

Opunake Districts Rest Home Trust - Opunake Cottage Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Opunake Districts Rest Home Trust		
Premises audited:	Opunake Cottage Rest Home		
Services audited:	Rest home care (excluding dementia care)		
Dates of audit:	Start date: 27 February 2024	End date: 28 February 2024	
Proposed changes to current services (if any): Confirmation of certified room numbers as 21 with one room to be potentially a shared double room bringing total certified bed numbers to 22.			
Total beds occupied across all premises included in the audit on the first day of the audit: 20			

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

Opunake Cottage Rest Home is certified to provide rest home services for up to 21 residents. The service is owned and operated by a charitable community trust.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Te Whatu Ora – Health New Zealand Taranaki (Te Whatu Ora Taranaki). It included a review of policies and procedures, a review of residents' and staff files, observations, and interviews with residents and whānau, governance representatives, staff, and a general practitioner. The facility is managed by an experienced manager who has clinical oversight of the facility. Residents and whānau were complimentary about the care provided.

Improvements are required to address four areas: checking of medicines, updating syringe driver competencies for staff, calibration of the syringe driver and documentation and review of the facility's infection prevention programme.

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.

Opunake Cottage Rest Home provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific people, and other ethnicities. Opunake Cottage Rest Home was well supported by the local community and worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake and this was confirmed by Māori residents and staff interviewed. There was one staff member and no Pasifika residents in Opunake Cottage Rest Home at the time of the audit; however, systems and processes were in place to enable Pacific people to be provided with services that recognise their worldviews and are culturally safe.

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

Residents and their family/whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff participate in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Reporting Policy is followed with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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When residents, many who were from the local area, were admitted to Opunake Rest Home, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodate any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their whānau and was evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Opunake Cottage Rest Home used an electronic system to manage residents' medication requirements. Day-to-day medications were administered by staff who were competent to do so.

The food service was safely managed and met the nutritional needs of the residents with special cultural needs catered for.

Residents were transitioned or transferred to other health services as required.

Te aro ki te tangata me te taiao haumarū | 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.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

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

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

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

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

The facility care manager/registered nurse in collaboration with the board undertook the role of ensuring the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. It was adequately resourced and the facility care manager was engaged in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Opunake Cottage Rest Home had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required.

The environment supported the prevention and mitigation of transmission of infections. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services in place.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service was a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, is available to use if any restraint is used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions. Seclusion is not used at the service.

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	24	0	2	1	0	0
Criteria	0	164	0	2	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Opunake Cottage Rest Home (The Cottage) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with Taranaki Tūturū and the local Opunake hapu Ngāti Haumia to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from local hapu and is used for residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit just over half the staff at The Cottage identified as Māori and hold positions at all levels, including governance. Staff ethnicity data is documented on recruitment and trended.</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</p>	FA	<p>The Cottage identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on</p>

<p>enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes.</p> <p>There were no Pasifika residents at the time of the audit and had not been for some time. The Cottage has developed a Pacific health plan, underpinned by Pacific models of care to support any Pasifika resident who may move into the facility and make it their home.</p> <p>There was a small Pacific workforce employed at the time of the audit, consistent with the local population of Māori and Pākehā.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed in te reo Māori and English around the facility, with brochures in both languages available at in the entranceway. Posters on the Nationwide Health and Disability Advocacy Service were displayed in English, te reo Māori and Samoan and in large print. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the code and the availability of the advocacy service and were seen supporting residents of The Cottage in accordance with their wishes. A speaker from the health and disability advocacy service had been onsite to support staff and residents in February 2024. Interviews with two whānau who visited regularly, confirmed staff were welcoming, knew their names and were seen to be respectful and considerate of residents' rights.</p> <p>The Cottage had access to a range of cultural diversities in the local community and were supported if interpreter assistance was required. The Cottage also had access to interpreter services through Te Whatu Ora Taranaki. Relationships had been established with the Taranaki Tūhū and the local Opunake hapu Ngāti Haumia. Twelve of the twenty-two staff employed at The Cottage identified as Māori. Two of the board members who identified as Māori assisted at all levels of the facility's operations to ensure more equitable services for Māori were provided. One of these was the organisation's cultural advisor, while the other provided the cultural training to staff. The</p>

