

Kamo Home & Village Charitable Trust - Kamo Home and Village

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:	Kamo Home & Village Charitable Trust	
Premises audited:	Kamo Home and Village	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care	
Dates of audit:	Start date: 16 January 2024	End date: 17 January 2024
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	65	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Kamo Home and Hospital provides rest home, hospital and dementia care for up to 70 residents. The service operates as part of Kamo Home and Village Charitable Trust (KHVCT) who own four aged residential care facilities. The facility is managed by two clinical charge nurses who are supported by the group care manager, and the general manager who oversees the care and management provided.

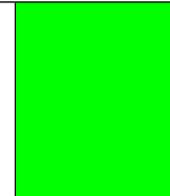
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's contract with Te Whatu Ora – New Zealand Te Tai Tokerau (Te Whatu Ora Te Tai Tokerau).

The certification process included review of policies and procedures, review of residents' and staff records, and observations and interviews with residents, family members, the general practitioner and staff.

No areas were identified as requiring improvement. One continuous improvement rating was attained in relation to the ongoing comprehensive quality management framework and the quality performance system implemented.

Ō tātou motika | Our rights

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



Subsections applicable to this service are fully attained.

The cultural and ethical policy guides staff practice to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs, when required. Kamo Home and Hospital works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. The board and staff have participated in Te Tiriti o Waitangi and equity training which is reflected in day-to-day service delivery. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved. A complaints register is maintained.

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 are fully attained.
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The management team and governing body assumes responsibility for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance, honouring the Tiriti o Waitangi and reducing barriers to improve outcomes and achieving equity for Māori and tāngata whaikaha (people with disabilities).

Planning ensures the mission statement, purpose, scope and objectives for the organisation are defined. Performance is monitored and reviewed extensively at planned intervals.

The quality and risk system are focused on improving service provision and care. Residents and family/whānau provide feedback and staff are involved in quality activities. A collaborative and integrated approach includes collection and analysis of quality improvement data, identifies any trends or gaps and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good human resource practices. This is managed by the human resource and staff support manager. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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When residents enter Kamo Home and Hospital a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

Kamo Home and Hospital staff work in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any new problems that arise. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

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

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and an approved fire evacuation plan. Electrical equipment had been tested as required. Calibration records were current.

External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are fully trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire training and drills. Staff, residents and whānau understood emergency and security arrangements in place. Residents reported a timely response to call bells activated.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service are fully attained.
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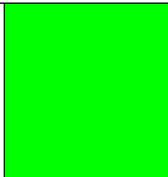
The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme. They are involved in procurement processes and any facility changes and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and family/whānau were familiar with the infectious diseases outbreak response plan.

Aged care-specific infection surveillance is undertaken with follow-up action taken as required and there are clear processes for communication.

The environment supports prevention and transmission of infections. Waste and hazardous substances were well managed. There were safe and effective laundry services

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The service aims for a restraint-free environment. This is supported by the board and senior management team. Policies and procedures support this. There were no residents using restraints at the time of the audit. A comprehensive assessment, approval, and monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practices, de-escalation techniques, and alternative interventions as needed.

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	27	0	0	0	0	0
Criteria	1	167	0	0	0	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>	<p>FA</p>	<p>Kamo Home and Hospital has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is also defined in the mission statement for the organisation.</p> <p>A comprehensive 'Cultural and Ethical Policy' reviewed September 2023 was authorised and signed off by the general manager (GM). A Māori health action plan is documented and includes and highlights the cultural and/or spiritual needs of residents being ascertained on admission and maintained thereafter. This is also determined in the annual satisfaction survey completed to ensure spiritual needs are effectively met, and that provision of culturally safe care for Māori residents is achieved. The aim is to ensure all residents have access to the chaplaincy service provided, tohungā and the kaumatua as needed.</p> <p>Te Whare Tapa Whā model of care is adopted by the organisation and provision of care is in line with cultural safety and Te Tiriti expectations, clear objectives, advice to ensure a secure framework is in place and this includes leadership, knowledge and commitment. The high-quality health care provided delivers equitable health outcomes for Māori, including supporting Māori residents in their</p>

