

Alaama Care Limited - Turama House Rest Home

Introduction

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

The audit has been conducted by 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:	Alaama Care Limited
Premises audited:	Turama House Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 March 2024 End date: 6 March 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:	34

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

Alaama Care Limited owns and operates Turama House Rest Home. Turama House provides rest home services for up to 36 residents. A new nurse manager has been employed since the previous audit. The owner/director oversees the facility. Families interviewed were pleased with the care and management of their family members.

This unannounced surveillance audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents, family members, the manager, staff and a general medical practitioner.

No areas requiring improvement have been identified. There was one area requiring follow-up from the previous audit regarding staff understanding cleaning processes especially in relation to hazardous waste. This has been fully addressed.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Turama House 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 world views and are culturally safe.

Staff understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). The service has a policy on abuse and neglect, including what to do should there be any signs of such practices. The induction process for staff included education related to professional boundaries, expected behaviours, and the code of conduct. Residents' property and finances are respected, and professional boundaries are maintained. 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. Informed consent for specific procedures is gained appropriately.

Complaints were managed and the register maintained by the director. Any complaints were resolved promptly and effectively with all parties involved. The complaints process was available in different languages and formats.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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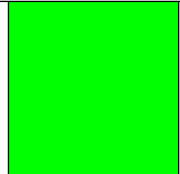
The governing body assumes accountability for delivering a quality service and honouring Te Tiriti o Waitangi and reducing any barriers to improve outcomes for Māori and people with disabilities.

The quality and risk systems are focused on improving service provision and the care provided. Residents and families provide feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies if there are any trends and leads to quality improvements.

The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning opportunities supports safe and equitable service delivery. Residents' and staff information is accurately recorded, securely stored and is not accessible to unauthorised people.

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 fully attained.
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Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs and routines. Interventions were appropriate and evaluated promptly.

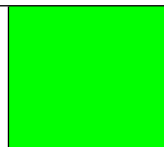
There is a medicine management system in place. All medications were reviewed by the general practitioner (GP) every three months. Staff involved in medication administration were assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements were met.

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

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

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

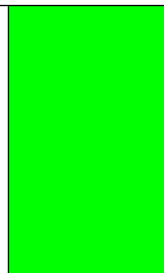


Subsections applicable to this service fully attained.

There is a current building warrant of fitness. Electrical equipment has been tested as required and calibration on equipment and resources requiring this has also been completed and records were maintained.

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

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



Subsections applicable to this service fully attained.

The service ensures the safety of the residents and of staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The nurse manager coordinates the programme.

Orientation and ongoing education of staff was maintained. There were sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support the plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action was taken as and when required. Infection outbreaks of COVID-19 were managed according to Ministry of Health (MoH) 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 fully attained.

The service aims for a restraint-free environment. This is supported by the manager and policies and procedures. There were no residents using a restraint at the time of the audit. No restraint has been used at this facility for seven years. Staff interviewed demonstrated a sound knowledge and understanding of the least restrictive practice, de-escalation techniques and alternative interventions.

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	18	0	0	0	0	0
Criteria	0	51	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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>There is a commitment by the director to ensure any Māori residents flourish and thrive in an environment that enables good health and wellbeing. The cultural responsiveness policy and associated documents reviewed provide guidelines for the provision of culturally safe services for Māori residents and include clear definitions on culture, community, cultural safety and pae ora.</p> <p>Recruitment and retention of a Māori health workforce across all organisational roles is promoted. The manager/director interviewed stated a Māori health advisor is available if needed. At the time of the audit there were residents who identified as Māori, however no staff identified as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by</p>	FA	<p>Policies and procedures are clearly documented in the policy manual to guide staff when Pacific people are admitted to this rest home. The Fonofale model of care is adopted by the organisation and outlines cultural requirements for each individual Pacific country. On the day of the audit, there were no residents who identified as Pasifika. Staff members represented a diverse number of cultures such as Samoan, Tongan, Fijian Indian and Indian. The manager/director interviewed identified as Fijian Indian and is currently continually to grow and strengthen the links and</p>