		Cottage recognised mana motuhake.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The Cottage provided care to residents of the local rural community, enabling them to stay in the region, within a community they knew. The Cottage was formerly a maternity hospital and a number of residents and their whānau were born in the building that is now the rest home. Most of the residents and staff were familiar with each other in the community before entering the home. Residents in The Cottage were supported in a manner that was inclusive and respected their identity and experiences. Residents and their family/whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted.</p> <p>All staff working at The Cottage were educated in Te Tiriti o Waitangi and cultural safety. The staff could speak and learn te reo Māori, with the assistance of staff members and residents who identified as Māori, the local community, and the facility's cultural advisor. Documentation in the care plans of residents who identified as Māori acknowledged the resident's cultural identity and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advance care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room. Signage in the entranceway informed everyone who entered that closed-circuit television (CCTV) monitoring was operating. The Cottage responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Training included training on support for people with disabilities.</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>Employment practices at The Cottage included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected. Professional boundaries were maintained.</p> <p>A holistic model of health at The Cottage was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Twelve residents and five whānau interviewed expressed satisfaction with the services provided at The Cottage.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and their family/whānau at The Cottage reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. Resident and whānau meetings at Opunake are held regularly in addition to regular contacts with family/whānau by emails, phone calls, and an open-door policy of the facility care manager (FCM), the administrator and the enrolled nurse (EN). A notification on the notice boards advised when the resident and whānau meeting will next be held.</p> <p>The FCM was the RN onsite most days and had an open-door policy. Evidence was sighted of residents communicating with all staff, including the FCM. Residents, whānau and staff reported the FCM responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports</p>

		<p>evidenced family/whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with family/whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the resident's care when needed.</p> <p>An investigation of a complaint identified some improvements around communication could be addressed (refer subsection 1.8) and this is being addressed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents at The Cottage and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. A cultural advisor was available to support and advise if needed.</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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Staff members understood their responsibilities for supporting people to make a complaint.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made due to the investigation.</p>

		<p>The service assures the process works equitably for Māori by an annual analysis of complaint data to ensure a consistent management process is followed and timeframes are the same for all complainants.</p> <p>There has been one complaint received from an external source since the previous audit, which has been responded to through Te Whatu Ora Taranaki in May 2023, and to the Health and Disability Commissioner (HDC) in August 2023. Records reviewed showed that the trust board chairperson sent a comprehensive response to the regional hospital portfolio manager in response to their request for information and to HDC when they requested documents to assist with assessing the complaint.</p> <p>No response has been received to date from HDC. While working with the regional portfolio manager The Cottage completed a culture survey involving whānau, residents and staff members. This provided no evidence to substantiate the complaint but some feedback to make improvements in communication.</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>	FA	<p>The governing body assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. The governance group demonstrated expertise in Te Tiriti, health equity and cultural safety.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service. The facility care manager (FCM) is a registered nurse (RN) with 11 years' experience in mental health services and aged care services. They are supported by an experienced enrolled nurse (EN) who is commencing the process to become an RN.</p> <p>The purpose, values, direction, scope, and goals are defined in an annual strategic plan and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed, and through monthly staff</p>

