori staff and residents who confirmed in interview that mana motuhake is recognised. Staff have completed training around cultural safety and Te Tiriti o Waitangi.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Killarney rest home has a pacific health plan and cultural policy that encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships and embracing cultural and spiritual beliefs and providing high quality healthcare. At the time of the audit there were no Pasifika residents. There were staff employed at the facility who identified as Pasifika.</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>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The clinical manager (interviewed) demonstrated how it is also provided in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Two residents interviewed (rest home) and four family/whānau (dementia) reported that all staff respected their rights, and that they were supported to know and understand their rights. Care plans reviewed were resident centred and evidenced input into their care and choice/independence. Staff have completed training on the Code.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Killarney rest home policies prevent any form of discrimination, coercion, harassment, or any other exploitation. A comprehensive code of conduct is discussed and signed by staff during their induction to the service. The code of conduct addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the code of conduct as part of the employment process.</p> <p>Staff complete education on orientation and biennially as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Interviews with five staff (two healthcare assistants, one registered nurse, one cook, one kitchen hand), two managers (one clinical manager, one owner/manager), residents (two rest home) and family/ whānau (four dementia) and documentation reviewed, confirmed that the staff are very caring, supportive, and respectful.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	<p>FA</p>	<p>There are policies documented around informed consent. Staff and</p>

<p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>management have a good understanding of the process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Five resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent forms had been signed by residents or their activated enduring power of attorney (EPOA) for procedures, such as vaccines and other clinical procedures. Interviews with four family/ whānau (dementia level), and two residents (rest home) confirmed their choices regarding decisions and their wellbeing is 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 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. Access to complaints forms is 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 complaints received since last audit. There have been no complaints received from external agencies.</p> <p>Although there have been no internal or external complaints received, interview with the clinical manager and documentation reviewed demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents (two rest home) and family/ whānau (four dementia) confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The clinical manager acknowledged their understanding that for Māori, there is a</p>

		<p>preference for face-to-face communication and to include whānau participation. Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in staff meetings.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Killarney Rest Home, located in Tauranga, is certified for up to 22 beds: nine rest home level and 13 dementia level beds. The service has two shared rooms in the dementia unit with appropriate consents in place. At the time of audit, there were 21 residents in the facility: 9 rest home and 12 dementia level care including one on respite care. All remaining residents were on the age-related residential care agreement (ARRC).</p> <p>The owner/manager is the governing body for BJMH Enterprises Ltd, trading as Killarney Rest Home. The owner/manager was able to describe the company quality goals, organisation philosophy and strategic plan which reflect a person/family centred approach to all services. There is a 2023 business plan (recently evaluated) that outlines objectives for the period. Objectives are signed off when fully attained. The service has the 2024 business plan which reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery.</p> <p>The owner/manager consults with mana whenua (via staff members) in business planning, organisational policy, and service development to improve outcomes and achieve equity for Māori by identifying and addressing barriers for Māori, for equitable service delivery. This consultation also assists the owner to explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha.</p> <p>The service has proactive Māori staff (interviewed) who speak te reo Māori and teach other staff some of the language. There is extensive signage in te reo Māori and seven staff have completed Tikanga course in 2023. They continue to put time and effort into diversity across their service. There have been a number of cultural initiatives implemented including karakia at mealtimes. Residents receiving services and whānau are supported to participate in the planning, implementation, monitoring, and evaluation of service delivery through surveys, meetings, and an open-door management policy.</p> <p>The service is managed by the owner/manager with the support of an</p>

		<p>experienced clinical manager (RN). The owner/manager has owned the facility for ten years and the clinical manager has been in her role for the past eight years. Both managers have extensive experience in elderly care management within New Zealand. Both managers have maintained at least eight hours annually of professional development activities related to managing a rest home.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Killarney rest home has an implemented quality and risk management programme, developed by an external contractor. The quality system includes performance monitoring; internal audits; resident family satisfaction; staff retention; and the collection, collation, and comparator of clinical indicator data. Monthly staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and available for staff to access in the staffroom. Corrective actions are discussed at staff meetings to ensure any outstanding matters are addressed with sign off when completed.</p> <p>Resident, family/whānau satisfaction surveys are completed annually. The November 2022 and most recent November 2023 resident, family/ whānau satisfaction surveys have been correlated and analysed and indicate that residents, family/ whānau have reported high levels of satisfaction with the service provided. However, results have not been communicated to residents, family/ whānau and no evidence of quality actions/improvements being put in place.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. Policies are regularly reviewed and have been updated to align with Ngā Paerewa NZS 8134:2021. A document control system is in place. New policies or changes to policy are communicated to staff. A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register was</p>