<p>Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>engagement with Pacific communities in this district.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>All staff interviewed at Turama House Rest Home understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents 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.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff 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. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The nurse manager 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. 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. The policy applies to all staff, contractors, visitors, and residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p>	<p>FA</p>	<p>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation, service plans were signed by residents who were competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent. Residents and family confirmed being provided with information</p>

<p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>and being involved in making decisions about their care.</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 complaint/compliment management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code of Health and Disability Services Consumers' Rights which is the right to complain and to be taken seriously and to receive a timely response.</p> <p>The Code was displayed in te reo and English in the dining room. A poster and pamphlets about 'Making a complaint about your residential care' is displayed, was readily available and has been translated into a variety of languages and formats.</p> <p>The manager interviewed is responsible for complaints but will be handing this process on to the nurse manager, once fully orientated to the role. There have been eight verbal complaints received since the previous audit. All complaints have been addressed and closed out. There have been no external complaints received. Compliments are recorded and fed back to staff at the staff meetings.</p> <p>Residents interviewed stated they were fully informed about the complaints process and where to locate the forms if needed.</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</p>	<p>FA</p>	<p>Alaama Care Limited owns and operates Turama House Rest Home. The company has owned this facility for seven years. The owner/director present at the audit, discussed the business plan for 2023 to 2024. The plan was reviewed January 2024. The business plan clearly states the aims and objectives. The director has a commitment to quality and risk management and continuous improvement. Family/residents are encouraged to provide</p>

<p>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>feedback and to participate when able to achieve good outcomes of service delivery.</p> <p>The service provider provides equitable services for Māori, as documented in policy, and aims to reduce any barriers for those who identify as Māori and those with disabilities. There is a Māori advisor accessible to the director when needed. The cultural safety policies are available for staff to access, and the staff induction includes on-line education on Te Tiriti o Waitangi.</p> <p>The service has contracts with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland) to provide rest home level care, respite care, Long-Term Support Chronic Health Care (LTSCHC) and younger person disabled (YPD) care for up to 36 residents. On the day of the audit there were 34 residents total consisting of one YPD (Tiakura Trust), five LTSCHC and 28 rest home level care residents.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Alaama Care Limited’s risk management plan 2024 to 2025 was signed off on 28 February 2024 and is now fully implemented. The plan includes critical success factors, strategic objectives, performance measures, targets and improved actions. Residents and employees are given the opportunity to have some input into the setting of objectives and goals by making suggestions and recommendations at meetings. Minutes of the staff and resident meetings were reviewed.</p> <p>The quality and risk system reflects the principles of continuous improvement and is understood by staff interviewed. This includes management of incidents, complaints and internal audit activities, monitoring of outcomes, clinical incidents, such as medication errors, health and safety issues, maintenance issues, falls and infection prevention and control outcomes. Relevant corrective actions were developed and implemented as necessary and demonstrated a continuous process of quality improvement is occurring.</p> <p>Policies and procedures described essential notification reporting and the manager/director had a good knowledge of what was required and advised that there have been two notifications to HealthCERT January 2023 advising of the previous nurse manager role, and 26 October 2023 advising the appointment of the current nurse manager. The manager interviewed</p>

