# Lara Lodge 2017 Limited - Lara Lodge

## 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 HealthShare Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Lara Lodge 2017 Limited

**Premises audited:** Lara Lodge

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 10 April 2024 End date: 11 April 2024

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 21

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

## General overview of the audit

Lara Lodge provides rest home level care for up to twenty-three residents. The rest home is privately owned by two owners/directors who are directly involved in the day to day running of the home and the monitoring of organisational performance. There have been no significant changes to the scope or size of the service since the previous audit in 2021.

This certification audit was conducted against Ngā paerewa, the Health and Disability Services Standard and the providers agreement with Health New Zealand - Te Whatu Ora. The audit process included a sample of residents’ and staff files, observations, and interviews with residents, family/whānau, staff, the owners and a nurse practitioner. A registered nurse manages clinical oversight of the facility with support from an enrolled nurse. Residents and family/whānau were complimentary about the care provided.

There were two areas identified as requiring improvement. These were related to overdue staff performance reviews and recording the ethnicity of residents with infections.

## Ō tātou motika │ Our rights

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

The service works collaboratively with staff, residents, whānau and the local community to support and encourage a Māori world view of health in all aspects of service delivery. At least half of the workforce identify as Māori. All staff attend regular in-service education on Te Tiriti o Waitangi and the Code of Health and Disability Services Consumers’ Rights (the Code). Residents who identified as Māori said they were treated equitably and that their self-sovereignty/mana motuhake was supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori is incorporated in daily practices.

A clearly described Pacific Plan and related policies and procedures guide staff in delivering pacific models of care should any residents require this.

Residents and their family/whānau are informed of their rights according to the Code. Residents confirmed that they are treated with dignity and respect at all times. Consent is obtained where and when required. There was no evidence of abuse, neglect, or discrimination.

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

The complaints process meets the requirements of consumer rights legislation and these standards. There had been no formal complaints received since the previous audit in 2021.

## Hunga mahi me te hanganga │ Workforce and structure

|  |  |  |
| --- | --- | --- |
| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Some subsections applicable to this service partially attained and of low risk. |

The organisation is governed by the owners who monitor organisational performance and ensure ongoing compliance. The mission, values, scope and business goals of the organisation are documented and monitored by the owners for progress toward achievement.

There is a documented and implemented quality and risk management system which includes processes to meet these standards, the agreement with the funder, health and safety and other legislative and regulatory requirements. Quality data including incidents and infection events are analysed to identify trends. Incidents are being reliably reported and recorded in a timely manner.

Workforce planning is fair and equitable. Staff and management have the required skills and experience. A sufficient number of qualified staff are employed and rostered to be on site to meet the needs of residents 24 hours a day, seven days a week. Competencies are defined and monitored.

Management of health information meets these standards and the Health Records standard.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

|  |  |  |
| --- | --- | --- |
| Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. |  | Subsections applicable to this service fully attained. |

Each stage of service provision is managed by suitably qualified personnel who are competent to perform the function they manage. When residents enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their whānau.

Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Residents’ care is reviewed and evaluated on a regular basis. Residents are referred or transferred to other health services as required.

Planned activities provide residents with a variety of individual and group activities. The programme promotes residents to maintain their links with the community and meet the health needs and aspirations of Māori and whānau. Residents are supported to maintain and develop their interests and social activities suitable to their age and stage of life.

The service uses a pre-packaged medication system and an electronic medication management system. Medication is administered by staff who are competent. Medication reviews are completed by the medical practitioners in a timely manner.

The food service meets the nutritional needs of the residents with special needs and cultural needs catered for. Food is safely managed. Residents/whānau verified satisfaction with meals.

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

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

The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. There is a current building warrant of fitness. Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. Security is maintained. Hazards are identified

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

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

The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A suitably qualified registered nurse leads the programme which is reviewed annually. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support the outbreak management plan. Prescribed antibiotics are monitored, and occurrence of adverse effects are monitored.

Specialist infection prevention advice is accessed when needed. Staff understood the principles and practice around infection prevention. This is guided by relevant policies and supported through education. Waste and hazardous substances are managed safely as per council guidelines. Cleaning and laundry services are effective.

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required. Infection outbreaks reported since the previous audit were managed effectively.

## Here taratahi │ Restraint and seclusion

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| --- | --- | --- |
| Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained. |  | Subsections applicable to this service fully attained. |

The organisation has no history of restraint use. All staff receive training on the prevention of restraint and how to safely manage behaviours of concern.

