

Gwynn Holdings Limited - Rata Park Rest Home

Introduction

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

The audit has been conducted by 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: Gwynn Holdings Limited

Premises audited: Rata Park Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 7 March 2024 End date: 7 March 2024

Proposed changes to current services (if any): This audit also verified the reconfiguration of services. A further four rest home rooms joined to the current facility will be utilised as a wing for younger residents with disabilities (YPD), and a one self-contained unit for rest home level care. This increases their total beds from 20 to 25.

Total beds occupied across all premises included in the audit on the first day of the audit: 20



Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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

Rata Park Rest Home is certified to provide rest home level care for up to 20 residents. On the day of the audit there were 20 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the services contract with Health New Zealand Te Whatu Ora - Southern. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with the general practitioner, residents, family/whānau, the facility manager/owner.

This audit also verified the reconfiguration of a further four rest home beds attached to the current facility as a wing for younger residents with disabilities, and the one self-contained unit for rest home level care. All were verified as suitable for that purpose. This increases bed numbers from 20 to 25. Refurbishments are still in process and are required to be completed prior to occupancy.

The facility manager/owner is an experienced owner operator, and also a registered nurse and oversees the day-to-day operations of the facility. The facility manager/owner has an experienced team of health care assistants and support staff including a motivational therapist. Quality systems and processes are being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An orientation and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified improvements in relation to admission agreements, care plan interventions, and frequency of RN documentation.

Ō tātou motika | Our rights

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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Rata Park provides an environment supporting resident rights and safe care. Details relating to the Health and Disability Commissioner’s Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Rata Park works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is in place. Services and support are provided to people in a way that is inclusive and respects their identity and experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The facility and staff listen to and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Subsections applicable to this service fully attained.</p>
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The business plan 2023-2025 includes key objectives/strategies that are regularly reviewed. Data is collected in relation to any complaints, accidents, incidents, and infections. Progress is monitored via internal audits and the collation of clinical indicator data. Corrective actions are implemented where opportunities for improvements are identified. Quality data and results are shared in the monthly general staff/quality improvement meetings. A health and safety programme is being implemented. Hazards are identified with appropriate interventions implemented. A staffing and rostering policy is in place. Safe staffing levels were evident, and the facility manager/owner lives on site and is available at least five days a week and provides on call. The facility manager/owner ensures there is a registered nurse on-call for cover when not available on site. There are human resource policies including recruitment, job descriptions, selection, orientation and staff training and development. An orientation programme is implemented, and a staff education/training programme is in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Entry and decline processes are in place. The facility owner/manager (registered nurse) is responsible for all assessments, monitoring, and reviews. The service uses a multidisciplinary approach.

Assessments, care plans and reviews have been completed in a timely manner. The motivational therapist provides a varied programme which includes outings and trips to various local events and places of interest. There is a good range of activities on offer which considers residents preferences, hobbies strengths and interests.

There is an electronic medication system in place. All medications are stored, prescribed, and administered appropriately. All staff who administer medications have current competencies.

All food and baking is prepared and cooked onsite. A current food control plan is in place. Residents were complimentary of the food.

Transfers and discharges are coordinated in a safe manner in collaboration with the resident and family/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk.
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Rata Park is an environment that is safe and fit for purpose. There is a current building warrant of fitness. The facility is designed and maintained in a manner that supports independence. All resident rooms have call bells within easy reach of residents.

Resident rooms are personalised and reflect cultural preferences. External areas are safe and well maintained, with shade and seating available. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are conveniently located. Systems and supplies are in place for essential, emergency and security services. Testing, tagging, and calibration is completed as required. Security checks are performed by staff and security lights are installed internally and externally throughout the facility. There is always a staff member on duty with a current first aid certificate.

Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system with timely response times.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. Appropriate security measures are implemented.

There is a current building warrant of fitness in place. All equipment is tagged tested and calibrated as scheduled. Preventative and reactive maintenance occurs. The facility provides easy access to all resident areas for residents using mobility aids. The outdoor areas are well maintained and provide seating and shade. Emergency plans are in place. Fire drills are held six monthly. The facility is secure from dusk till dawn.

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.
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The infection prevention and control programme is implemented and meets the needs of Rata Park and provides information and resources to inform the service. Staff demonstrated good understanding about the principles and practice around infection prevention and control; this is guided by relevant policies and supported through regular education. Health New Zealand - Southern staff provide external support and expertise. Infection prevention and control practices support tikanga guidelines.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on in a timely manner with staff. Internal benchmarking and comparison of data occurs with appropriate follow-up actions taken. Anti-microbial usage is monitored.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There has been no outbreaks since the last audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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There are policies and procedures in place to guide staff around restraint. The service remains restraint-free. The facility manager/owner is the restraint coordinator. The staff have completed restraint minimisation training.