		<p>meetings and governance board reports and an annual review of all quality and clinical indicators. A commitment to the quality and risk management system was evident. Members of the governance board interviewed (two) felt well informed on progress and risks. This was confirmed in a sample of reports to the board of trustees.</p> <p>Compliance with legislative, contractual, and regulatory requirements is overseen by the leadership team and governance board, with external advice sought as required.</p> <p>People receiving services and their whānau participate in planning and evaluation of services through residents' meetings, consultation, and discussion with whānau and the local hapu.</p> <p>The service holds contracts with Te Whatu Ora Taranaki for rest home level care. From time to time a dispensation is obtained to support one resident at hospital level care. During the days of audit, a dispensation for this higher level of care was initiated for one resident whose needs were changing and who required additional support. On the first day of audit 20 residents were receiving services under the provider's contract with Te Whatu Ora Taranaki.</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>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, internal audit activities, a regular resident satisfaction survey, monitoring of outcomes, review of policies and procedures, and clinical incidents including infections and wounds.</p> <p>An annual evaluation of all quality improvement data was seen for the 2023 calendar year. This included analysis of equitable service delivery to Māori and tāngata whaikaha and analysis of infection rates and antibiotic use.</p> <p>Residents, whānau and staff contribute to quality improvement through the satisfaction survey and resident meetings. The most recent satisfaction survey (completed in January 2024) had nine respondents with a range of indicators – from cultural, spiritual, and emotional support; privacy and dignity; independence, choices and</p>

		<p>decision-making to leisure and activities.</p> <p>Three respondents noted that more activities and community involvement would be good. All respondents were satisfied with the support to make their own decisions and express their cultural and spiritual beliefs. Resident meetings include day-to-day issues – meals and laundry issues if relevant – as well as any potential problems being experienced. Changes in staffing and the environment were noted to be reported and discussed.</p> <p>Staff members interviewed reported that they receive information about quality and clinical events and indicators through staff meetings and at handovers if needed. They stated that they are fully informed when incidents happen and receive the trend information which is reported to the trust board. Copies of these were sighted on the staff notice board.</p> <p>Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through tikanga policies, relevant training when needed, and access to cultural support internally and externally.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Records of these were reviewed.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. Other than the infection control programme (see 5.2.2) all policies and procedures required to meet this standard and the provider's contract were current and up to date.</p> <p>The FCM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. In discussion with the FCM and board chairperson, they regularly review the risk management plan for The Cottage, both at board meetings and when incidents occur. The risk management plan was current at the time of the audit.</p> <p>Staff document adverse and near miss events in line with the</p>
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		<p>National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>Both the FCM and board chairperson understood the process and requirements for essential notifications. No Section 31 notifications had been made since the last onsite audit. One notification of dispensation to have a resident at hospital level care in the rest home had been sent to HealthCERT in September 2023.</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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The Cottage adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty had a current first aid certificate. This was confirmed through review of the roster and sampling of personnel files.</p> <p>The employment process, which includes a job description defining the skills, qualifications, and attributes for each role, ensures services are delivered to meet the needs of patients/residents.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora</p>

		<p>Taranaki. Of the 12 health care assistants employed by the trust, 10 of the 12 already hold an NZQA qualification at Level 2, 3 or 4. The remaining staff have either experience and extensive other training or are recently employed and waiting to enrol.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments as planned for the year, except as noted in 3.4.3.</p> <p>The culture survey completed in 2023 (and described in subsection 1.8) included contributions from 10 staff members. Two respondents had given feedback that the workplace culture could be better, the other eight respondents were very satisfied. Staff interviewed during the audit reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed (six) confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment, and all annual practising certificates (where relevant) are being verified annually and were current.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in the personnel records reviewed.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>There is an opportunity for staff members to have a debrief following incidents when needed. This was confirmed as being offered and available at interviews during the audit.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The Cottage maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Information was held in hard copy format and electronically. Electronic records were password protected and paper-based records were held securely and only available to authorised users.</p> <p>Residents' files were hard copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>The Cottage was not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents admitted to The Cottage were primarily from the local region and were welcomed into The Cottage when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency, as requiring the level of care The Cottage provided. The Cottage was well supported by the local community trust, and a number of residents interviewed had provided support in the past to enable The Cottage to remain part of the community.</p> <p>Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements. The Cottage collected ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident had been declined entry, there were</p>