## 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 | 25 | 0 | 2 | 0 | 0 | 0 |
| **Criteria** | 0 | 165 | 0 | 2 | 0 | 0 | 0 |

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

# Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA | The service has implemented policies and processes that enact Te Tiriti o Waitangi in all aspects. Staff attend regular education on Te Tiriti and cultural safety as it pertains to residents who identify as Māori. Interviews and observations confirmed the service is clearly Māori centred. There were a small number of residents who identified as Māori. These residents described how the service respects and upholds their mana motuhake/self-determination. Approximately half the staff are Māori and one of the directors/owners is of Ngati Whakaue decent. Lara lodge continues to work in collaboration with local Iwi and maintain regular contact with kaumatua for cultural advice and support. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | FA | At the time of this audit, there were no residents and a small number of staff who identified as Pasifika. The directors/owners facilitate equity for Pasifika people in their care by minimising any barriers that prevent access to health and disability services, ensuring that staff provide culturally safe and appropriate care interventions, and applying best known practice The organisations Pacific Health Policy, and care planning documents refer to Ola Manuia and the Pacific Health and Wellbeing Action Plan 2020-2025. These were developed in partnership with Pacific communities. The cultural policy differentiates values and worldviews across different Pacific Island nations and lists contact details for Pasifika groups available for guidance and consultation when required. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | The Code of Health and Disability Services Consumers' Rights (the Code) posters in English and te reo Māori languages were displayed around the facility. Staff have received training on the Code as part of the orientation process as was verified in staff files and interviews. Staff gave examples of how they incorporate residents’ rights in daily practice. The Nationwide Health and Disability Advocacy Service (Advocacy Service) and information on the Code is included in the admission agreement. Education to residents and staff through regular onsite visits from the local advocate was occurring. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. The clinical nurse lead stated that other opportunities to provide further explanation is provided as required. Residents and family/whānau reported that services were provided in a manner that complied with their rights. Residents and family/whānau receive information regarding their rights on admission as part of the admission pack.  Māori mana motuhake was observed in practice. Māori residents, family/whānau or legal representatives were involved in the assessment and care planning process. The Māori assessment plan is utilised for Māori residents to determine individual wishes and support needs. |
| Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | The initial admission assessment includes residents’ values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. These were documented in the residents’ care plans. Residents and family/whānau confirmed they were consulted on individual values and beliefs and staff respected these. Staff were observed respecting residents’ personal areas and privacy.  Residents are supported to maintain as much independence as possible. Residents can choose to attend to activities of choice and can perform own personal cares if competent to do so.  Te reo Māori, tikanga Māori and tāngata whaikaha participation in te ao Māori is encouraged through all activities. Staff were observed talking to Māori residents in te reo Māori on the days of the audit. Te reo Māori words with English translation were posted around the facility to increase residents and staff awareness. Staff have received education on cultural safety, equity and Te Tiriti o Waitangi. |
| Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse. | FA | Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are part of the orientation topics discussed with all new staff. These are documented in the employee handbook. In interview, staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, exploitation. A holistic approach to care incorporating Te Whare Tapa Wha model is used to ensure wellbeing outcomes for Māori.  Abuse and neglect policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation. Systems in place to protect residents from abuse, revictimization, institutional and systemic racism include staff training, the complaints management process, residents’ meetings, and satisfaction surveys. Residents and family/whānau stated that they have not witnessed any abuse or neglect, they are treated fairly, and they feel safe. There was no evidence of discrimination or abuse observed during the audit.  Residents are encouraged to have a sundry account that is kept safe in the office. They can access their money as desired. Residents’ property is recorded and labelled on admission. |
| Subsection 1.6: Effective communication occurs  The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | Residents are given an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. Other agencies involved in residents’ care were documented in residents’ records. Residents and family/whānau stated they were kept well informed about any changes to their, or their relative’s health status and were advised in a timely manner about any incidents or accidents and medical review outcomes. This was supported in residents’ records. Staff understood the principles of effective and open communication, which is described in policies and procedures that meet the requirements of the Code.  Information provided to residents and family/whānau is mainly in the English language. Interpreter services are engaged when required. Staff who identify as Māori and family/whānau support Māori residents with interpreting as required. Written information and verbal discussions are provided to improve communication with residents, their family/whānau or legal representatives. Open communication with residents and family/whānau is promoted through the open-door policy maintained by owners and the clinical team. Residents and family/whānau confirmed that the clinical team are responsive to requests. A record of phone or email contact with family/whānau or legal representatives is maintained. |