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	23	0	3	1	0	0
Criteria	0	161	0	6	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan and associated cultural policies are documented for the service. The management and staff at Rata Park are committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. At the time of the audit there were Māori residents.</p> <p>Key relationships with Māori are in place. Cultural advice is available through a variety of local Māori agencies. The facility has links with a local kaumātua who provides support and guidance for staff, residents and whānau.</p> <p>The facility manager/owner and staff have completed cultural safety training, including Te Tiriti o Waitangi training. This training takes place during staff orientation and continues as regular in-service topics. Te Tiriti o Waitangi training covers how the principles of partnership, protection and participation are enacted in the work with residents. Staff members’ cultural expertise is monitored through cultural competency assessments.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members through connections in the community. Residents and whānau are involved in providing input into the</p>

		<p>resident's care planning, their activities, and their dietary needs, this was evidenced in interviews with six residents and four family/whānau. The facility owner/manager, two health care assistants, the motivational therapist, cook described how the delivery of care is based on each resident's values and beliefs</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika people. Pacific culture, language, faith, and family/whānau values form the basis of their health plan. The Pacific health plan has had input from the Pacific community and staff. The plan addresses equity of access, reflecting the needs of Pasifika, collaboration with spiritual leaders and operating in ways that are culturally safe.</p> <p>All residents state their ethnicity, and it is recorded at admission. Individual cultural beliefs are documented for all residents in their care and activities plan. There were no residents or staff who identified as Pasifika at the time of the audit. The service has connections with the Pacific Island Advisory & Cultural Trust for any support and guidance for Pasifika people.</p> <p>Interviews with management, four staff, including two health care assistants, one motivational therapist, one cook confirmed the service puts people using the services and the local community at the heart of their services.</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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager/owner discusses aspects of the Code with residents and their family/whānau on admission. Residents or their enduring power of attorney (EPOA) sign to acknowledge they have been provided with written information explaining the Code and its application to an aged care environment. Interviews with residents confirmed their understanding of their</p>

		<p>rights. Discussions relating to the Code are held during the quarterly resident meetings.</p> <p>All residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. There are links to spiritual supports. Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process, with contact details included on the complaints form. The service recognises Māori mana motuhake as evidenced in the Māori health plan and through interviewing the facility manager/owner.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The health care assistants interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care. The motivational therapist works alongside the residents to have control and choice over the activities they participate in. On the day of the audit, it was observed that residents are treated with dignity and respect. Family/whānau 2023 and 2024 satisfaction survey results confirm that residents are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place. Sexuality and intimacy are addressed in residents care plans. At interview, the health care assistants stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. The residents who were interviewed confirmed that the service upheld their values and beliefs were considered and met. Privacy is ensured and independence is encouraged. The residents'</p>

		files reviewed identified residents' preferred names. Information regarding values and beliefs is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Te reo Māori signage is evident throughout the facility and use of the language is promoted. Te Tiriti o Waitangi and tikanga Māori training are included in the education planner. The Māori health plan acknowledges te ao Māori; referencing the interconnectedness and interrelationship of all living and non-living things.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Rata Park policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities, and cultural days are completed to celebrate diversity within the service. A code of conduct is discussed with staff during their orientation to the service and addresses the service's zero tolerance to harassment, racism, and bullying. This document is signed and held in their employee file. Education is provided to staff on how to value older people, showing them respect and dignity.</p> <p>The residents and family/whānau when interviewed confirmed staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the facility manager/owner and staff confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my</p>	FA	<p>Information is provided to residents and family/whānau on admission. Feedback from residents is provided at the quarterly resident meetings and any concerns are followed up by the facility manager/owner. Policies and procedures relating to</p>

<p>wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any adverse event that occurs. Accident/incident forms have a section to indicate if family/whānau have been informed (or not). Family/whānau interviewed stated that they are kept informed when their family/whānau member's health status changes or if there has been an adverse event. The accident/incident forms reviewed evidenced this.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Health professionals involved with the residents may include specialist services (e.g., mental health team). The facility manager/owner described an implemented process for providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Policies around informed consent and advance directives are in place. Admission agreements, informed consents, resuscitation plans, advance directives, copies of enduring power of attorneys and activation letters, and welfare guardianship documentation were evidenced in the resident files reviewed. These forms had been signed appropriately by the resident or the activated power of attorney (EPOA) or welfare guardian. Consent forms for Covid-19 and influenza vaccinations were on file where appropriate. Residents and family/whānau interviewed described their understanding of informed consent and their rights regarding choice. In the files reviewed there are advance care plans or shared goals of care in place to guide staff.</p> <p>Best practice tikanga guidelines welcoming the involvement of family/whānau in the decision-making process where the person receiving the services wishes to have them involved are in place. Discussion with residents and family/whānau confirmed they are</p>

		involved in the decision-making processes and the planning of care with residents' consent.
<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>The complaints procedure is provided to all residents and family/whānau on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The facility manager/owner maintains a complaints' register containing all appropriate documentation, including formal acknowledgement, investigation, and resolution of previous complaints in accordance with guidelines set by the and Health and Disability Commissioner (HDC) and the organisation's own policy and procedures. One complaint had been made to the National Advocacy Service and has been resolved. There have been no complaints made since the last audit in November 2022. Discussions with the facility manager/owner evidenced there is a good understanding of the complaints process and management, including management of any external complaints. Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility.</p> <p>A variety of avenues are available for residents to be able to lodge a complaint or express a concern (e.g., verbally, in writing, through an advocate). Resident meetings are held and are other avenues to provide residents with the opportunity to voice their concerns. The facility manager/owner has an open-door policy and encourages residents and family/whānau to discuss any concerns. This was observed during the audit. The complaints process is linked to the quality and risk management system. Combined staff, quality, health and safety and infection control meetings minutes cover discussions relating to any complaints lodged.</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</p>	FA	<p>Rata Park Rest Home provides rest home care for up to 20 residents. On the day of audit there were 20 residents, including two residents on younger persons with a disability contracts (YPD) through Accessibility and one resident on respite. All other residents</p>

