

Kumeu Village Family Limited - Kingfisher House

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Kumeu Village Family Limited

Premises audited: Kingfisher House

Services audited: Dementia care

Dates of audit: Start date: 9 April 2024 End date: 10 April 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: 13

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

Kingfisher House is located in Devonport, Auckland. The service provides dementia rest home level care for up to 17 residents. On the days of audit there were 13 residents.

This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand Te Whatu Ora - Waitemata. The audit processes included observations; a review of organisational documents and records, including staff records and the files of residents; interviews with family/whānau; and interviews with staff, management, and the general practitioner.

There were no findings in relation to the previous certification audit.

This audit identified shortfalls related to interRAI and care plan timeframes and hot water testing.

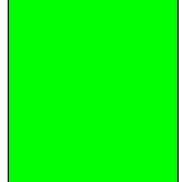
Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.
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The service provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty of Waitangi obligations. There is a Māori health plan and family/whānau and staff state that culturally appropriate care is provided.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

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 quality and risk management systems are focused on quality service provision and care. The business, quality, risk and management plan includes a mission statement and outlines current objectives. Policies and procedures are current.

The service and management ensure the best outcomes for residents and that the health and safety of residents is a priority. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the requirements of the contract with Health New Zealand Te Whatu Ora- Waitemata.

Staff coverage is maintained for all shifts. The acuity of residents is taken into consideration when planning and ensuring adequate coverage. Staff employed are provided with orientation, job descriptions and receive education. All employed and contracted health professionals maintain a current practising certificate.

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.

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

The clinical nurse manager is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

There is a medicine management system in place. All medications are reviewed by general practitioners every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritious snacks are available 24/7.

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

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

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

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

The facility meets the needs of residents and was clean and well-maintained. There is a current building warrant of fitness. Electrical equipment and calibration are up to date.

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 service ensures the safety of the residents and of staff through a planned infection prevention programme that is appropriate to the size and complexity of the service. The clinical nurse manager coordinates the programme. Orientation and ongoing education of staff are maintained.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. An infection outbreak of Covid-19 was managed according to Ministry of Health guidelines.

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 is a restraint-free environment, and this is supported by the management, policies, and procedures. There were no residents using restraint at the time of the audit. The staff interviewed demonstrated a sound knowledge and understanding of

providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring. Restraint education is included in the education planner.

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	16	0	2	0	0	0
Criteria	0	47	0	2	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>	FA	<p>The service has a cultural responsiveness safety/interpreter policy and a Māori health care plan, which collectively outline how the facility responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi.</p> <p>All residents who identify as Māori are provided with equitable services based on Te Tiriti o Waitangi and the principles of mana motuhake. Care is provided in a way that focuses on the individual and considers beliefs, values, and culture. The clinical nurse manager reported that care plans include cultural assessments with cultural links and provided an opportunity for the service to cater to any cultural needs. Documentation reflected their individual values and beliefs.</p> <p>Interviews with four staff (three care partners (caregivers) and one chef) and the clinical nurse manager described ways they apply the principles of Te Tiriti into practice in relation to their role.</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>	FA	<p>There is a cultural policy and sub policies specific for Samoan, Tongan and Rarotongan cultures which guide staff of Pacific peoples. The policies commit to providing appropriate and equitable care for residents who identify as Pasifika by acknowledging respectful relationships, valuing</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>families, and providing high quality care. The service provider has a current Pacific people's health care plan, which guides on how Pacific people who engage with the service are supported. The service had no residents who identify as Pasifika. There are staff who identify as Pasifika. The staff interviewed highlighted the importance of understanding and supporting each other's culture. Pacific staff are able to assist in the implementation of their Pacific health plan.</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 staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. The six family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. As much as possible, residents with the support of family/whānau have input into care planning. Family/whānau are supported to make choices around all aspects of resident's daily routines, as evidenced in care plans and supported by the Māori health plan. The family/whānau interviewed, reported the Code of Rights was adhered to and they were aware of the resident's rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The staff interviewed understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Family/whānau reported that resident's property and finances were respected and that professional boundaries were maintained.</p> <p>The clinical nurse manager (CNM) reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. There are</p>