		<p>reviewed (sighted). Manufacturer safety datasheets are up to date. Staff are kept informed on health and safety issues in handovers and meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Hard copy accident/incident forms are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident records reviewed. Each incident involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Opportunities to minimise future risks were identified where possible through a corrective action plan and discussions at staff meetings. Incident and accident data is collated monthly and analysed for trending. Results are discussed at the meetings.</p> <p>Discussions with the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of three incidents that required police investigation. There was one Covid-19 outbreak since the previous audit, which was appropriately notified.</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>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The registered nurses, activities staff, and a selection of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The owner/manager, and clinical manager are available Monday to Friday. Clinical on call is rotated between the clinical manager and the two registered nurses. The owner/manager is available 24/7 for any non-clinical concerns.</p> <p>There is a biennial education and training schedule being implemented that includes mandatory training across 2023 and 2024. A record of completion is maintained on staff file records and hard copy training register. The education and training schedule lists compulsory training, which includes Māori health, tikanga, and Te Tiriti O Waitangi. Cultural awareness training</p>

		<p>is part of orientation and provided biennially to all staff. Training to care for dementia residents includes dementia care which incorporates challenging behaviours and de-escalation. External training opportunities for care staff include training through Te Whatu Ora - Hauora a Toi Bay of Plenty.</p> <p>Competencies and questionnaires are completed by staff, which are linked to the education and training programme. Staff completed competency assessments and questionnaires as part of their orientation related to cultural competency, fire safety, complaint management, and open disclosure, effective communication and documentation, cultural safety, bias and discrimination, workplace bullying, stigma and racism, continence, and medication management. These are repeated annually as evidenced in the staff files reviewed. All care staff who administer medications are required to complete medication competencies annually. A record of completion is maintained in the training register.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the 18 healthcare assistants, 8 have completed level 3 and above and two are current nursing students. All the healthcare assistants work in the dementia unit with eleven having completed the required dementia unit standards; two currently enrolled and 5 have been employed less than 18-months.</p> <p>Additional RN competencies cover medication administration, interRAI assessment and wound management. There are three registered nurses (including the clinical manager) with two of the three registered nurses being interRAI trained.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are stored securely in the owner/manager's office. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes specific to their roles. All staff signed a code of conduct document at time of employment commencement.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and additional roles (e.g., restraint coordinator, infection control coordinator) to be achieved in each position. All</p>

<p>clinically and culturally safe, respectful, quality care and services.</p>		<p>staff sign their job description during their onboarding to the service.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. All staff who had been employed for over one year have an annual appraisal completed.</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.</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 Low</p>	<p>Five resident files were reviewed: two rest home and three dementia level of care including one on respite. All other residents were under the age-related residential care (ARRC) agreement. The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include but not limited to values, beliefs, sexuality, skin assessment and pressure injury risk, level of personal ability, social history, pain, depression, behaviour, mental perception, elimination, mobility and falls risk, sleep, orientation, activity level, dietary needs, and information from pre-entry assessments completed by the Needs Assessment Service Coordination (NASC) or other referral agencies.</p> <p>Initial assessments and long-term care plans were completed within the required timeframes for residents, detailing needs, and preferences. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All interRAI assessments and LTCPs sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs; with interventions to provide guidance to care staff in the delivery of care. However, interventions have not always been updated as resident needs change. 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</p>

	<p>noted, it is reported to the registered nurse. 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 registered nurses 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/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau 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. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>Residents in the dementia unit have behaviour assessments and behaviour plans with associated risks and supports needed and includes strategies for managing/diversion of behaviours. The 24-hour behaviour care plan includes close to normal routine that shows a 24-hour reflection of resident's usual pattern and behaviour management strategies to assist healthcare assistants in management of the resident behaviours.</p> <p>The initial medical assessment is undertaken by the nurse practitioner (NP) within the required timeframe following admission. Residents have ongoing reviews by the NP within required timeframes and when their health status changes. There are weekly NP visits and as required. Medical documentation and records reviewed were current. The NP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The contracted NP is also available on call after hours for the facility. A physiotherapist is available as required through referral. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, psychiatrist, wound care nurse specialist and medical specialists are available as required through Te Whatu Ora -Hauora a Toi Bay of Plenty.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that most wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input,</p>
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		<p>this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were seven active wounds from four residents, including one stage I 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 not always recorded following un-witnessed falls or where there is suspected injury to the head. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure, fluid balance, weight, bowel records and repositioning chart. Review of records confirmed that these monitoring charts were completed as indicated. 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 handover at the beginning of their shift which was observed to be comprehensive on the day of the audit.</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. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>All medication charts and signing sheets are electronic. Staff were observed to be safely administering medications. The registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The service uses robotic rolls for all regular medications and pottles for 'as required' medicines. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. The effectiveness of 'as required' medications is recorded in the electronic medication system. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 3.4.1 has been satisfied.</p> <p>Medications were appropriately stored in the medication trolley and the medication cupboard. The fridge where medication lock box is stored, and medication room temperatures are monitored daily and weekly respectively. All eyedrops and creams have been dated on opening. Controlled drugs are stored appropriately, and weekly stock check has not been completed</p>