<p>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>are on the age-related residential contract (ARRC). There are five shared rooms; all residents sharing rooms have consents in place.</p> <p>The provider requested reconfiguration of a further four rest home beds in an attached wing that will be used for YPD residents and a rest home self-contained unit. These have been verified as suitable for that purpose (4.1.1 and 4.2.1). The service is not applying for residential disability- physical level care as they intend to only have up to four YPD residents at any given time. Overall bed numbers will increase from 20 rest home beds to 25 beds.</p> <p>The service is set in a rural setting and has “Country living, family values” as their philosophy. The service tailors the care to suit residents’ individual needs and ability; identifying and reducing any barriers to care or information to provide equitable services for all residents as evidenced through policy and interview with one of the owners.</p> <p>The owners (husband and wife) are both registered nurses (RN) and have owned the facility for thirteen years. The husband (facility owner/manager) has oversight of the day to day running of the facility and implementation of the quality programme. The facility manager/owners confirmed their knowledge of the sector, regulatory, Health New Zealand and other mandatory reporting body requirements. The facility manager/owner is supported by the other owner/registered nurse when necessary and she provides clinical support, review of clinical risk and out of hours on call.</p> <p>Outcomes for tāngata whaikaha are optimised through a regular clinical assessment and review process. The owners are supported by a team of experienced long standing healthcare assistants. The management team have maintained at least eight hours of professional development in relation to management of a rest home, including infection prevention control and cultural training.</p> <p>The mission, philosophy, values, and goals are identified in the quality and risk management plan. The 2023 – 2025 business plan describes the purpose, values, scope, direction, and goals. Organisational performance is regularly monitored against the direction and goals. The business plan documents key objectives/strategies that support outcomes to achieve equity</p>
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		<p>addressing barriers for Māori. The business plan also reflects a management commitment to collaborate with whānau to participate in planning, monitoring, and evaluation of the service delivery. Cultural safety is embedded within the documented quality programme and staff training. The facility manager/owner and staff have completed a cultural competency and cultural training to ensure that they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety.</p> <p>The service has an annual business plan and quality and risk management plan that include goals that are reviewed annually. The 2023 goals are being implemented. The Whakamaua; Māori Health Action Plan 2020-2025 has been adopted. This is comprehensive and includes commitment to provision of equitable services for Māori and tāngata whaikaha, as evidenced in resident care plans, policies and confirmed during interviews with the manager and staff. Rata Park has links with a local kaumātua who provides support and guidance as necessary to support the provision of equitable delivery of care and input if required to organisational operational policies.</p> <p>Rata Park has effective communication systems and working relationships to deliver coordinated services. A governance policy with clearly defined roles and responsibilities is in place.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Rata Park is implementing a quality and risk management programme developed by an external contractor. The quality system includes performance monitoring, internal audits, resident satisfaction, staff retention and the collection, collation, and benchmarking of clinical indicator data. The analysis of data indicates a health equity approach to care of the residents. Results from internal audits, clinical indicator data, surveys and corrective actions identified and implemented are shared in the monthly general staff and combined management/quality improvement meetings. Quality data and trends are shared at staff meetings and the information is available in the staff office.</p> <p>Policies and procedures and associated implementation systems provide a satisfactory level of assurance that the facility is meeting</p>

		<p>accepted good practice and adhering to relevant standards. A document control system is in place. Policies are developed and reviewed by the external contractor and the management team, and have been updated to meet the Ngā Paerewa Health and Disability Services Standard 2021. New policies or changes to policy are communicated to staff, evidenced in meeting minutes. Resident and family/whānau surveys have been completed in February 2024. Overall, the satisfaction was of a positive level. There were no corrective actions required from the surveys.</p> <p>A health and safety system is being implemented. The facility manager/owner has attended health and safety training. There are regular manual handling training sessions for staff. Hazard identification forms and an up-to-date hazard register are in place, last reviewed in October 2023. Hazards are classified by their risk and priority. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed at the combined staff, quality meetings. In the event of a staff accident or incident, a debrief process is implemented and actioned. Accident/incident reports are completed for adverse events as evidenced in the accident /incident forms reviewed. Incident and accident data is collated monthly and analysed. The service identifies risks and opportunities including potential inequities and develops strategies and plans to respond to them. Staff's cultural competency is assessed to ensure a high-quality service is provided for Māori. Te ao Māori and Te Tiriti o Waitangi are included in the education plan.</p> <p>Discussions with the facility manager/owner evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications completed to notify HealthCERT since March 2023, previous ones were all related to the behaviours of three residents which have now settled. There have been no outbreaks since the last audit.</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>FA</p>	<p>There is a staffing rationale policy that includes staff skill mix, staffing levels and includes a procedure for replacing and increasing staff on short notice (e.g., when a resident's acuity changes). The roster provides sufficient and appropriate cover for the effective delivery of</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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>care and support. The facility manager/owner communicates any changes to staffing levels/changes to residents formally through regular resident and family/whānau meetings and informally through daily activities. The facility manager/owner works full time from Monday to Friday, as he lives on site. He also provides on-call for any clinical support required. When the facility, manager/owner is off site for any period of time one of the senior health care assistants provides the leadership role. Staffing is flexible to meet the acuity and needs of the residents, this was confirmed during interviews with the facility manager/owners and staff. Interviews with residents and family/whānau confirmed staffing overall was satisfactory.</p> <p>There is an annual education and training schedule being implemented for 2023 and 2024 with all mandatory training completed. The service provides face to face training at the monthly general staff meeting. A competency programme is in place. Core competencies have been completed (medication, restraint, infection control and manual handling), and a record of completion is maintained. The service invests in staff health equity expertise and sharing of high-quality Māori health information through its cultural training programmes and cultural competency assessments. The service supports and encourages health care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. There are nine health care assistants in total including four who are level 4 and three have achieved level 3, and two others have experience in aged care.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information, which includes training in relation to Māori health outcomes and disparities and health equity. A first aid trained staff member is rostered on each shift over 24 hours per day. The facility/owner/manager has completed interRAI training. The facility manager/owner has training opportunities provided through Health New Zealand– Southern. Staff wellbeing programmes include offering employees counselling services, maintaining an ‘open-door’ relationship, and celebrating holidays as a group. Staff commented that they celebrate the cultural diversity of staff and residents through food and dress. Staff interviews confirmed that they feel supported by the manager. Staff turnover is reported as</p>
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		low.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resource policies are in place and include recruitment, selection, orientation and staff training and development. Staff files are held securely. Five staff files were reviewed (three health care assistants, one motivational therapist and one cook) and evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Job descriptions are in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for health professionals (facility manager/owner, general practitioner, and pharmacist). All staff undergo an annual appraisal. In the staff files reviewed, all staff who have been employed for over one year had an annual performance appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and are repeated annually. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained. Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy. Archived records are stored securely on site for a minimum of 10 years. Electronic information is backed up using cloud-based technology. All electronic information is individually password protected. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours</p>