		policies in place which apply to all staff, contractors, visitors, and residents.
<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>Signed admission agreements by the resident's activated enduring power of attorney (EPOA) were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately from the EPOA. A medical decision was made by general practitioners (GPs) for residents unable to provide consent. This was verified in interviews with family/whānau.</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>There is a policy and procedures clearly documented to guide staff around the complaint process. The process complies with Right 10 of the Code of Rights which is the right to complain, to be taken seriously, respected, and to receive a timely response. The service has an electronic complaints' register in place. There was one complaint lodged in June 2022, none in 2023 or in 2024 year to date. A review of the complaints process evidenced that the complaint process timeframes are adhered to, and service improvement measures are implemented as required. Documentation including follow-up letters and resolution, are completed and managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with family/whānau confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they had, are addressed promptly. There were several compliments received from residents and family/whānau.</p> <p>Families/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to</p>

		<p>advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Family/whānau spoken with, expressed satisfaction with the complaints process. In the event of a complaint related to a Māori resident or whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed. There have been no external complaints reported since the previous audit.</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>Kingfisher House located in Devonport, Auckland. The service is operated by Kumeu Village Family Limited and is managed by a clinical nurse manager with the support of care partners (caregivers). Kingfisher House has a maximum of 17 residents. There were 13 residents in total on the day of audit, including two residents on a long-term support -chronic health condition (LTS- CHC) contract. The remaining residents were on the age-related residential care (ARRC) contract. There are no double or shared rooms.</p> <p>The owner/director is the governing body for Kumeu Village Family Ltd – trading as Kingfisher House. Kumeu Village Family Limited owns three age-related care facilities in the aged care sector. Kumeu Village Family Limited has a commitment to ensure full compliance with all legislative requirements, to meet contractual obligations with the regulatory requirements. The clinical nurse manager (CNM) was able to describe the service's quality goals. The organisation has a mission statement and philosophy which include core values. Professional support is available. There is a documented business, quality risk and management plan (2024 to 2025) which includes the mission statement, philosophy, goals and objectives. The document sighted describes annual and long-term objectives and the associated operational plans and timeframes. A weekly clinical nurse manager's report is completed and sent to the owner/director. The CNM interviewed, and meeting minutes sighted confirmed that the clinical nurse manager's reports were comprehensive and provided in a timely manner. The owner/director meets with the CNM weekly, or more frequently if required. The clinical nurse manager's reports reviewed confirmed that the owner/director is monitoring organisational performance, including finances, clinical nurse manager reports, and the approval of policies and procedures. Monitoring and reviewing performance is</p>

		<p>completed at each management meeting and at regular intervals.</p> <p>The service is managed by an experienced clinical nurse manager (registered nurse/RN) who has been in her current role for the past eight months; however, has been involved as director of nursing for Kumeu for five years and since the purchase of the facility in 2021. The clinical nurse manager has over 15 years' experience in aged care management within New Zealand. They work closely with the owner/director on a weekly basis. An RN is available to cover, if required in the absence of the clinical manager when needed.</p> <p>The Māori health plan incorporates the principles of Te Tiriti o Waitangi, including partnership in recognising all cultures as partners, and valuing each culture for the contributions they bring. The CNM liaises with other external organisations to assist in removing barriers for Māori, improving policy and processes to be equitable and inclusive. The contracted GP is of Māori descent, is active in Māori health care in the community and is available to provide cultural support. There is a collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori.</p> <p>Clinical governance occurs at management meetings and registered nurse's meetings with the CNM. The CNM is maintaining up-to-date knowledge of evidence-based practice through ongoing professional development. This was confirmed by interview and review of training records.</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</p>	<p>FA</p>	<p>The service implements the organisation's quality and risk management programme that is directed by the organisational framework. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a programme of internal audits and a process for identifying and addressing corrective actions.</p> <p>Internal audits, meetings (including monthly staff/quality meetings, management meetings, monthly restraint meetings, monthly health and safety meetings), and collation of data were all documented as taking place as scheduled, with corrective actions documented as followed up. Corrective actions are being documented to address service improvements, with evidence of progress and sign-off when achieved. Corrective actions are discussed in staff meetings and documented in minutes. Meeting</p>