		<p>aspirations whatever they may be, and recognising mana motuhake.</p> <p>There were residents and staff who identified as Māori on the day of the audit.</p> <p>The GM and staff interviewed reported, and documentation confirmed, staff have attended cultural safety training. The GM has completed a Level 5 certificated course online which included te reo and pronunciation of te reo 'Te Wānanga o Raukawa'. The course was completed August - October 2023.</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.</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>FA</p>	<p>The organisation works to ensure Pacific peoples' worldviews, and cultural and spiritual beliefs are embraced. The service is part of a charitable trust with a Christian philosophy, and meeting the spirituality needs of all residents is a significant aim of the organisation. On the day of the audit there were no residents who identified as Pasifika. There were staff who identified as Pasifika who brought their own skills and expertise as needed. A charge nurse at another facility owned by the organisation identifies as Pasifika and is the designated Pasifika cultural advisor for the four services operating under Kamo Home and Village Charitable Trust (KH&VCT). Staff interviewed reported that they were guided to deliver safe cultural and spiritual cares to residents through their knowledge, and as per the care plan.</p> <p>Cultural needs assessments were completed on admission by the registered nurse (RN) and the activities coordinator to identify any special needs required.</p> <p>The Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan was sighted and is available for reference. Kamo Home and Hospital has a Pacific plan with cultural guidelines and standard operating procedures developed with input from the wider Pasifika community, with whom the organisation has had contact through the Pasifika cultural advisor. They include Pasifika models of care. The GM recognised the benefits of working in partnership with Pacific communities and organisations, to fully support culturally safe practices and wellbeing for Pacific peoples when they access this</p>

		service.
<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>Kamo Rest Home management are aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure residents' rights are respected. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>The rights of Māori in relation to self-determination (Māori mana motuhake) were recognised and understood by staff.</p>
<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>Kamo Rest Home supports residents in a way that is inclusive and respects their identity and experiences. Residents and family/whānau, including people with disabilities, confirmed they receive services in a manner that has regard for their cultural identity, dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room or share a double room with their consent. Rooms sighted were spacious and reflected the residents' individuality.</p> <p>Nurses and health care assistants receive training on the principles of Te Tiriti o Waitangi. Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Bilingual signage was evident throughout the facility and key resident information such as the Code of Rights was displayed in te reo Māori.</p> <p>The service responds to the needs of individual residents including those with disabilities and staff described ways they enable Māori residents to participate in te ao Māori</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood the service’s policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected. There is a code of staff conduct in place and professional boundaries are maintained.</p> <p>The staff is multicultural and those interviewed understood the concept of institutional racism and stated they felt comfortable to question any racism they encountered.</p> <p>Care provision is holistic, encompassing the pillars of Te Whare Tapa Whā model and is based on the identified strengths of residents. Wellbeing outcomes for all residents including Māori, are evaluated as part of the assessment and care planning process six-monthly to ensure the needs of residents are met.</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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. 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>	<p>FA</p>	<p>Residents and family/whānau reported that communication was open and effective, and they felt listened to. Information was provided in easy to understand verbal and written formats. Changes to residents’ health status were communicated to family/whānau in a timely manner. A GP link nurse role has been introduced which has improved communication with the general practitioner. The general practitioner interviewed valued the role of the GP link nurse and stated communication from staff was appropriate, timely and included all relevant information.</p> <p>Staff knew how to access interpreter services, if required.</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. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that</p>	<p>FA</p>	<p>Residents, and their family/whānau or legal representative are provided with the information necessary to make informed decisions. Those residents and whānau interviewed felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent and described involving residents and family/whānau in the process. Documentation of informed consent was present in all files reviewed.</p>

<p>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>Tikanga guidelines are available to support staff when working with Māori residents and whānau; these were known to staff.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record. All residents in Kamo Rest Home dementia unit have a documented enduring power of attorney or welfare guardian on file that has been activated by an appropriate medical practitioner.</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 policy and procedures were reviewed in September 2023. The process complies with Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code) which is the right to complain and to be taken seriously and to receive a timely response. Kamo Home and Hospital Charitable Trust (KHVCT) has their own kaumatua on the trust board, and an advocate is available if needed.</p> <p>Management and staff interviewed stated they are fully informed about the complaints management process and that the forms are available in paper copy or electronically and are accessible. Information was provided in the information pack given to all residents admitted to this facility. The families interviewed were pleased with the care provided to their relatives. They also clearly understood their right to make a complaint or to provide feedback to improve service delivery, or to act on behalf of their family/whānau member if needed. The family/whānau members commented that they can contact the clinical charge nurse (CCN) if they have any issues and that these are dealt with promptly.</p> <p>The GM is responsible for complaints management and maintaining the reviewed complaints register which is maintained electronically. Complaints are investigated, actioned as necessary and signed off and dated when closed out in the register. Complaints are reported monthly to the group care manager (GCM) clinical and quality. One complaint with the Health and Disability Commissioner's office remains open since January 2022, and one complaint to the Coroner's Office November 2022 has also not been closed out. Another complaint received November 2023 from Te Whatu Ora Te Tai</p>