		of entry into the resident's individual record. An initial care plan is also developed during this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	PA Low	<p>The service has policies and procedures in relation to admission and decline of residents. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information is provided for family/whānau and residents prior to admission or on entry to the service. The admission agreement aligns with all contractual requirements. Exclusions from the service are included in the admission agreement and in the information pack; however, not all admission agreements could be located.</p> <p>The residents and family/whānau interviewed confirmed they received information prior to, and on entry to the service. Policies and procedures are in place to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager/owner (RN) is available to answer any questions regarding the admission process. The service communicates with potential residents and family/whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria.</p> <p>Ethnicity information has not needed to be collected at the time of inquiry as the facility manager/owner reports there has been no residents declined; however, was aware of the process. There is a policy in place to document this should a resident be declined. There are established links with local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents.</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</p>	PA Moderate	Five electronic resident files were reviewed including one resident on a younger person with a disability (YPD) contract and one resident on respite. The facility manager/owner (RN) is responsible for

<p>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>completing all assessments, care planning and evaluation.</p> <p>Initial assessments and care plans were completed on admission to the facility. All residents (except the YPD and respite residents) had interRAI assessments and reassessments completed within expected timeframes. Long term care plans had been developed within three weeks of admission. The electronic care plan template is holistic and has sections to include the resident's cultural and spiritual preferences; however, not all care plan interventions aligned with resident's current needs. Care plan evaluations were completed; however resident progression towards meeting goals were not always documented. Residents' and family/whānau representatives of choice or EPOAs were involved in the assessment and care planning processes. The residents without interRAI assessments had appropriate risk assessments completed and a care plan was documented. Short-term care plans were completed for acute conditions, such as weight loss and challenging behaviours.</p> <p>The residents were assessed by the contracted general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. The GP provides medical oversight when required. After hours and weekend on-call cover is provided by after-hours service. The GP who has provided services to Rata Park for many years was complimentary of the service during interview. The facility manager/owner lives in the house adjacent to the facility and provides call clinical and non-clinical matters. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has access to a physiotherapist when required. A podiatrist visits as required. The dietitian, speech language therapist and the mental health team are available as required through Health New Zealand - Southern.</p> <p>Staff are guided by the Māori health plan and cultural safety policy and confirmed their understanding of the processes to support residents and whānau to include residents pae ora outcomes in their care plans. Cultural information for residents who identified as Māori included the person's iwi, information relating to the whānau and other important aspects for the resident. The care plans sampled evidenced partnership and participation of tāngata whaikaha and</p>
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		<p>whānau in planning their care and making decisions over their support. Barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified, and strategies to manage these were documented. Staff interviewed confirmed they understood the process to support residents and whānau.</p> <p>Health care assistants (HCAs) described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. This was observed on the day of the audit. Residents' care was evaluated on each shift and reported in the progress notes by the HCAs. Any changes noted were reported to the facility manager/owner as confirmed in the records sampled. The RN records progress notes following GP consultation or following events; however, there was no documented evidence of an RN overview of residents on a regular basis in the resident files reviewed.</p> <p>A wound register was in place. There were no residents with wounds on the day of the audit. Access to the wound specialist nurses from Health New Zealand - Southern is available. Visual checks confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>There are a range of monitoring charts available including (but not limited to) blood pressure; weight; food and fluid chart; blood sugar levels; and toileting regime. Monitoring charts were completed as scheduled and were completed as instructed in the care plans. There is a range of equipment and resources available. Incident reports reviewed evidenced timely follow up and investigation by the facility manager/owner, and neurological observations were recorded as per policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and</p>	<p>FA</p>	<p>The motivational therapist has been in the role for a year and is completing a diversional therapy course through CareerForce. The motivational therapist works between 32 to 40 hours a week</p>

