

Aroha Care Centre for the Elderly

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:	Aroha Care Centre for the Elderly	
Premises audited:	Aroha Care Centre for the Elderly	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 31 January 2024	End date: 1 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:	73	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Aroha Care Centre for the Elderly is a charitable Trust governed by the Taita Trust Board. The service provides rest home and hospital level of care for up to 75 residents. On the day of the audit there were 73 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the services contract with Te Whatu Ora Health New Zealand - Capital, Coast and Hutt Valley. 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 general practitioner.

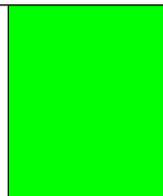
The service is managed by a principal nurse manager (registered nurse) who has been in the role for 15 years. They are supported by an experienced clinical nurse manager.

The service has addressed previous audit findings relating to internal audits and water stores in relation to civil emergency. Assessment timeframes remain an area for improvement.

This surveillance audit identified areas for improvement related to resident meetings; satisfaction surveys; staff training; care planning; monitoring; care evaluations; first aid training; and infection surveillance.

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.



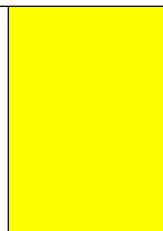
Subsections applicable to this service fully attained.

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. Pacific Health Plan and Ethnicity Awareness policy based on the Ola Manuia Pacific Health and Wellbeing Action Plan is in place.

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. Caregivers are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. There is a staff education/training programme in place which covers required aspects of care and external training for staff is encouraged.

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>
--	--	---

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 in the care plans reviewed.

The organisation uses an electronic medicine management system for e-prescribing, and administration of medications. The general 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.

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

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

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 have been two outbreaks since the previous 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 fully attained.

The service has a quality commitment to achieving a restraint-free service. 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. There were residents using restraints on the day of the audit.

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	14	0	4	1	0	0
Criteria	0	45	0	6	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 acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and the provision of services based on the principles of mana motuhake. The service has a working relationship with the cultural lead at Te Waka Whaiora Trust. At the time of the audit, the service had residents and staff who identify as Māori 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</p>	FA	<p>Aroha Care Centre has a policy based on the Pacific Health and Wellbeing Plan (Ola Manuia) 2020-2025 that encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard 2021. 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.</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, and spiritual beliefs are embraced at Aroha Care</p>

peoples for improved health outcomes.		Centre.
<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>Six residents interviewed (three hospital and three rest home) and five family/whānau (one rest home and four hospital) 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 of Rights. The Code of Rights is displayed in English and te reo Māori.</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>An abuse and neglect policy is being implemented. Aroha Care Centre 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 on how to identify abuse and neglect. 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 caregivers 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 eleven staff (five caregivers, three registered nurses, one chef, one education officer and one maintenance person), two managers (one clinical nurse manager and one principal nurse manager), residents and family/whānau 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>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>FA</p>	<p>There are policies documented around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Six electronic 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.</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 family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in 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. The complaint (dated August 2021) received from the Health and Disability Commissioner identified in the previous audit remains open. All required information was provided to the commissioner at the time.</p> <p>Although there have been no internal complaints received, interview with the principal nurse manager and documentation reviewed demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they were provided with information on the</p>

		<p>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 principal nurse manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into 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>Aroha Care Centre is located in Lower Hutt, Wellington. The service is certified to provide rest home and hospital level care (medical and geriatric services) for up to 75 residents. The service has 50 dual purpose beds and 25 rest home only beds. At the time of the audit there were 73 residents: 25 rest home level of care and 48 hospital level of care. All the residents were under the age-related residential care agreement (ARCC).</p> <p>Aroha Care Centre is a charitable trust governed by the Taita Trust board consisting of eight Board members. The Board members are representative of a variety of professions including health, commerce, finance, and law. The principal nurse manager provides a quarterly report at the Board meetings. The organisational culture is underpinned by caring, giving, and sharing; values that were observed during the audit as staff went about delivering service to the residents.</p> <p>The 2022-2023 business plan and goals have been reviewed and included the mission statement, values and philosophy of care and their quality objectives. The business plan confirms commitment to and accountability for delivering quality and responsive services with awareness of and desire to achieve equity for Māori. The Māori health plan addresses the cultural and spiritual needs of Māori. Interviews with staff and management confirmed their understanding, and the importance of equity for Māori. Staff interviews confirmed their understanding of how equity can be supported during service delivery. The Board supports service delivery and family/whānau participation in the planning, implementation, monitoring, and evaluation of services. Policies and procedures guide staff in service delivery that supports family/whānau participation.</p> <p>Clinical governance is led by the principal nurse manager, clinical nurse manager and senior registered nurse. Quarterly reports to the Board reflect evidence of communicating clinical, quality and risk activities.</p>