		<p>Tokerau has been investigated by an external contractor for Te Whatu Ora; however, this complaint had also not been closed out at the time of the audit.</p> <p>In the event of a complaint from a Māori resident or whānau member the service would seek advice and assistance of the kaumatua or advocate if this was required. The complaints policy and process are available in te reo Māori.</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>Kamo Home and Village Charitable Trust (KHVCT) is led by a board of trustees (five board members) as one has recently resigned. The executive team assume accountability for delivering a high-quality service through supporting meaningful representation of Māori and tāngata whaikaha. Both the board and the executive team honour Te Tiriti through advice from the kaumatua and other external Māori advisors as needed. One board member has had a family member reside at this facility, so can view the service from a family perspective, regarding any issues or improvements required in service delivery. One board member is appointed by the Methodist Mission (Northern) and one board member by Presbyterian Support (Northern). The members of the board and the senior management team have all completed online training on Te Tiriti and equity as verified in the training records.</p> <p>The GM, who is part of the executive leadership team, confirmed knowledge of the aged care sector, regulatory and reporting requirements and maintains currency within the field through sector communication, attending conferences, ongoing training verified, Te Whatu Ora Te Tai Tokerau, and colleagues.</p> <p>Kamo Home and Hospital is one of four facilities owned and operated by KHVCT. The GM is an RN and has been at this facility for 14 years. The CCNs are responsible for the management of the facility, supported by the GCM, with oversight from the GM. The GCM has been in this role for six years. When either of the CCNs are absent the GCM carries out all the required duties under delegated authority with support of the GM.</p> <p>The business plan dated 2022 to 2024 was last reviewed September</p>

		<p>2023. The plan sighted includes the strengths, weaknesses, opportunities, threat analysis, objectives, vision and the mission statement.</p> <p>The clinical team guided by the GCM, discuss clinical indicators including medication errors, complaints, compliments, falls, restraint and infection prevention and control. Minutes of the clinical meetings were sighted.</p> <p>The executive leadership team, through the GM, demonstrated leadership and commitment to quality and risk management, through for example, the business plan, strategic plan, risk register, improving service delivery, reporting, policy, processes and through feedback, surveys and purchasing and upgrading equipment and resources. The strategic plan reviewed focused on the organisation's long, medium and short-term goals, which are set to be achieved for the coming year.</p> <p>The GCM reports directly to the GM. Reporting was in a consistent format and included adequate information to monitor performance. The reports included information on occupancy, the environment and improvements, infections, staffing and training provided.</p> <p>The KHVCT is focused on improving outcomes and achieving equity for Māori and people with disabilities. This is occurring with oversight of care planning and reviews and family/whānau/resident communication. Cultural and spiritual needs, likes and dislikes are ascertained by the RN during the admission process. Routines are flexible and can be adjusted to meet the needs of individual residents.</p> <p>The GM interviewed reported that staff identify and work to address any barriers to equitable service delivery through cultural needs assessments, training and education and advice from cultural advisors and the kaumatua as needed.</p> <p>Residents receiving services and family/whānau participate in the planning, implementation, monitoring and evaluation of service delivery through review of the care plans, and resident meetings. A recently held resident meeting evidenced positive feedback about staffing and service delivery from residents in the minutes sighted.</p> <p>The service holds contracts with Te Whatu Ora Te Tai Tokerau for</p>
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		aged related residential care (ARC), rest home level care, respite care, hospital level care and dementia care (memory loss) for up to 70 residents. Sixty-five (65) beds were occupied on the first day of the audit. Thirty-three hospital, twenty-one dementia level care, one respite care, seven rest home and three residents are currently under Accident Compensation Corporation (ACC) care.
<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 quality improvement. This includes management of accidents and incidents and complaints, audit activities, monitoring of outcomes, policies and procedures and clinical incidents including infections and falls.</p> <p>Residents, family/whānau and care givers contribute to quality improvement through meetings and surveys. A satisfaction survey was completed on 16 December 2023. All information has been collated and the GM will then share the outcome information with staff at the next combined staff and quality meeting. Ongoing education occurs at this three-monthly meeting, and the topics discussed are recorded. Resident meetings are held three-monthly, and any areas of concern are addressed as needed and/or explanations provided to residents and families in person by the GM. Minutes of the meetings are maintained.</p> <p>The GM is responsible for quality. The quality performance system (QPS) is in place and provides benchmarking both nationally and internationally. The QPS benchmarking aged care quarterly report dated September to December was sighted. The system is well embedded into the organisation and is used across all four aged care services including Kamo Home and Hospital. A continuous improvement has been attained in relation to the ongoing progressive implementation of this comprehensive quality improvement system in use. Positive feedback was provided by staff.</p> <p>A sample of quality and risk related meeting minutes were reviewed and confirmed there has been regular review and analysis of quality indicators, and that related information is reported and discussed. In addition to weekly operational meetings, there are bi-monthly</p>