		<p>regularly by medication competent staff. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the nurse practitioner had reviewed all resident medication charts three-monthly, and each medication chart has photo identification and allergy status identified. There were no residents self-administering medications. The medication policy describes the procedure for self-medicating residents, and this can be implemented as required. There are no standing orders in use.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A daily running sheet ensures residents receive their special diets and food preferences. Copies of individual dietary preferences were available in the kitchen folder. A food control plan is in place and expires in December 2024. Nutritional snacks are available for residents 24 hours.</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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>A standard transfer notification form is utilised when residents are required to be transferred to the public hospital or another service. Residents and their families/whānau were involved in all transfers to and from the service and there was sufficient evidence in the residents’ records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents’ needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</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 Killarney rest home 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 27 August 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>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are provided by an external consultant with input from infection control specialists and reviewed by the management team. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The infection control programme is reviewed and reported on annually.</p> <p>Infection prevention and control is part of staff orientation and included in the biennial training plan. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing of personal protective equipment (PPE). The clinical manager is the infection control coordinator. The service receives additional support from expertise at Te Whatu Ora - Hauora a Toi Bay of Plenty.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection programme as described in the infection prevention control policy. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of</p>

<p>of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>the infection. Infections are entered into the paper-based infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Reports include antibiotic use.</p> <p>This data is monitored and analysed for trends, monthly and annually. Killarney rest home incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at staff meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>Killarney rest home receives regular notifications and alerts from Te Whatu Ora – Hauora a Toi Bay of Plenty for any community concerns. There have been one Covid-19 outbreak (October 2023) reported since the previous audit in July 2022. This was well documented, 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. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards. An interview with the restraint coordinator (clinical manager) described Killarney rest home's commitment to restraint minimisation. This is supported by the governing body and policies and procedures. On the days of audit there was no restraint in use. The clinical manager is the restraint coordinator.</p> <p>Restraint is included as part of the orientation for staff and staff attend training in behaviours that challenge and de-escalation techniques. Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk are discussed at staff meetings. Any use of restraint and how it is being monitored and analysed would be reported at these meetings.</p> <p>A comprehensive suite of assessment, approval, monitoring, and quality review process is documented for all use of restraint. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing, and the cultural advisor will be consulted as required.</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>	PA Low	<p>Killarney rest home has an implemented quality and risk management programme, developed by an external contractor. The quality system includes performance monitoring; internal audits; resident family satisfaction; staff retention; and the collection, collation, and comparator of clinical indicator data. Resident, family/whānau satisfaction surveys are completed annually. The November 2022 and most recent November 2023 resident, family/whānau satisfaction surveys have been correlated and analysed and indicate that residents, family/whānau have reported high levels of satisfaction with the service provided. However, there is no evidence that the November 2022 results have not</p>	<p>(i)There is no evidence that the outcome of resident/family satisfaction survey (November 2022) has been feedback to the residents and family/whānau.</p> <p>(ii)There was no evidence of quality actions/improvements being put in place following resident family survey results that scored low or comments requiring follow-up.</p>	<p>(i)Ensure that satisfaction results are communicated to residents and family/whānau.</p> <p>(ii)Ensure that quality actions/improvements are completed as indicated by the survey feedback.</p> <p>90 days</p>

		been communicated to residents, family/whānau. Where there were comments that required follow-up there was no documented evidence of these having been completed.		
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Low	<p>The registered nurses are responsible for all residents' assessments, care planning and evaluation of care. All interRAI assessments and long term care plans sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs; with the care plans detailing detailed interventions to provide guidance to care staff in the delivery of care. However, interventions have not always been updated as resident needs change.</p> <p>There is a policy for neurological observations being undertaken for unwitnessed falls or where there is suspected injury to the head; however, not all unwitnessed falls incidents reviewed had neurological observations completed according to policy.</p>	<p>(i). Long term care plans were not updated with changes in resident needs for one rest home resident in relation to long term management plan of a fungal infection as per nurse practitioner review.</p> <p>(ii). There were no interventions documented around the use of hoist transfers for a dementia level care resident who is not always mobile.</p> <p>(iii). Four of six unwitnessed falls did not have neurological observations completed as per policy</p>	<p>(i).& (ii). Ensure the long term care plan is updated as resident needs change.</p> <p>(iii). Ensure neurological observations are completed for unwitnessed falls, as per policy.</p> <p>90 days</p>
Criterion 3.4.1	PA	The registered nurses, and medication competent healthcare	Weekly stock take for controlled drugs has not been completed	Ensure that weekly stock take for controlled drugs is

<p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>Moderate</p>	<p>assistants are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management including that of controlled drug storage, stock take and reconciliation. Reviewed medication charts demonstrated that medications were prescribed in line with legislative requirements including controlled drugs; however, the weekly stock take has not been completed consistently in the controlled drug register reviewed. Staff have received training related to medicine management and medication related audits have been completed in line with the audit schedule.</p>	<p>consistently in the records reviewed over the last six months with gaps of up to three weeks.</p>	<p>completed. 60 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.