		<p>The service is managed by a principal nurse manager with a current practising certificate, who has appropriate experience in aged care management and completed postgraduate studies in health management and palliative care. She has been in this role for 15 years. The principal nurse manager is supported by the clinical nurse manager who has been in the role for 14 years.</p> <p>The principal nurse manager, clinical nurse manager, and all registered nurses maintained more than eight hours annual professional development activities related to their roles, and service delivery in care of older people. The principal nurse manager and clinical nurse manager both attended the last aged care conference, and the clinical manager completed a postgraduate certificate.</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>Aroha Care Centre has an implemented quality and risk management programme, developed by an external contractor. Policies and procedures and associated implementation systems provide a good level of assurance that the service is meeting accepted good practice and adhering to relevant standards. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa Health and Disability Standards 2021. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>The quality system includes performance monitoring; internal audits; resident satisfaction; staff retention; and the collection, and collation of clinical indicator data. Quality goals for 2023 were reviewed by the management team in January 2023. Quality goals for 2024 are documented and progress towards quality goals are to be reviewed regularly at quality improvement meetings.</p> <p>Internal audits, staff 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. This is an improvement upon the previous audit, and the partial attainment relating to HDSS:2021 # 2.2.3 has been satisfied. Quality data and trends in data are posted on staff noticeboards. Corrective actions are discussed at staff, health and safety, registered nurse, and quality improvement meetings to ensure any outstanding matters are addressed</p>

	<p>with sign-off when completed. On interview, staff were aware of quality data indicator results and corrective actions required.</p> <p>Bi-monthly staff and quality improvement meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Meeting minutes are also posted in the staffroom.</p> <p>A health and safety system is in place with annual identified health and safety goals. There is a health and safety officer who has completed formal health and safety training. Manufacturer safety datasheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in October 2023 (sighted). A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the electronic accident/incident form.</p> <p>Electronic reports on the resident management system are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Opportunities to minimise future risks were identified where possible through a corrective action plan and discussions at quality meetings. Incident and accident data is collated monthly and analysed for trending through the electronic resident management system. Results are discussed at the meetings.</p> <p>The service has completed the December 2023 resident satisfaction survey and is in the process of collating and analysing the results. The December 2022 resident satisfaction survey indicate that both residents and family/whānau have reported high levels of satisfaction with the service provided. However, the results have not been shared with resident and family/whānau. Since the previous audit of the service, there was no documented evidence of regular resident, family/ whānau meetings.</p> <p>Discussions with the principal nurse manager and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been one Section 31 notification completed for a pressure injury stage III and above. There have been two Covid-19 related outbreaks (November 2022 and July - September 2023) since the previous audit. Documentation reviewed provides evidence that the outbreaks were well managed, and notifications</p>
--	---