<p>activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>depending on resident need, events in the community, and outings. The motivational therapist is enrolled to attend the DT conference later this year.</p> <p>Due to the small number of residents, there is no formal activity planner in place; however individual likes and preferences of activities are well known to staff and are documented in the resident's electronic care plan. The motivational therapist asks the residents what they would like to do, ensuring there is a good mix of exercises such as Tai Chi, and seated exercises. There are a variety of indoor and outdoor activities on offer. An attendance record is maintained.</p> <p>Outdoor activities include feeding the animals (alpacas, goats, and pigs), gardening, outdoor games, swimming group and outings to the movies, café, and shops. Indoor activities include movies, indoor group games, pet therapy, newspaper reading and household chores such as folding the washing and setting the tables.</p> <p>The younger residents take a pride in folding towels and putting tablecloths on the dining tables and setting the tables for residents to enjoy their meals. The residents have been utilising the polytunnels in the garden and growing vegetables for the kitchen to use. One younger resident attends school. This year the residents had entries for baking, craft and vegetables entered in the local A&P show winning 4th place for their vegetables.</p> <p>A wide range of cultural events are celebrated, and these include Matariki Day, Waitangi Day, Māori language week and other cultural celebration days relevant to residents and staff. Church services are held.</p> <p>The service has applied for a reconfiguration to accommodate up to four YPD residents. These residents will be able to choose if they want to join activities in the facility or have separate activities in their own wing. There is a current member of staff who is a qualified physiotherapist working as a HCA who will be assigned oversight of the YPD residents.</p> <p>There is a large bus and two smaller vans to take residents on outings. The two smaller vans have wheelchair hoists. The health care assistants and motivational therapist all have current first aid</p>
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		certificates.
<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>There are policies and procedures in place for safe medicine management. Medications are stored safely. Health care assistants who have completed medication competencies and the facility manager/owner are responsible for medication administration. Education around safe medication administration has been provided.</p> <p>Medications were appropriately stored in the medication area. All medications are checked on delivery against the prescription and signed on the pack and electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. The current medication area will store medications for the YPD residents in the reconfigured YPD wing. Medications will continue to be administered from the medication trolley or if the residents choose to self-administer medications, there will be a lockable storage area provided in their rooms.</p> <p>All eyedrops and creams have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, are reviewed, and prescribed by the GP. The medication charts reviewed identified that the GP had reviewed them three-monthly and current photographic identification was present in all the medication files reviewed. All medication files had 'as required' medications that had prescribed indications for use. The effectiveness of 'as required' medication was documented in all the files reviewed on the electronic medication system. No standing orders are used. There is a policy and procedure documented in relation to residents' self-administration of medication. There were no residents self-administering medications on the days of the audit.</p> <p>The clinical files included documented evidence that residents and family/whānau are updated about medication changes, including the reason for changing medications and side effects. The facility manager/owner described an understanding of working in partnership with all residents to ensure the appropriate support is in place if needed, advice is timely and easily accessed, and treatment</p>

		is prioritised to achieve better health outcomes.
<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 meals and baking at Rata Park are all prepared and cooked on site. The menu follows summer and winter patterns in a four-weekly cycle and has been reviewed by a qualified dietitian. The kitchen is situated adjacent to the dining room and meals are served directly to residents in the dining room. Both cooks work to cover seven days of the week. Both cooks have received cultural and food safety training. Tikanga guidelines are available to staff who understand the intent of tapu and noa. On the day of audit, meals were observed to be tasty and well presented.</p> <p>Food procurement, production, preparation, storage, transportation, delivery, and disposal complies with current legislation and guidelines. The current food control plan was verified on 18 January 2024. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and well equipped. The cook was observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A nutritional profile is completed and shared with the cooks and any requirements are accommodated in daily meal plans. Copies of individual dietary profiles were available in the kitchen folder. The cook interviewed was aware of the residents’ preferences and of a resident losing weight. Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes or religious preferences. Health care assistants interviewed confirmed their understanding of tikanga guidelines in terms of everyday practice.</p> <p>Kitchen fridge and freezer temperatures are monitored and recorded daily on the temperature monitoring records. Food temperatures are checked at all meals. These are all within safe limits. The cooks and health care assistants were observed wearing correct personal</p>

		<p>protective clothing in the kitchen and as they were serving meals. Staff were observed assisting a resident with their meal. Modified utensils, such as lip plates, are available for residents to maintain independence with meals. Health care assistants interviewed are knowledgeable regarding a resident's food portion size and normal food and fluid intake and confirm they report any changes in eating habits to the RN and record this in progress notes.</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>Planned discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. There is a policy and procedure documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner by the facility manager/owner. The facility manager/owner explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. The handover was evidenced on the day of the audit.</p> <p>When residents are transferred to acute services, the “yellow envelope” Health New Zealand – Southern transfer documentation system is used. The facility manager/owner reported that an escort is provided for transfers as required. Transfer documentation in the sampled records showed the appropriate documentation and relevant clinical notes were provided to ensure the continuity of care.</p> <p>The residents (if appropriate) and families/whānau were involved for all discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well</p>	PA Low	<p>A current building warrant of fitness is displayed. Testing and tagging of electrical equipment has been completed as scheduled. Medical equipment, the sling hoist, syringe driver and stand on scales have all been checked and calibrated by an external provider. Interviews with healthcare assistants confirmed there is adequate equipment to carry out the cares according to the resident needs as identified in care plans. Fixtures and fittings are appropriate to meet the needs of</p>