<p>and our health care and support workers.</p>	<p>minutes are available in the staff room. Meetings provide an avenue for discussions in relation to key performance indicators (including clinical such as infections, bruising, pressure injuries, skin tears, urinary tract infections, restraint etc); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Meeting minutes and quality data are accessible to staff.</p> <p>The resident/family satisfaction surveys completed in 2023 reflected high levels of satisfaction in all areas, including activities; meals; cleaning; documentation; communication; and staff positive attitudes. The CNM reported that the service has addressed areas of concern from the survey with the respective departments. Evidence of this was sighted in the meeting minutes and corrective action reports reviewed. Furthermore, the staff meeting minutes reviewed reflected ongoing monitoring of these areas. Interviews with residents and family/whānau were all positive and complimentary of all aspects of the service.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards.</p> <p>The risk management plan and policies and procedures clearly describe all potential internal, and external risks and corresponding mitigation strategies in line with National Adverse Event Reporting Policy.</p> <p>A health and safety system is in place with identified health and safety goals. Hazard identification forms are held in the online document library and readily available to staff, and an up-to-date hazard register was sighted. Health and safety policies are implemented and monitored by the health and safety officer (CNM). There are regular manual handling sessions for staff. Staff state that they are kept informed on health and safety. Individual fall prevention strategies are in place for residents identified at risk of falls.</p> <p>Individual reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed for trends. Results are discussed at the meetings. Ten resident-related accident/incident forms were reviewed (including challenging behaviour falls unwitnessed and witnessed, and skin tears), which evidenced each event involving a resident reflected a clinical assessment and follow up by a registered nurse.</p> <p>Discussions with the CNM evidenced awareness of their requirement to</p>
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		<p>notify relevant authorities in relation to essential notifications. There has been no Section 31 notification required to be completed since the last audit. A Covid-19 infection outbreak was reported following Ministry of Health guidelines, managed and staff debriefed.</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). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported that there has been adequate staff at the service. Family/whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered as rostered by the CNM and care partners. All staff had current first aid certificates so there is always a first aider on site. The CNM provides cover for all clinical and operational issues.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. The clinical nurse manager reported that previously training was completed online; however, from August 2023, the service has focused on delivering face to face education. Evidence of regular education provided to staff was sighted in attendance records. Training and competency topics included (but were not limited to) standard infection control precautions; restraint and challenging behaviour; cultural safety; safe medication management; restraint minimisation; first aid; and fire evacuation.</p> <p>Care partners have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. Two of the six care partners employed have completed dementia NZQA standards. Four have been employed less than a year and have commenced training. Staff records reviewed demonstrated completion of the required training and competency assessments. The clinical nurse manager reported that the model of care ensured that all residents are treated equitably.</p> <p>Staff records sampled demonstrated completion of the required training and competency assessments.</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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment; thereafter, a register of annual practising certificates is maintained for the CNM and associated health contractors (GPs, pharmacists, physiotherapist, and podiatrist).</p> <p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. All staff records reviewed evidenced completed induction and orientation. A total of five files (four care partners, one chef) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreements; and position descriptions.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Five residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. Five files were reviewed, including two residents on the LTS-CHC contract. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Care is undertaken by appropriately trained and skilled staff, including the CNM and care partners. InterRAI assessments were completed; however, not all were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau/enduring power of attorney (EPOA). Long-term care plans were developed for all residents; however, not all were completed within 21 days of admission. Six-monthly evaluation processes ensures that assessments reflected the residents' daily care needs. Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care. Residents who were assessed as LTC-CHC and YPD had their unique needs identified and managed appropriately.</p>