		completed appropriately to Public Health authorities.
<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>	PA Low	<p>There is a policy 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 principal nurse manager and the clinical nurse manager work full time from Monday to Friday. There is a rotating on-call roster between the principal nurse manager and clinical nurse manager. Any significant clinical concerns are escalated to the clinical nurse manager 24/7. 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 for 2022 and 2023. The training programme exceeds eight hours annually; however, the programme has not been completed as scheduled. The education and training schedule lists compulsory training, which includes (but not limited to) Code of Rights; complaints; privacy; outbreak management; communication; informed consent; restraint; dementia; challenging behaviour; Māori health (values, beliefs, tapu, noa and end of life); pressure injury; and medication management. Individual staff member record of training is maintained electronically.</p> <p>Educational courses offered include in-services, online, competency questionnaires and external professional development through local hospice and Te Whatu Ora Health New Zealand – Capital Coast and Hutt Valley. Competencies are completed by staff, which are linked to the education and training programme. Staff completed competency assessments as part of their orientation, including (but not limited to) hand hygiene; infection control; personal protective equipment; manual handling; and hoist. Some registered nurses and a selection of caregivers have completed first aid training; however, five nightshifts in a fortnight do not always have a staff member with first aid training (link 4.2.3). All registered nurses and caregivers who administer medications have current medication competencies. All caregivers are encouraged to complete New Zealand</p>

		<p>Qualification Authority (NZQA) qualifications. Of the 45 caregivers, 18 have level three and above NZQA qualification.</p> <p>The clinical nurse manager 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 13 registered nurses, with five 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>	<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 principal nurse manager's office. Six 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 (eg, restraint coordinator, infection control coordinator) to be achieved in each position. All 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>PA Moderate</p>	<p>Six resident files were reviewed, including two rest home level residents, and four hospital residents. All residents were under the ARCC agreement. The service is transitioning to an electronic resident management system and files at the time of the audit were a mixture of paper and electronic</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>documentation. The registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes and in interRAI care plan records. Family/whānau interviewed stated they are involved in the development and evaluation of the care plan.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. All long-term resident files reviewed had an interRAI assessment completed; however, not all interRAI assessments since the previous audit have been completed within the required timeframes. The previous shortfall #3.2.1 remains ongoing. Additionally, all files had a suite of paper assessments, including (but not limited to) mobility; skin; pain; activities; cultural; and dietary assessments completed to form the basis of the long-term care plan or initial care plan. Cultural assessments included identification of traditional healing practices, where applicable.</p> <p>Long-term care plans for all long-term residents had been completed within 21 days; however, were not always informed by the interRAI assessments. The long-term care plan includes aspects of daily living. Care plan interventions were holistic and addressed all needs in sufficient detail to guide staff in the management of the care of the resident. Evaluations were completed six-monthly or sooner for a change in health condition; however, did not always contain written progress towards care goals and evaluations were not always synchronised with interRAI assessments. The GP reviews residents at least three-monthly. Short-term care plans are utilised for acute issues, including (but not limited to) weight loss, infections, and acute wounds and are evaluated at least weekly.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely weekly and provides out of hours cover. The GP (interviewed) commented positively on the communication and quality of care at the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service refers residents to a local physiotherapist as required and a podiatrist visits every eight weeks. Specialist services, including mental health, dietitian, speech language therapist, gerontology nurse specialist, wound care, and continence specialist nurse, are available as required through Te Whatu Ora - Capital,</p>
--	---

	<p>Coast and Hutt Valley or the district nursing service.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written electronically by the registered nurses at least daily for hospital residents and at least weekly for rest home residents. Caregivers fill in a paper-based summary of every shift. The registered nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the electronic resident record.</p> <p>There were 16 residents with a total of 25 current wounds. Eight pressure injuries were being monitored in the days of audit, including one stage III, one stage II and six stage I. Seven wounds reviewed had comprehensive wound assessments, including photographs to show the healing progress. An electronic wound register is maintained, and wound management plans are implemented. There is access to a clinical nurse wound specialist. Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Caregivers and the registered nurses complete monitoring charts, including bowel chart; reposition charts; vital signs; weight; food and fluid chart; blood glucose levels; and behaviour; however, the times of restraint monitoring was not always recorded. Incident and accident reports reviewed evidenced timely RN follow up, and relatives are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the clinical nurse manager, who reviews every adverse event before closing. Neurological observations have been completed as per the falls management policy and neurological observation policy.</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>FA</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>Staff were observed to be safely administering medications. The registered nurses and caregivers interviewed could describe their role regarding medication administration. The service uses robotic packs for all medications. 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 and in the progress notes.</p> <p>All medications are stored securely in one of the two dedicated medication rooms. Medications reviewed were appropriately stored in the medication trolley and medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. Expired medicines were being returned to the pharmacy promptly. All eyedrops have been dated on opening.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each medication chart has photo identification and allergy status identified. There are no residents self-administering their medications. There was a self-medication policy in place when required. Standing orders are in use and documentation evidence policies and procedures are followed.</p> <p>Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</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</p>	<p>FA</p>	<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</p>