		<p>management team meetings and three-monthly quality and safety meetings as mentioned previously (general staff meeting) which includes health and safety, infection prevention and control, incidents and accidents, complaints, restraint and any analysis trends identified.</p> <p>The GM reports to the board monthly and presents a two-yearly business report to it. The last report was dated 2022 to 2024 and was comprehensive, covering each of the four facilities and the village up to September 2023. The senior management team consists of the GM, GCM, accounts and administration manager, human resource and support manager, and a maintenance, administration and health and safety manager. Four of the management team were interviewed at audit.</p> <p>The GM has documentation control system in place for managing the policies and procedures. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The 2023 to 2024 internal audit schedule was reviewed. The most recent audits were performed in December 2023 and included, for example, housekeeping, environment, maintenance, business recruitment, orientation and infection prevention. Any relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated and scored as part of the QPS.</p> <p>The GM described the processes for identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies as needed. Documented risks include falls, infection prevention and cross infection, and potential inequalities. Organisational risks are reported and managed by the board and the management team.</p> <p>Staff document adverse and near miss events. A sample of incident forms demonstrated processes were followed. Family/next of kin/EPOA were informed if resident incidents occurred. The GM understands the requirements of the National Adverse Events Reporting Policy and the policy was sighted.</p> <p>The GM understood and complied with essential notification reporting requirements. Two Section 31 notifications had been made to HealthCERT regarding a stage three pressure injury (hospital</p>
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		<p>acquired) on 18 October 2023 and 12 November 2023 in relation to a coroner's case. Regular notifications were sent to HealthCERT for the RN shortage (still require four RNs).</p> <p>Staff are supported to deliver high-quality health care for residents who identify as Māori through, for example, training, including cultural safety, cultural assessments, care planning, and communication with residents and whānau. Staff reported they have completed cultural competencies and gave examples of tikanga.</p> <p>The provider benchmarks both nationally and internationally as part of the QPS and reported that benchmarking data in all areas compares positively and highly against all benchmarks.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a 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) at this facility. The roster system is a four-week rotating roster to cover this 70-bed facility. Residents/family/whānau and care staff confirmed there were sufficient staff. Each shift is covered by a staff member who is first aid trained.</p> <p>The GCM and the GM reported that four registered nurses are still required, however this does not impact the current roster. No bureau staff are used at this facility. The GCM and the GM are both registered nurses with current annual practising certificates. There are 14 RNs including the management team. Six RNs are interRAI trained and competent.</p> <p>The human resource and support manager discussed the recruitment process which includes reference checks, police vetting and validation of qualifications and annual practising certificates (APCs) where required. The human resource manager is responsible for staff employment records, which are maintained electronically. Ten staff records were randomly selected and reviewed.</p> <p>The competency policy guides the service to ensure competencies are assessed and support equitable service provision. A sample of competencies, for example, cultural training, fire, infection prevention,</p>