<p>maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>the residents. Hot water temperature checks are recorded and are within expected ranges. The manager completes all reactive and preventative maintenance. Any breakages are written on the whiteboard and attended to promptly. External contractors are accessible 24 hours a day. Staff interviewed confirmed they know the processes they should follow if any repairs/maintenance is required and that requests are appropriately actioned by the manager or external contractors. An external contractor maintains the gardens.</p> <p>All resident areas are easily accessible for residents using mobility aids. The outdoor area is well maintained and has seating and shade. The lounge and separate dining room are spacious and provide adequate space for residents with mobility aids to move around freely. The décor is culturally appropriate.</p> <p>The facility is situated alongside a busy road. A gate has been installed, the residents ask for the code if they wish to go for a walk, and some residents know the code and leave the facility independently. Residents interviewed confirmed they are able to move freely around the facility and that the accommodation meets their needs and confirmed they have access to the gate code if they wish.</p> <p>Residents' rooms all have external windows and adequate heating. Residents are encouraged to decorate their rooms to their taste. There are five double rooms all with double occupancy during the audit. Privacy curtains are in place and each resident has access to a call bell. There are adequate shared toilet and wet area bathroom facilities to accommodate resident's needs. All toilets and bathrooms have locks and signage in place to indicate if the room is vacant or occupied.</p> <p>The service has applied for a reconfiguration which includes a self-contained unit which is situated at the rear of the facility. The unit is double glazed, spacious with an open plan kitchenette lounge area, one spacious bedroom with built in wardrobe and a wet area shower with basin and toilet. The unit has been wired and has floorings installed, the kitchenette area, fixtures and fittings and heating are yet to be installed. There is a small outdoor balcony area with steps down to the ground. There is no mobility ramp. Landscaping is yet to be completed including a path to the main facility. There is access to</p>
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		<p>the facility through a back door which leads into the lounge. There will be no cooking facilities in the unit. Only tea/coffee facilities.</p> <p>There is a recently refurbished five-bedroom house attached to the facility accessible through a fire door at the end of the corridor. This is the proposed four-bedroom YPD wing. There are four spacious bedrooms, each with built in wardrobes and external windows with views of the countryside. There is a large master bedroom with ensuite. All bedrooms and the ensuite facilities are suitable for residents' using wheelchairs and a hoist. The existing separate toilet and 'family' bathroom will be reconfigured to create a larger wet area shower room and toilet. The fifth bedroom is at the other end of the house beside the entrance to the facility which could be utilised for staff accommodation if required. There is a large room which will be furnished as a games room and a separate conservatory which is available as a quiet area. There is a spacious open plan kitchen and lounge area. The kitchen is large enough to provide space for residents using wheelchairs to access the fridge, and microwave. The large lounge will also accommodate a dining area for the residents to use. The doors and corridors are wide enough for wheelchairs to access all residents' areas. There is a large deck to the rear of the house. A balustrade, ramps, planting, seating, and shade are yet to be completed. The manager plans to have the buildings blessed once completed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence resources are available. There is a generator available if needed.</p> <p>There is an emergency management manual and a fire and evacuation manual. Fire system monitoring, and maintenance is provided by an external contractor. Emergency management training is provided to all staff during orientation and induction and as part of their ongoing training programme. Training includes fire drills and emergency evacuation drills. Adequate supplies of food and water was sighted during the audit in line with Ministry of Health recommendations.</p> <p>There is an approved New Zealand Fire Service fire evacuation</p>

		<p>scheme. The facility has emergency lighting, gas hot water heating and gas cooking facilities in the kitchen. Emergency food and water supplies are maintained and are sufficient for at least three days. The service has a diesel fire in the lounge. There is a staff member with a current first aid certificate 24/7. A Wi-Fi call bell system is available in all areas including bedrooms, toilets, bathrooms and communal lounges and dining areas, and will be installed in the self-contained unit and all areas in the YPD wing. The call bell system will last for 18 hours in the event of a power failure. Closed Circuit security cameras (CCTV) are installed in social areas.</p> <p>The self-contained unit and the YPD unit require sign off by the fire department. A fire drill is yet to be held in the YPD unit. Fire extinguishers are yet to be installed in the self-contained unit. Smoke alarms are in place and sprinkler systems have been installed, however not yet functional in the proposed YPD unit. The building is secured during the hours of darkness. Staff on afternoon and night duty conducts security checks.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The service has recently implemented a new suite of infection prevention and control policies provided by an external contractor. The policies reflect the requirements of the standards and are based on current accepted good practice and include anti-microbial stewardship requirements. Cultural advice is accessed where appropriate. Staff were familiar with policies and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</p> <p>The infection control and prevention programme is overseen by the facility manager/owner. The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control is linked into the quality risk and incident reporting systems. Infection prevention control audits are conducted. Infection rates are presented and discussed at integrated quality, infection control and staff meetings and reported to the facility manager/owner. This information is also available and</p>