	<p>The general practitioner (GP) completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that the service was very caring, medical input was sought in a timely manner, that medical orders were followed, and care was resident centred. The GP service is available after hours by phone and a local after-hours service provides additional support if required. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The CNM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in six weeks. Any change in condition is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified EPOA/whānau/family are included and informed of all changes. Care plans were updated following any significant changes in health status.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the EPOA/whānau/family, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau/family interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts; behaviour and bowel charts. Neurological observations have been fully completed according to policy. Electronic incidents/accidents forms and documentation reviewed evidenced that post fall reviews are completed in a timely manner.</p>
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		There were two active wounds at the time of the audit. Wound management plans were implemented with regular evaluation completed.
<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>	FA	<p>The medication management manual and policy is current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GPs complete three-monthly medication reviews. A total of ten medication charts were reviewed. Allergies were documented and indications for use are noted for pro re nata (PRN) medications. Eye drops were dated on opening.</p> <p>Medication competencies were current, and completed in the last 12 months, for all staff administering medicines. The CNM advised a medication incident form would be completed in the event of a drug error and corrective actions would be acted upon. There have been no recent medication incidents.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The caregiver was observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked treatment rooms, and cupboards.</p> <p>There were no residents self-administering medications and there is a self-medication policy in place when required.</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>	FA	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 21 August 2025.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Resident preferences are accommodated. Residents have a nutrition profile developed on admission</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>which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. Nutritional snacks are available 24/7. Family/whānau interviewed indicated satisfaction with the food service.</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>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan of a resident awaiting transfer confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose. There was a current building warrant of fitness which expires 29 October 2024, and calibration of equipment and electrical checks were completed in March 2024, and an inventory was maintained. Hot water temperatures are checked; however, have not been checked monthly as per policy. The clinical nurse manager advised that if there are any problems, there is a contracted plumber. There is also a contracted electrician if required.</p> <p>The family/whānau interviewed expressed satisfaction with the environment being suitable for their needs and family member's needs. There were well-maintained garden areas. The environment was clean and tidy throughout the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	<p>FA</p>	<p>The infection control programme links to the quality programme, infections are collated, analysed and reported on in meetings. Any infections of concerns are escalated to the quality and risk committee. The infection</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>control programme is reviewed annually as part of the review of the quality improvement plan and occurred at the end of 2023. Infection data is benchmarked.</p> <p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The infection control nurse has access to an online training system with resources, guidelines, and best practice. The infection control coordinator oversees the infection control audits. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Results of surveillance and recommendations to improve performance are discussed at staff, management meetings and reported back to the owner/director.</p> <p>Infection prevention audits were completed, including cleaning, laundry, personal protective equipment (PPE), donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections; comparison with the previous month; reason for increase or decrease; and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed internally with results from previous months and with the other two organisational facilities.</p>

		There has been one outbreak reported since the last audit – Covid 19 in December 2023. This was managed in accordance with the pandemic plan, with appropriate notification completed.
<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>The service is committed to a restraint-free environment in all its facilities. There were robust strategies in place to eliminate restraint use. The restraint committee is responsible for the organisation’s restraint elimination strategy and for monitoring restraint in the organisation. Documentation confirmed that restraint is discussed at staff and management meetings and relevant information is presented to the owner/director.</p> <p>There was no restraint in use on the day of the audit. Staff and the restraint coordinator confidently discussed the alternatives to restraint use. Training records showed that all clinical staff attended restraint education and completed a restraint competency during orientation/induction. Training is evidenced annually.</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 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	Initial care plans are developed with the resident and enduring power of attorney (EPOA) within required timeframes. A review of resident files identified that not all long-term care plans had been completed within 21 days and interRAI assessments had not all been completed within the required timeframes.	<p>(i). InterRAI assessments were not completed within required timeframes for three residents.</p> <p>(ii). Three files reviewed did not have long-term care plans completed within 21 days.</p>	<p>(i). Ensure interRAI assessments are completed within contractual timeframes.</p> <p>(ii). Ensure long-term care plans have been completed within 21 days.</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</p>	PA Low	There is a preventive maintenance plan which has been completed as scheduled for 2023; however, water temperature checks have not been completed as per policy in 2024.	Hot water temperature checks are not evidenced in 2024.	Ensure hot water checks are completed monthly as per policy.

environment is inclusive of peoples' cultures and supports cultural practices.				90 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.