	<p>manual handling, restraint elimination and hoist were sighted and confirmed the training.</p> <p>Continuing education is planned annually and includes all mandatory training requirements. The GM reported, and caregivers confirmed, that staff have completed New Zealand Qualification Authority (NZQA) education qualifications. Evidence was sighted. There is a total of 60 care givers including casuals. Nineteen care staff have completed level 4, nine level 3, six level 2 and 26 level 1. Staff who work in the memory loss service have completed dementia care training and this was recorded. Ongoing training included advocacy, medication, first aid, pressure injury prevention, oral cares and other topics.</p> <p>Meetings are held with residents/family/whānau six-monthly to discuss care plans, and residents meet three-monthly to express opinions on any aspects of service delivery they wish to discuss. Minutes of meetings are maintained by the diversional therapist or coordinator. The household staff have their own rosters which were sighted. Adequate cover is provided each day of the week for the cleaning and laundry duties.</p> <p>There are two diversional therapists and one activities assistant who cover this service for recreational activities.</p> <p>The GM reported that Kamo Home and Hospital care staff are building on their own knowledge through cultural training, which included all aspects of Te Tiriti. Cultural training is provided by a Kuia, who six-monthly presents a holistic approach and Te Whare tapa Whā is discussed. Five staff speak fluent te reo. Board members and the senior management team have completed Te Tiriti and equity training. The cultural training is to ensure staff meet the needs of people equitably, to be able to include high quality Māori health information in the education programme, and to further invest in the staff health equity expertise at all levels of the organisation. Cultural awareness in-service education was provided annually as well as the Code of Rights on 24 October 2023. All staff who work in the memory loss service have completed relevant training on dementia care.</p> <p>Support systems are in place to promote and care for staff wellbeing as described below in subsection 2.4.</p>
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<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>	<p>FA</p>	<p>Human resource management policies and procedures are based on good employment practices and relevant legislation. A sample of 10 staff records reviewed confirmed that the organisation's policies are being consistently implemented. All staff have position descriptions documented and were sighted in the records reviewed electronically. Professional qualifications, where required, are sourced prior to employment and annually thereafter.</p> <p>The human resource manager and support described the procedures to ensure professional qualifications are validated prior to employment. There is a system in place for reviewing the employed and contracted health professionals' APCs annually. This is collated by the GCM, and records were reviewed.</p> <p>Staff orientation includes all necessary components relevant to the role. Job descriptions were provided to newly employed staff members. The care staff interviewed reported that the orientation process prepared them for their role. A buddy system approach is used and works effectively for the new care staff.</p> <p>Care staff and non-clinical staff confirmed that performance reviews were completed 90 days after employment and annually. The staff records are held electronically and maintained by the human resource and support manager interviewed. Ethnicity of all staff is recorded and used in line with health information standards.</p> <p>The care staff interviewed reported that incident reports are discussed at quality and staff meetings. The care staff are offered the opportunity to be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing. A programme is also available through the organisation (Anglican Church) for a counselling service. Three sessions are paid for an individual staff member if they wish to access this service for additional support.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	<p>FA</p>	<p>The service uses an electronic information management system. Accurate data was collected with records being well organised. All necessary demographics, personal, clinical and health information</p>