		<p>shared with at handovers and meetings. Infection prevention and control is part of the strategic and quality plans. The service has access to an infection control specialist from Health New Zealand - Southern. Additional support and information is available through the microbiologist and public health team, as required.</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. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The facility manager/owner is the infection prevention and control coordinator and is responsible for overseeing and implementing the infection control programme. A position description for the infection prevention coordinator role, defines responsibilities and reporting requirements. The infection prevention and control coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The infection prevention and control programme has been approved by the owners and has been reviewed annually.</p> <p>The facility manager/owner has appropriate skills, knowledge, and qualifications for the role. Education has been attended through Health New Zealand - Southern on infection prevention and Covid - 19 pandemic, as verified in training records. Staff have received education around infection prevention and control at orientation and through ongoing annual education sessions. Education is provided by the facility manager/owner and is focussed on knowing and understanding the policies and procedures. Content of the training is documented and evaluated to ensure it is relevant, current, and understood. Additional staff education has been provided in response to Covid-19 pandemic. Education with residents was on an individual basis and has included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather. This was confirmed in the short-term care plans sampled.</p> <p>The facility manager/owner has input into other related clinical policies that impact on health care associated infection (HAI) risk and liaises with the external consultant on personal protective equipment (PPE) requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health</p>

		<p>New Zealand - Southern.</p> <p>Medical reusable devices and shared equipment is appropriately decontaminated and reprocessed appropriately based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination policy to guide staff. Hand hygiene, staff practice, and cleaning audits are completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique, and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The Māori health plan in use has guidance to practices regarded as tapu by Māori and are applicable to the infection control programme. For example, kitchen sinks/tubs are not to be used for personal items (clothes) and towels used for the perineum cannot be used for the face. The facility manager/owner reported residents who identify as Māori would be consulted on infection control requirements as needed. During interviews, staff understood these requirements. There are educational resources in te reo Māori and other languages to meet the facility's needs of the requirements.</p> <p>The facility manager/owner is planning to increase the number of rooms and add onsite chalets for rest home care and consideration has been given to and has been discussed with the Health New Zealand Te Whatu Ora -Southern infection prevention and control specialist in the early consultation regarding this</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials</p>	<p>FA</p>	<p>A policy and procedure regarding antimicrobial usage is in place. The infection control coordinator monitors compliance of antibiotic and antimicrobial use through evaluation of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the integrated quality, infection prevention and control and staff meetings. Results</p>

<p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>are discussed with the other owner. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from the incident reports, clinical and medication records. The facility manager/infection control prevention coordinator works in partnership with the GP to ensure best practice strategies are implemented.</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>Infection surveillance is an integral part of the infection prevention and control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at the integrated quality/staff meetings. Action plans are required for any infection rates of concern. The service captures ethnicity data and incorporates this into surveillance methods and data captured around infections.</p> <p>There has been one Covid – 19 and a norovirus outbreak since the previous audit. The pandemic plan was followed. There were clear communication pathways with responsibilities and included daily outbreak meetings and communication with residents, family/whānau, and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks, and family/whānau were kept informed by phone or email. Visiting was restricted. Residents were advised of any infections identified, as were family/whānau where required. This was confirmed in short-term care plans sampled and verified in interviews with residents and family/whānau.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances in place. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were</p>

<p>the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. There is enough PPE available which includes masks, gloves, and aprons. Staff demonstrated knowledge and understanding about donning and doffing of PPE.</p> <p>Suitable and safe storage for cleaning equipment and supplies is available. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. There is training for chemical use available to all staff. There are regular internal environmental audits for cleaning and laundry completed by the facility manager/owner. These did not reveal any significant issues.</p> <p>All personal laundry and linen are done on site. The laundry is operational seven days a week. Linen is distributed around the building in covered trollies. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection prevention and control coordinator. The washing machines and dryers are checked and serviced regularly. Laundry staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the external chemical supplier and the internal audit programme. The laundry staff and cleaning staff demonstrated awareness of the infection prevention and control protocols.</p> <p>Resident surveys and residents' interviews confirmed satisfaction with cleaning and laundry processes.</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</p>	<p>FA</p>	<p>The facility owner/manager (RN) is the restraint coordinator and is committed to providing care without the use of restraint. Rata Park has been restraint free for many years. On the day of the audit there was one younger resident using a wheelchair harness and lap harness for safety to enable transportation in the wheelchair and maintain activities of daily living (enabler). The harness is required by the resident for safety and to prevent further damage to their spine or</p>

<p>restraint in the context of aiming for elimination.</p>		<p>cause injury. The resident is able to request it's removal (link 3.2.3). Comprehensive progress notes were documented by the health care assistants which document when the resident is in the wheelchair, when the resident leaves the facility and returns and the resident's movements when they are in the facility and skin integrity.</p> <p>Any use of restraint is planned to be reported in the facility meetings. Policies are reflective of the Ngā Paerewa Health and Disability Services Standard 2021.</p> <p>The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the manager described ways of working in partnership with Māori, and indeed any resident and family/whanau to promote and ensure services are mana enhancing. Restraint minimisation is included as part of the training plan and orientation programme.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.1.1</p> <p>During the initial engagement prior to service entry, service providers shall ensure:</p> <p>(a) There is accurate information about the service available in a variety of accessible formats;</p> <p>(b) There are documented entry criteria that are clearly communicated to people, whānau, and, where appropriate, local communities and referral agencies.</p>	PA Low	The admission agreements sighted are comprehensive and aligns with contractual and legislative requirements. The general consent is included in the agreements; however, not all admission agreements could be located.	Two of five residents admitted to the service since the previous audit did not have admission agreements on file.	<p>Ensure all residents have an admission agreement on file.</p> <p>90 days</p>
Criterion 3.2.3	PA	The electronic care plans are developed by the facility	(i). One resident on a YPD contract did not have interventions	(i).- (iv). Ensure all care plan interventions are