<p>beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>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 January 2025.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>A standard transfer notification form and assessment information 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 and discharges 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>Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme and buildings, plant, and equipment are maintained to an adequate standard. There is a current form 12 issued in lieu of a building warrant of fitness (which states all emergency equipment is safe), that was approved on 12 December 2023 and is valid for one year. The service submitted all required evidence to the local council.</p> <p>All electrical equipment is tested and tagged, and bio-medical equipment was calibrated on the days of audit. Water temperatures were monitored and recorded. Residents and family/whānau interviewed were happy with all aspects of the environment. Spaces were culturally inclusive and suited the needs of the resident groups.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>A Fire and Emergency New Zealand approved fire evacuation plan is in place. Fire evacuation drills are held six-monthly. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard. In the event of a power outage, there is battery powered emergency lighting and a generator available. There is adequate supplies in the event of a civil defence emergency. There is a large water tank installed which provides sufficient emergency water stores. The previous shortfall (4.2.4) has been addressed.</p> <p>At the time of the audit, the roster evidenced a number of shifts where there was not a first aid trained staff member rostered on shift.</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 and governance. Policies are available to staff and linked to the quality system. 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>The infection control policy states that Aroha Care Centre is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. The infection control coordinator has undertaken recent education both online and at a New Zealand Age Care Association (NZACA) workshop in infection prevention and control and has additional support from expertise at Te Whatu Ora- Capital, Coast and Hutt Valley. All staff have completed infection prevention and control in-services and associated competencies, such as handwashing and the use of personal protective equipment.</p>
<p>Subsection 5.4: Surveillance of health care-associated</p>	<p>PA Low</p>	<p>The infection prevention control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is</p>

<p>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>collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the electronic infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Reports include antibiotic use. This data is monitored and analysed for trends, monthly and annually. Aroha Care Centre is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>Infection control surveillance results are discussed at staff, health and safety, and quality improvement 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>Aroha Care Centre receives regular notifications and alerts from Te Whatu Ora– Capital, Coast and Hutt Valley for any community concerns. There have been two Covid-19 related outbreaks (November 2022 and July-September 2023) reported since the previous audit in July 2022. 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>An interview with the restraint coordinator and three registered nurses described the organisation’s commitment to restraint minimisation. This is supported by the governing body and policies and procedures. On the days of audit there were nine hospital level residents utilising restraint. The clinical nurse manager is the restraint coordinator.</p> <p>Staff attend training in challenging behaviours including de-escalation techniques and restraint (last held in November 2023). Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk are discussed at health and safety, quality improvement, and staff meetings. The use of restraint and how it is being monitored and analysed is reported at these meetings.</p> <p>A comprehensive assessment, approval, monitoring, and quality review process is documented for all use of restraint. When restraint is considered, the restraint coordinator described ways they 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>There is a business quality risk and management plan documented that states a commitment to family/whānau involvement in care through regular meetings and annual satisfaction survey. Policies address the need for resident, family/whānau meeting requirements to provide feedback about the service, and annual satisfaction surveys as an opportunity to receive feedback to improve services; however, since last audit there has only been one resident meeting completed in October 2023. Regular resident, family/ whānau meetings were not evidenced as occurring as scheduled since last audit.</p> <p>The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are</p>	<p>(i). There is no evidence of the outcome of the resident satisfaction survey results being shared with residents, and family/whānau.</p> <p>(ii). There is no evidence of resident, and family/whānau meetings being completed consistently since last audit.</p>	<p>(i). Ensure that the outcome of resident satisfaction survey results are shared with residents, and family/whānau.</p> <p>(ii). Ensure that resident, and family/whānau meetings are completed as per policy.</p> <p>90 days</p>