<p>and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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>		<p>was fully completed in the residents' records sampled for review. Clinical records were current, integrated and legible and met current documentation standards. Staff have individual password access to the electronic system. The service is not responsible for issuing National Health Index numbers (NHIs).</p> <p>There is a system for storing all electronic data and old records electronically. Any staff hard copy records are stored in a locked filing cupboard in the office which has key-pad access. Archived paper copy records are stored in a locked dry shed for the required storage period. These can be retrieved if needed.</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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Residents and family/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 identify as Māori. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Enquiries are documented and a waiting list is maintained containing relevant data. Analysis of entry and decline rates, including for Māori, has occurred.</p> <p>Kamo Rest Home is supported by a kaumatua and has developed partnerships with Māori communities and organisations and support Māori and their whānau when entering the service.</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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p>	<p>FA</p>	<p>The registered nurses and general practitioner supporting Kamo Home and Hospital work in partnership with the resident and whānau to support wellbeing. A care plan, based on a holistic model of care, is developed by a registered nurse following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required. Early warning signs and risks with a focus on prevention or escalation for appropriate interventions are</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input. Timeframes for the initial assessment, general practitioner assessment, initial care plan, interRAI assessment, long-term care plan and review timeframes meet contractual and policy requirements. Long term care planning detailed strategies required to maintain and promote independence, wellbeing, cultural and spiritual needs and where appropriate, resident involvement in the community.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Short term care plans are developed, if necessary, for short term needs and examples were sighted for infections and wound care. Residents with behavioural needs, including those in the dementia unit, have interventions to meet their needs documented in the care plan. Residents and whānau confirmed active involvement in the process.</p> <p>Staff understood the need for residents and family/whānau, including Māori, to have input into their care and identify their own goals. Nursing and medical review occurs with resident and family/whānau input when possible. Residents and family/whānau are given choices and staff ensure they have access to information. The resident is involved at every step of the assessment, care planning and review process. Those interviewed confirmed active involvement, including Māori residents and residents with a disability. The facility had sufficient equipment to meet residents' needs.</p> <p>This was verified by sampling residents'/patients' records, from interviews of clinical staff, people receiving services and whānau. The general practitioner interviewed reported the standard of care was good.</p> <p>Three residents were reviewed using tracer methodology: one receiving hospital level care, one rest home level and one at dementia level of care.</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>	<p>FA</p>	<p>A trained diversional therapist who shares responsibility with another site leads the activities team at Kamo Home and Hospital. The permanent team at this facility consists of a diversional therapist, two activities assistants and a chaplain. Support from their sister facility is available when needed.</p> <p>An activities programme that supports residents to maintain and develop their interests and was suitable for their age and stage of life has been developed by the activity team and is provided five days a week. During the evening and weekends further activity support is provided by the care staff who have access to games and activities suitable for the residents, and this includes activities for residents in the dementia unit. One-to-one activities are provided for those who do not wish to join a group activity. A variety of activities were observed during the audit. A focus on sensory stimulation activities has been implemented with an aim to increase engagement from residents with severe physical and cognitive impairment. Verbal feedback from staff and whānau has been positive, and the service is considering how best to measure the improvement more fully.</p> <p>Personal profiles, a life story and diversional therapy plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life and included normal community activities through outings and visiting entertainers and groups. Cultural and spiritual activities were included and opportunities for Māori and whānau to participate in te ao Māori were evident. The diversional therapist discussed using Māori words, karakia and waiata in activities.</p> <p>Residents were observed to be involved in the programme, and those interviewed confirmed they found the programme meets their needs. Evaluation of the programme occurs through resident feedback and monitoring of attendance numbers.</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>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy.</p> <p>Medicines are stored safely, including those requiring refrigeration. Medicines were stored within the recommended temperature range and all medications were within current use-by dates.</p> <p>Controlled drugs are held securely and entered into a controlled drug register. Review of the register confirmed documentation met regulations and the required stock checks occur.</p> <p>Prescribing practices meet requirements, including consideration of over the counter and herbal medications. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>Self-administration of medication is facilitated and managed safely; the registered nurse stated this did not occur in the dementia unit.</p> <p>Standing orders are not used.</p> <p>Residents and their EPOA/whānau, are supported to understand their medications. The registered nurse discussed including the EPOA or whānau in decision making.</p> <p>Partnerships with local Māori providers are being developed with the support of the facility kaumatua to support Māori residents who wish to access traditional Māori medicines if requested.</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>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and</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>guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional dietary profile completed on admission to the facility and this is updated as their needs change. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. The cook interviewed was aware of the requirements for each resident.</p> <p>Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>Foods culturally specific to Māori can be provided when requested. Cultural protocols around food are followed, including the laundering of kitchen and food-related items separately.</p> <p>Snacks are available 24 hours a day.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family/whānau interviews.</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>Transfer or discharge from Kamo Home and Hospital is planned and managed safely with coordination between services and in collaboration with the resident and EPOA or whānau. Transfer and discharge planning includes open communication and handover of information between all services, including current support needs and any risks identified.</p> <p>Resident and EPOA/whānau interviewed reported being kept well informed during the transfer of their relative; they were given options to access other health and disability services and social or cultural supports. Documentation confirmed they were kept informed during transfers.</p> <p>The general practitioner interviewed confirmed the level of communication with staff was good.</p>
<p>Subsection 4.1: The facility</p>	<p>FA</p>	<p>A current building warrant of fitness was publicly displayed. It expires 1 June 2024. Appropriate systems are in place to ensure the</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>residents' physical environment and facilities, internal and external, are fit for purpose, are well maintained and that they meet legislative requirements. The maintenance and asset manager interviewed described the maintenance schedule which was sighted. There are five maintenance staff that cover the organization. The grounds and gardens are well maintained at Kamo Home and Hospital.</p> <p>Residents confirmed they knew the processes they should follow if any repair or maintenance is required, and any requests are actioned appropriately.</p> <p>Equipment tagging and testing is current as confirmed in the records reviewed. Maintenance staff are trained to complete the electrical testing of equipment and calibration of biomedical equipment is completed by a contracted provider and was sighted as being completed on 25 October 2023. Hot water checks are completed monthly by the team and records are maintained. The thermometer is calibrated annually, and last occurred on 13 February 2023. The plumber is notified if any variations in temperature occur from the normal set temperature.</p> <p>New equipment has been purchased since the last audit, including three oxygen concentrators, and spare oxygen cylinders are available if needed. The addition of a new transportation and mobility vehicle equipped with a wheelchair hoist is a valuable asset for organizing outings and facilitating hospital/GP visits. This vehicle can accommodate up to ten residents, including provision for two wheelchairs. The maintenance team maintains a logbook for the eight vehicles to ensure the warrant of fitness (WOF) and registrations are up to date.</p> <p>The facility is well designed and has disability access at the entrance and other entrances around the facility. Shaded areas in the garden and a veranda off the hospital wing, currently undergoing renovation, will provide a louvre-covered space for year-round use once completed.</p> <p>The environment was comfortable and accessible, promoting a homely atmosphere, independence and safe mobility. Individual personalised equipment was available for residents if needed. Ceiling hoists are accessible in the hospital wings. A contracted service</p>
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		<p>provider checks all hoists, including the transfer and standing hoists; checks were last completed on 20 September 2023. There are no YPD residents in this facility.</p> <p>Spaces were culturally and spiritually inclusive and suited the needs of the resident groups. The main social lounge doubles as the facility chapel, where the resident chaplain conducts church services. Additionally, on-site funeral services can be arranged as needed. Furniture is appropriate to the setting and residents' needs.</p> <p>Each resident has their own bedroom. There are adequate bathrooms and separate toilets close to residents' rooms in all service areas. Te reo signage was sighted around the facility. Separate facilities are available for visitors and staff. All individual rooms have a handbasin with flowing soap and handy towels. The bathrooms and toilets have appropriate and secure approved handrails. Other equipment is available to promote residents' independence. The whānau room is currently being renovated.</p> <p>Adequate personal space is provided to allow residents and staff to move around within their rooms. Rooms are decorated with furnishings, photographs and other personal items displayed. Care staff reported that they respect the residents' spiritual and cultural requirements. Residents and families/whānau interviewed reported the size of the rooms as being adequate.</p> <p>Residents and staff were pleased with the environment, including heating and ventilation, privacy and maintenance. Service areas have heat pumps installed. The heat pumps can be used for cooling in the summer months if needed.</p> <p>The GM reported and documentation confirmed that residents, family and a cultural advisor who identified as Māori would be consulted and involved in the design of any new buildings. No new buildings are in progress.</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>FA</p>	<p>A current fire evacuation plan recently revised was approved by Fire and Emergency New Zealand (FENZ) and a trial evacuation and training was held on 23 September 2023. The records were sighted.</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>Disaster and civil defence policies and procedures direct the facility management and staff in their preparation for disasters and describe the procedures to be followed. Emergency evacuation plans are displayed and known to the maintenance and asset manager and all staff. The emergency plan meets the needs of people with disabilities in an emergency.</p> <p>The staff orientation programme includes fire and security training. Staff records evidenced staff are trained in emergency procedures. Care staff confirmed awareness of the emergency procedures and attend regular fire drills. Fire extinguishers, floor plans, sprinkler alarms, exit signs and fire action notices were sighted.</p> <p>The GM reported that a staff member who is first aid trained is on duty on all shifts. Current first aid certificates were reviewed in the staff records randomly selected to sample.</p> <p>Call bells alert care staff to residents requiring assistance. Call bells are available in all service areas to summon assistance if needed. Residents and family members reported staff responded promptly to call bells activated.</p> <p>There were adequate supplies for use in the event of a civil defence emergency, including food, medical supplies, PPE and a gas barbecue (BBQ). Supplies are checked regularly. There is a 5000-litre tank in each of the three wings of the facility. These are emptied annually and replaced (always fresh). This meets the National Emergency Management Agency recommendations for the Northland region. There is a generator on site that can be transported to any of the facilities as needed. This is checked monthly. If a full power outage occurs in the region further generators would be hired locally as arranged.</p> <p>Closed-circuit television cameras (CCTV) have been installed throughout the grounds and specific internal areas. Signage was sighted regarding the use of CCTV. A back-up system is in place. Resident and their family/whānau are informed of these, and their use does not compromise personal privacy of residents. The facility is locked by staff in the evening and windows and doors are checked on the afternoon and night shifts. The doorbell enables staff and visitors to access after-hours.</p>
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<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 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>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on annually. The programme is guided by a comprehensive and current infection control manual, with input from an external IP advisor if needed. The current business plan includes an objective to minimise the risk of infection.</p> <p>Expertise and advice are sought following a defined process. Specialist support can be accessed through Te Whatu Ora Te Tai Tokerau infection prevention team, the medical laboratory microbiologist, external consultants and the attending GP.</p> <p>An infection prevention control component is included in the three-monthly staff/quality meetings.</p> <p>The incident/accident reporting policy documents the pathway for the reporting of issues and significant events to the GM and management team. Information gained is used for the QPS and benchmarking opportunities nationally and internationally.</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 and control coordinator (IPCC) is responsible for overseeing and implementing the Infection Prevention (IP) programme with reporting lines to the governance group.</p> <p>The IPCC is a registered nurse and has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, and policies. The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. The IP and Antimicrobial Stewardship (AMS) programme is linked to the quality improvement system, has been approved by governance and is reviewed and reported on three-monthly.</p>