		<p>processes for communicating the decision to the person and whānau.</p> <p>The Cottage had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting the local Māori Health providers Tui Ora or Ngā Ruahine in Manaia. When admitted, residents had a choice over who would oversee their medical requirements. Whilst most chose the main medical provider to The Cottage, several residents had requested another provider to manage their medical needs. Residents are taken to see their general practitioner (GP) or the nurse practitioner (NP) unless they are unwell, in which case they will be visited.</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>	FA	<p>The team at The Cottage worked in partnership with the resident and their family/whānau to support the resident's wellbeing. Six residents' files and twelve medication records were reviewed.</p> <p>These files included residents who had a wound, residents who had had an acute event requiring transfer to an acute facility, residents requiring palliative care, residents requiring an elevated level of care, residents who had been recently admitted, residents who self-administered medication and residents who identified as Māori.</p> <p>All files reviewed verified that a care plan was developed by an EN, with oversight of the RN, following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, GP/NP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Policies and processes were in place to ensure tāngata whaikaha and whānau participate in The Cottage's service development, deliver services that give choice and control, and remove barriers that prevent access to information. Service providers understood the Māori constructs of oranga and had implemented a process to</p>

		<p>support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>A resident requiring an elevated level of care, and the support of two care staff was observed as requiring to be reassessed. This process was implemented on the day of audit and included discussion and explanation to whānau. The Cottage, with the support of Te Whatu Ora Taranaki portfolio manager, was observed to be applying to the Ministry of Health (MoH) for a dispensation to enable the resident to remain at The Cottage to receive the care they needed.</p> <p>Residents who identified as Māori had their cultural identity acknowledged and cultural needs addressed in the care plan and addressed daily. Residents' individual requests were accommodated. Residents who smoked were enabled to do so in a manner that ensured the safety of all. Residents who were requiring palliative care were being supported by the hospice, the facility and the residents' GP.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Interviews with four whānau of other residents expressed a high degree of satisfaction with the care provided at The Cottage. The residents and their whānau were actively involved in planning the residents' care and any ongoing discussions. Whānau of residents, and residents who identified as Māori, were complimentary of the cultural support provided and the responsiveness of staff to residents' needs.</p> <p>An interview with the GP expressed satisfaction with the care provided by The Cottage.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The diversional therapist at The Cottage oversaw the provision of an activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life. Residents were enabled to attend community activities of their choice and participate in activities that are of interest to them.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. The activities programme was provided by a number of different staff, following the resignation of the two activity coordinators in December 2023. A permanent placement is still being sought. The programme includes a range of activities including exercises, news updates, quizzes and word games. A residents' satisfaction survey in January, which nine residents responded to, identified that three of the nine requested more variety in the activities programme and more community involvement. This has been addressed and the programme changed to reflect those requests. The residents attended a recent lunch at the Lion's club and often go to the movies. Church services are held at The Cottage twice a month. Schools do visit, although were a bit reluctant following COVID-19. Entertainers visit each month. Residents' whānau visit and play the piano, as observed during the audit.</p> <p>Residents' meetings are held monthly, and meeting minutes evidence satisfaction with the present programme, as do interviews and observations.</p> <p>The facility has a van that enables weekly outings to places and events of interest.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to</p>	PA Moderate	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A system for medicine management using an electronic system was seen on the day of the audit. All staff who administer oral medicines were competent to perform the function they manage, although the</p>

<p>access appropriate medication and blood products. 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>competencies for trained staff to administer medication by a syringe driver had expired. This needs to be addressed. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred; however, an error when receiving a controlled drug was identified at audit, and requires improvement. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The documentation in the controlled drug book was incorrect and the required stock checks were not completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at The Cottage.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service provided at The Cottage was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in February 2024. Recommendations made at that time had been implemented. The dietitians advice to mix full cream milk with milk powder daily to increase protein has become part of daily practice. The menu includes options culturally specific to te āo Māori.</p> <p>The Cottage operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at The Cottage in October 2022. Two areas requiring corrective action were identified, around training records and the recording of temperatures of incoming goods. These were addressed</p>

		<p>and the plan was verified for 18 months. The plan is due for re-audit in May 2024.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys, and resident and family/whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</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>	FA	<p>Transfer or discharge to and from The Cottage was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</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</p>	PA Low	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. The building warrant of fitness was current, expiring on 18 November 2024. Personalised equipment was available for residents with</p>