		<p>communicated with regarding services involved. The registered nurses described an implemented process around providing residents with support from family/whānau for discussion around care, time to consider decisions, and opportunity for further discussion when planning care, if required.</p> <p>The service completed the December 2022 satisfaction survey, collated, and analysed the results. However, there is no evidence of the results or planned actions being communicated to residents, and family/whānau. The December 2023 satisfaction survey has been completed and Aroha Care Centre is in the process of collating and analysing the results.</p>		
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>There is an annual education and training programme for 2022 and 2023 detailed in the education policy. The training programme exceeds eight hours annually; however, the programme has not been completed as scheduled. The education and training schedule lists mandatory training, which includes (but not limited to) Code of Rights; complaints; privacy; outbreak management; communication; informed consent; restraint; dementia; challenging behaviour; Māori health (values, beliefs, tapu, noa and end of life); pressure injury; and medication management. Individual staff member record of training is maintained electronically.</p>	<p>The annual education programme has not been completed to meet the required mandatory training as per policy.</p>	<p>Provide evidence that education and training is being conducted for all staff to meet the mandatory training requirements.</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>	<p>PA Moderate</p>	<p>Initial interRAI assessments have been completed within the required timeframes for one of two files of residents who had been admitted since the last audit. Six-monthly interRAI assessments were completed within the required timeframes for four of the six resident files. Aroha has experienced a previous shortage of registered staff which has impacted on completion of interRAIs within required timeframes. All residents' files reviewed had a current interRAI assessment and nursing care plan in place at the time of audit; however, the interRAI is not always informing the care plans.</p>	<p>i). One of two (rest home) residents admitted since the previous audit did not have an initial interRAI completed within three weeks.</p> <p>ii). Two (one rest home and one hospital) of six repeat interRAI assessments were not completed within required timeframes.</p> <p>iii). Assessments, interRAI assessments, care planning and evaluations are not synchronised.</p>	<p>i)-ii). Ensure interRAI assessments are completed within required timeframes.</p> <p>iii). Ensure assessments occur prior to care planning and care plan evaluations.</p> <p>60 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote</p>	<p>PA Low</p>	<p>There are comprehensive policies around all aspects of restraint, including assessments, approval, monitoring, and reviews. All residents using restraint have a paper-based monitoring chart in place. The restraint coordinator determines the frequency of monitoring. Residents at risk of pressure injuries and/or are bed and chair bound, have repositioning scheduled in their care plans. Care plans reflect the monitoring required; however, restraint monitoring does not evidence the times of monitoring.</p>	<p>The times of restraint monitoring are not documented.</p>	<p>Ensure restraint monitoring is evidenced as occurring as scheduled.</p> <p>90 days</p>

acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.				
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	PA Low	Short-term care plans are evaluated and evidence weekly reviews towards the goals. Long-term care plan reviews are completed six-monthly or where there are changes to resident's condition; however, the care plan evaluations reviewed do not evidence resident's progression towards meeting their goals.	Progress towards documented goals is not evidenced in long-term care plans for two rest home and two hospital residents.	Ensure care plan evaluations document progress towards goals 90 days
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to</p>	PA Low	Staff CPR/first aid training has been provided by the service; however, has not been completed by all staff expected to complete it. A training was scheduled with	Not all shifts evidenced a first aid trained staff member on duty.	Ensure there is a minimum of one staff member trained in first aid/ CPR 24 hours a day, seven days a

<p>identified emergency and security situations. This shall include fire safety and emergency procedures.</p>		<p>an external provider on the days of audit.</p>		<p>week.</p>
<p>Criterion 5.4.3 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>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at care staff, health and safety, and quality improvement meetings. Aroha Care Centre captures ethnicity data on admission and is working towards incorporating this into surveillance methods and data captured around infections.</p>	<p>Infection surveillance does not include ethnicity data.</p>	<p>Ensure infection surveillance includes ethnicity data.</p> <p>90 days</p>

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.