		<p>Policies included procedures related to the decontamination and disinfection of reusable devices and shared medical equipment; monitoring of compliance is included in the IPC audit schedule. Staff were aware which items are designated single use, and these are not reused.</p> <p>A pandemic infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>There have been no facility changes, and none are planned. The GM was aware of the need for IPC input should this occur, and the policy confirmed IPC advice would be sought.</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>An antimicrobial policy is in place which is appropriate to the size and scope of the service and has been approved by governance. Policy promotes responsible use of antimicrobials and has been developed using evidence-based guidelines.</p> <p>The quality and quantity of antimicrobial prescribing is monitored through the infection surveillance programme to identify areas for improvement.</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>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Standardised definitions are used, and data collected includes ethnicity. Monthly surveillance data is collated and analysed to identify</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>any trends, possible causative factors and required actions. Results of the surveillance programme are reported to clinical governance and shared with staff.</p> <p>There are clear processes for communication between staff and residents and communication is culturally safe. Residents and EPOA/whānau interviewed were happy with the communication from staff in relation to health care-associated infections.</p>
<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>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of antimicrobial-resistant organisms. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</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>The restraint policy and procedures were reviewed. The main aim of the policy is to provide a restraint-free environment and that governance is committed to the elimination of restraint across the organisation and services provided. The policies and procedures reviewed meet the requirements of the standard. At the time of the audit no residents were using a restraint. The last restraint was used at Kamo Home and Hospital in May 2019. The GM is the restraint coordinator and reported that restraint would only be used as a last resort when all alternatives have been explored, for example, the use of low beds and sensor mats. The electronic resident care information system in place alerts the provider if a holistic assessment of the care plan is required. If restraint is to be considered the process of approval and review is clearly documented to guide staff. Restraint</p>