<p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service</p>	<p>Moderate</p>	<p>manager/owner (RN) in partnership with the resident and family/whānau. The care plan template is holistic and has sections to cover all nursing, medical, spiritual cultural and social preferences; however, not all care plan interventions reviewed aligned with residents' current needs. The health care assistants interviewed were very knowledgeable of each residents needs and preferences, which was observed during the audit. This is a documentation issue only.</p>	<p>documented a). to illustrate/ describe the residents seating position and harness on the wheelchair, b). there was no past medical history, or medical notes available on file; therefore, no medical needs other than pain were documented in the care plan.</p> <p>(ii). One resident who had experienced chest pains did not have interventions documented around the management of this. The same resident did not have a). triggers of challenging behaviour identified, b). the resident's behaviours were not identified and c). there were no individualised triggers identified in the care plan.</p> <p>(iii). There were no interventions documented for a). undernutrition in the care plan that was identified as a trigger in the interRAI assessment, b). A supplement was prescribed and administered appropriately; however, this was not mentioned in the care plan. c). the progress notes describe the staff performing two hourly turns for a resident which are not documented in the care plan.</p> <p>(iv). One resident with insulin dependent diabetes had a). no signs and symptoms of hyperglycaemia and hypoglycaemia, b) no expected ranges for blood sugar levels and instructions of management of readings outside the recommended range.</p>	<p>reflective of residents' current needs.</p> <p>60 days</p>
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integration as required.				
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	PA Low	<p>Care plan evaluations are completed six monthly after the interRAI reassessment; however, residents' progression towards meeting goals were not consistently documented. Comprehensive progress notes are documented each shift by the health care assistants which provide a general overview of the residents' day and routines; however, there progress notes do not always evidence RN follow up and overview. The facility manager/owner (RN) reports (and confirmed by staff) they attend handover at least three times a week and is abreast of any changes to residents' condition.</p>	<p>(i). There are gaps of up to four weeks where the RN has not documented in the progress notes.</p> <p>(ii). Residents' progression towards meeting goals were not consistently documented in care plan evaluations.</p>	<p>(i). Ensure there are regular RN reviews of the residents documented in the progress notes. (ii). Ensure care plan evaluations include progression towards meeting goals.</p> <p>90 days</p>

<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>The self-contained unit to the rear of the facility is almost completed. The one-bedroom unit is spacious and has a wet area bathroom and a spacious open plan lounge kitchen area. Floorings have been installed. Not all fixtures and fittings have been installed. The four-bedroom wing will be the proposed YPD wing.</p> <p>There is a current building warrant of fitness is displayed. A code of compliance is yet to be obtained for the extension wing.</p>	<p>(i). The kitchen, heating, lighting, fixtures and fittings is yet to be installed to the one-bedroom self-contained unit.</p> <p>(ii). The existing separate toilet and 'family' bathroom in the four-bedroom wing has yet to be reconfigured to create a larger wet area shower room and toilet.</p> <p>(iii). A code of compliance is yet to be obtained for the extension wing.</p>	<p>(i). Ensure all fixtures, fittings, heating, and the kitchen area are installed and functional in the self-contained unit.</p> <p>(ii) Ensure the bathroom refurbishments are completed.</p> <p>(iii). Ensure a code of compliance is obtained for the extension wing.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Low</p>	<p>Ramp access is yet to be installed to the proposed games room and conservatory. There is a large deck area to the rear of the house which needs to have a balustrade, ramps and planting completed.</p>	<p>(i) There is a small outdoor balcony area off the one-bedroom unit with steps down to the ground. There is no ramp. (ii). The landscaping off the self-contained unit is yet to be completed including a path to the main facility. (iii) Ramps on the extended four-bedroom wing are yet to be installed to allow access to the games room and the conservatory. (vi). The decking to the rear of the four-bedroom wing is yet to be completed with balustrade, ramps, planting, seating and shade</p>	<p>(i), Ensure the one-bedroom unit includes mobility access. (ii). Ensure landscaping is completed including pathing; (iii) Ensure ramps are installed for access; (iv) Ensure the decking to the rear is safe.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved</p>	<p>PA Low</p>	<p>The current facility has a fire evacuation plan in place which has been approved by the fire department. The self-contained unit and the proposed YPD unit are yet to</p>	<p>(i). The fire evacuation plan is yet to be updated and approved by the fire department.</p> <p>(ii). The sprinklers are installed but not yet functional in the new wing and</p>	<p>(i). Ensure the fire evacuation plan is reviewed and approved by the fire department.</p> <p>(ii). Ensure sprinklers are</p>

<p>evacuation plan.</p>		<p>be approved by the fire department and fire drills will need to be held prior to occupancy. Sprinklers are not yet functional. Fire extinguishers is yet to be installed in the self-contained unit.</p>	<p>fire extinguishers are yet to be installed to the self-contained unit. (iii). Fire drills have yet to be held in the new areas.</p>	<p>functional and fire extinguishers are installed to the self-contained unit and the YPD wing. (iii). Ensure fire drills are held Prior to occupancy days</p>
<p>Criterion 4.2.5 An appropriate call system shall be available to summon assistance when required.</p>	<p>PA Low</p>	<p>Call bells will be installed using the current facility Wi-Fi call bell system</p>	<p>Call bells are not yet functioning in the new wing and self-contained unit.</p>	<p>Ensure call bells are functioning. Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.