		was well informed about the internal incident/accident management processes and had knowledge regarding the National Adverse Events Reporting Policy implemented 1 July 2023.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented rationale for determining staffing levels and skill mixes to provide safe, person and family-centred services. The nurse manager is on call seven days a week, twenty-four hours a day for any clinical concerns. The manager is on call for non-clinical issues. The nurse manager is responsible for the interRAI assessments on admission for all residents, and the re-assessments six-monthly. The nurse manager works Monday to Thursday. There is always a senior health care assistant on each shift including the night shift. Eight weeks' rosters were documented and reviewed. Planned and unplanned staff absences were covered. There is a full time cook and a full time cleaner. Health care assistants complete the laundry duties. There are currently activities provided every Thursday and Saturday and from 2 April 2024, one of the two activities coordinators is increasing hours to cover another three days a week, which will total five days a week for the activities programme to be implemented.</p> <p>The nurse manager maintains staff training records. Attendance records were completed for each training and development session provided. All staff have completed the relevant competencies such as infection prevention, cultural safety, restraint elimination and other topics. The in-service programme was documented and displayed in the main office. The programme covers both mandatory and elective topics and meets the obligations for the service contract. On-line learning opportunities are also available for staff to complete at their own pace. All staff have completed first aid courses. There were always first aiders on every shift at this rest home. Online Ministry of Health (MoH) courses on Te Tiriti have been completed by some staff and certificates were sighted. The manager and nurse manager were both committed to ongoing learning for all staff.</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</p>	FA	<p>A system is in place to review and record all health professionals' annual practising certificates. This includes health professionals employed and/or contracted staff. All current records were current and well maintained. The recruitment process was explained by the manager, and this includes</p>

<p>diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. 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>reference checks, ethnicity, police vetting and validation of qualifications and practising certificates where required.</p> <p>All staff have received a full induction/orientation and staff interviewed reported that the orientation prepared them well for their role and included support from a 'buddy' through the initial orientation period. A core number of staff have been employed for over 10 years. Staff records randomly sampled and reviewed confirmed the organisation's policies and procedures are being consistently implemented and records are systematically maintained.</p> <p>Staff performance is reviewed annually for all staff employed. Job descriptions were provided for each role.</p> <p>Personal staff records were stored securely as per the Health Information Standards Organisation (HISO) requirements and confidentiality was maintained.</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. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau/lasting power of attorney (EPOA). Long-term care plans were also developed, and six-monthly evaluation processes ensure that assessments reflected the residents' daily care needs. Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care.</p> <p>The general practitioner (GP) completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, that medical orders were followed, and care was resident centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary</p>

		<p>team (MDT) meetings were completed six-monthly.</p> <p>The nurse manager (NM) 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 three weeks. Any change in condition was reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family were included and informed of all changes.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or 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 and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</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>	FA	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Administration records were maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication competencies were current, completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines were</p>

		<p>returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The health care assistant (HCA) was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were no residents self-administering medication on the audit day. There is a self-medication policy in place, and this was sighted. There were no standing orders in use.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The 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 29 June 2024.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. Snacks and drinks were available for residents throughout the day and night when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents’ needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>A current building warrant of fitness that expires 15 June 2024 is displayed. Appropriate systems were in place to ensure the residents' physical environment facilities are fit for purpose. An environmental check occurs three-monthly. There was a proactive and reactive maintenance programme, and buildings, plant and equipment are maintained to an adequate standard. Legislative requirements are met. The testing and tagging of electrical equipment occurred 20 October 2023 and medical equipment requiring calibration was checked June 2023. This was confirmed in documentation reviewed, interviews with staff and observation of the environment.</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>	FA	<p>The service has a clearly defined and documented infection prevention and control (IPC) programme implemented that was developed with input from external IPC services. The IPC programme was approved by the management and is linked to the quality improvement programme. The IPC programme was current. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practices. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. 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. This was confirmed in interviews with residents.</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>	FA	<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</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>of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.</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 was completed by comparing with previous monthly results.</p> <p>There were COVID-19 infection outbreaks reported. These were managed in accordance with the pandemic plan with appropriate notification completed.</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 aim of this rest home service is to maintain a restraint-free environment. The manager is committed to this aim. At the time of the audit no residents were using a restraint. The restraint register reviewed demonstrated that no form of restraint has been used for more than seven years. The nurse manager is the restraint coordinator and has a job description. Full training is provided to all staff at commencement of employment and this training is ongoing. Staff interviewed understood de-escalation techniques and how to use these techniques if needed.</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.

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, 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.