		<p>elimination and use of alternative measures/interventions is incorporated into the policies reviewed.</p> <p>There are processes in place to report aggregated restraint data, including data analysis supporting the implementation of an agreed strategy.</p> <p>The GM is responsible for the purchase of equipment in collaboration with the maintenance and asset manager, if needed.</p> <p>Orientation and ongoing education for staff included alternative cultural, specific interventions, least restrictive practice, de-escalation techniques, restraint minimisation and safe practice, and management of challenging behaviours. Caregivers confirmed they have completed competencies and received training.</p> <p>Given that there is no restraint being used, subsections 6.2 and 6.3 have not been audited.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<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>	CI	<p>A quality performance system (QPS) has a quality governance framework that recognises responsibility for ensuring continuous improvement for safety and quality of care provision. The QPS benchmarking adopted by the organisation is an organisation wide (KHVCT) system that presents key performance indicator results, that are used to benchmark both internally and externally against the aged care industry both nationally and internationally. The QPS report for September to December 2023 was reviewed. Information covered falls, urinary tract infections and quality of care, with any risks identified, and action plans were effectively implemented. The system identified any new key areas where the service is yet to meet established benchmarks, provides insights, enabling the service provider to concentrate efforts in driving continuous improvements within specific areas. This also provides focus on targeted quality enhancement initiatives such as examples provided by the GM. This included implementing a structural improvement program, designed</p>	<p>Having fully attained the criterion the service can, in addition to this, clearly demonstrate that improvements in the quality system have occurred in ways that benefit resident care and staff competence. This includes updating policies and procedures to reflect best practice, implementing ongoing new methods for collecting data, and conducting analysis and review data by using the QPS implemented. The benefits of benchmarking both internally and externally against the aged care industry both In New Zealand and internationally is invaluable and that the organisation can measure and track comprehensively, their service provision and operations. The senior management team and staff confirmed during interview their understanding, involvement and commitment to quality improvements and ongoing excellence.</p>

		<p>to bridge the gaps and elevate performance. The aim also was too far exceeding industry standards, develop data-driven strategies for improvement, promote a collaborative problem-solving approach. This process involved staff, residents/families/whānau. This approach cultivated an inclusive environment, where diverse perspectives contributed to the development of innovative solutions and best practice.</p>	
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End of the report.