<p>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>disabilities to meet their needs. Records of equipment maintenance, electrical testing and calibration were sighted. Except for one item as noted, all equipment had current electrical certification and calibration as required by the manufacturer and this Standard. The calibration for this item was due on 22 February 2024 and had not been updated on the days of the audit. An area for improvement is noted in relation to the syringe driver for the facility.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Five bedrooms have ensuite bathrooms. There are two other shared bathrooms and four separate shared toilets in the facility. Staff members interviewed confirmed that this allows for adequate bathing and toileting for all residents to access these facilities when they choose. The 2023 culture survey and 2024 resident satisfaction survey confirmed the availability of adequate bathrooms and toilet facilities.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. All bedrooms have opening windows with safety catches, and adequate window coverings for shade, privacy and warmth.</p> <p>The current environment is inclusive of people's cultures and supports cultural practices. The trust is planning a new extension of The Cottage and additional building on adjacent land. This is being done in close consultation with Ngāti Haumia, Taranaki Tūhū and their New Plymouth based cultural advisor. (While the extension to the existing building will be part of the certified services, the additional buildings to be constructed are separate and will not be subject to certification or Te Whatu Ora Taranaki contracted services.)</p> <p>The Cottage has 21 bedrooms. They are numbered 1 to 12 and 14 to 22, with no room number 13. Room number 1 is a large room with an ensuite bathroom. It can accommodate two beds if needed and be occupied by a couple if they choose to use it together. The room is large enough and configured in a way that it can accommodate double occupancy. It has sufficient call bell points for two residents, located adjacent to where each bed would be placed and in other locations in the room. There is adequate space in the room for manoeuvring equipment if needed.</p>
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		<p>It is unclear whether approval has been given for this bedroom to be used by a couple previously. The audit team were satisfied that this room is appropriate for use by a couple when double occupancy is a choice. At interview with the FCM they advised this is the only circumstance in which two people would use the bedroom together. Approval for use will bring the total number of certified beds would increase to 22.</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>	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency and described the evacuation procedures.</p> <p>The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ) in June 1999 (letter sighted). Evidence of bi-annual trial evacuations were seen. In the last 12 months these have occurred in March and November 2023.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Staff are able to provide a level of first aid relevant to the risks for the type of service provided. Records were reviewed and confirm the currency of qualifications.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. This was confirmed in the January 2024 satisfaction survey responses.</p> <p>Appropriate security arrangements are in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) policies were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality</p>

<p>appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>improvement system, and were being reviewed and reported on yearly. The Cottage has IP and AMS outlined in its policy documents. This is now being supported at the governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora Taranaki. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the board at board meetings.</p> <p>The board has been collecting data on infections and antibiotic use and is now adding ethnicity to its data. Over time the data will add meaningful information to allow Opunake to analyse the data at a deeper level to support IP and AMS programmes.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly evaluated. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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>	PA Low	<p>The FCM at The Cottage was responsible for overseeing and implementing the IP and AMS policies with reporting lines to the board. The IP and AMS policies were linked to the quality improvement programme that was reviewed and reported annually. There was, however, no documentation to evidence there was an infection control programme that was reviewed yearly. This requires to be addressed. The FCM had appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard. Cultural advice at The Cottage was accessed through the staff who identified as Māori and the cultural advisors. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Policies, processes, and audits ensured that reusable</p>

		<p>and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used. Staff who identified as Māori and spoke te reo Māori can provide ICN infection advice in te reo Māori if needed for Māori accessing services. Educational resources available in te reo Māori were accessible and understandable for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been assessed. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in its use. Residents and their family /whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The Cottage had a documented antimicrobial stewardship (AMS) programme in place that was committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise of an external advisory company and had been approved by the governing body. Policies and procedures were in place which complied with evidence-informed practice. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted that there had been no reduction in the use of antibiotics and areas for ongoing improvement identified.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The Cottage undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. The Cottage used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management/governing body and shared with staff. Surveillance data does include ethnicity data.</p>

		Culturally clear processes were in place to communicate with residents and their family/whānau, and these were documented.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>A clean and hygienic environment supported the prevention of infection and transmission of antimicrobial-resistant organisms at The Cottage. Suitable personal protective equipment was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and gel were available throughout the facility.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>All laundry was laundered on-site including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Staff involved had completed relevant training and were observed to perform duties safely.</p> <p>Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed</p>

		through observation.
<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>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this, supported by a member of the leadership at operational level. The Cottage has a no-restraint policy. At the time audit no restraint was being used, and this had been the case for at least three years, according to the restraint coordinator. Any use of restraint is to be reported to the governing body.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, de-escalation techniques, alternative cultural-specific interventions, and if it is ever needed, safe restraint practice. Seclusion is not practised at the facility.</p> <p>The restraint coordinator was interviewed. They provide a report each month for the trust board and samples of these were reviewed. This confirmed that no restraints are used at the facility.</p> <p>Documentation for three residents who have de-escalation and behaviour management plans in place were reviewed. These recorded appropriate de-escalation techniques being used to support the residents, with regular discussion of their progress and support needs at staff meetings and handovers.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	<p>PA</p> <p>Moderate</p>	<p>A review of the controlled drug book identified incorrect totals, due to two similar medications, but of differing doses, being included together under one record. The dosage of a PRN medicine as ordered on Medimap was unavailable to the pharmacy. The pharmacy, in consultation with the GP, had dispensed an increased dose, in response to a new prescription issued by the GP to the pharmacist.</p> <p>The facility was not advised of the new script or the new dose and the Medimap request had not been updated to reflect the increased dose. On receipt of the medicine, the staff, when signing in the medication, had not recognised the different dose, and signed it in under that previously prescribed. The pharmacist was not familiar with Medimap.</p>	<p>There were errors identified in the management of controlled drugs at The Cottage.</p> <p>The required six-monthly checks of controlled drugs had not occurred.</p>	<p>Provide evidence medications are managed in accordance with best practice and legislative guidelines.</p> <p>30 days</p>

		The resident had not received the wrong dose of the medication as none had been administered. As soon as the error was identified, staff members took immediate remedial action to address the error, return the incorrect medication, complete the incident report process and accept responsibility for the errors which had occurred. There was no evidence documented in the Controlled drug register of six monthly controlled drug checks being undertaken. This was confirmed by interviews with staff.		
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Moderate	In reviewing a resident's care plan and identifying the possibility that a syringe driver may be needed to administer medications, it was identified the present syringe driver competencies were only for a year rather than two years, and they had expired in December 2023.	The competencies for qualified staff to manage syringe drivers had expired.	<p>Provide evidence that yearly syringe driver competencies are maintained.</p> <p>90 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>On the days of the audit, the building's warrant of fitness was current, and electrical testing and calibration for all equipment was current, except for the syringe driver, which had expired on 22 February 2024.</p> <p>When this was identified, re-calibration was organised for this item.</p>	One piece of equipment necessary to support a resident who may require intravenous medication, had an expired calibration date of 5 days prior to the audit.	<p>Ensure the syringe driver is recalibrated as soon as possible. Ensure that the system for calibration of equipment, particularly medical devices, includes the syringe driver to ensure that recalibration is organised prior to the expiry date.</p> <p>30 days</p>

<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	PA Low	<p>The Cottage has a range of IP policies developed by those with IP expertise, to guide practice. These policies are approved by the governing body and linked to the quality improvement programme. There is, however, no documented infection control programme that identifies what will occur each year to ensure residents, staff and visitors are ensured exposure to infection is minimised. In addition, there is no annual review of the effectiveness of these actions. This is a documentation issue, as processes such as audits, surveillance, training and competencies are occurring and actioned when deficits are identified.</p>	<p>The infection control programme is not documented.</p>	<p>Provide evidence the infection control programme is documented and reviewed yearly.</p> <p>180 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, these 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.