| Subsection 1.7: I am informed and able to make choices  The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. 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. | FA | Best practice tikanga guidelines in relation to consent was practiced. Informed consent was obtained as part of the admission documents which the resident and/or their nominated legal representative signed. Signed admission agreements and resuscitation authorisation plans were evident in residents’ records. Consent was also obtained for sharing health information, taking photographs and outings and for specific procedures as required. Advance directives were available in residents’ records where applicable. Staff were observed to gain consent for daily cares.  Residents, family/whānau or resident’s legal representative confirmed that they are provided with information and are involved in making decisions about their care. Residents are offered a support person through the advocacy services when required. Communication records sighted verified inclusion of support people where applicable. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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. | FA | Evidence from the pre audit document review and interviews with the owners, staff, residents and their whānau/families, confirmed that the complaint management system complies with the Code, meets the intent of this standard and works equitably for Māori.  No formal complaints had been received since the previous audit, including any complaints submitted to and/or investigated by external agencies.  The residents interviewed said the complaints process had been explained to them in ways they understood and that they felt very comfortable raising concerns or complaints directly with the owners. This was reiterated by Māori residents and their whānau who said the process felt safe to them and that they could access external support and advocacy if required. |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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. | FA | The owners ensure high-quality services are delivered by adhering to policies and procedures and implementing the strategic /business plan. The owners and clinical staff are responsive and inclusive of all people including Māori residents and their whānau. Service delivery is Māori centric, for example, karakia and waiata is practiced regularly and the policy set has been reviewed and written in both English and te reo Māori. All staff and the owners have completed the online Ngā paerewa training to gain expertise in Te Tiriti o Waitangi, health equity, and cultural safety. This small provider does not have a governance body with Māori representatives, however one of the owners/directors is of Ngati Whakaue decent with whakapapa connections to the local iwi and the large percentage of Māori staff help to uphold tikanga and te ao Māori. A quality and management group of staff and the owners meet regularly to plan and monitor performance and ensure services meet legislative, regulatory and contractual requirements. Planning includes a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing performance at planned intervals. The plan is reviewed annually or as required.  The two owners have different roles/responsibilities. The communications manager is responsible for human resources and some quality activities, and the facility manager oversees maintenance, grounds and facilities. The owners are supported by an external accountant, who also consults on health and safety matters, the clinical lead nurse (CLN) and the enrolled nurse (EN). Lara Lodge management attend provider meetings and also belong to a national group of smaller aged care providers who provide ongoing support and newsletters. The governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation.  Policy outlines the service’s commitment to improved outcomes and equity for Māori, Pacific peoples, and tāngata whaikaha. Health plans align with Te Whare Tapa Whā and Ola Manuia. Mechanisms are in place to gather equity data and improve outcomes. The organisation actively works to reduce any barriers to access ensuring the entry process is equitable.  The service has an age-related residential care contract (ARRC) for rest home level care, and an agreement with Whaikaha - Disability Ministry for younger people with disabilities (YPD). The service can also provide care for residents identified under the long-term support-chronic health conditions scheme or palliative care, respite care and day care, although none of these applied to the current resident group.  One the days of audit two of the 21 residents were under 65 years (YPD) and 19 were receiving services under the ARRC contract. One of these residents had been assessed as hospital level care with an exemption from Manatū Hauora in 2023 for continuing care at Lara Lodge. The residents status is being reported to Manatū Hauora every six months. |
| Subsection 2.2: Quality and risk  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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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. | FA | The quality and risk management system includes policies and procedures, an annual quality plan and a risk management plan which describes all potential internal and external risks ( including inequities) and corresponding mitigation strategies. New risks were notified to all staff and added to the plan when identified. The directors are very involved in day to day operations, demonstrating commitment and partnership with staff, residents and their whānau  The quality plan contains objectives, responsibilities, timeframes and actions. A range of quality related data is gathered. This includes resident feedback, infection control surveillance, health and safety, adverse events and internal audits. Staff meetings include discussions on quality data including the results of internal audits.  The internal audit schedule is implemented. Checklists for internal audits are utilised. There is evidence that corrective actions are documented and implemented where a variance is identified. Information regarding resident satisfaction (meals, activities, cleaning and laundry) is included in the internal audit programme.  The most recent resident satisfaction survey from October 2023 confirmed a high level of satisfaction with the services with many commenting that they felt safe and comfortable at Lara Lodge. Regular resident meetings also provide opportunities for feedback.  There are no barriers to entry for Māori and their individual needs are identified and catered for in equitable and respectful ways .The service monitors the ethnicity of clients in and out of the service and facilitates access to other health services and resources when required. Staff and the owners demonstrated knowledge about equity issues and engage in regular korero, education and networking that aims to address identified inequities. Ethnicity data is being consistently gathered. Tikanga is upheld and respected  The adverse event process aligns with the National Adverse Event Reporting Policy. Monthly summaries of adverse events are presented and discussed at the management/quality meetings which are attended by the owners. Staff and the owners are aware of external reporting requirements. A section 31 notice related to a grade three pressure injury was submitted in March 2024 and a notice of RN shortage in 2021. Apart from a COVID-19 outbreak in 2021 which was reported to public health, there had been no other significant events that required notification. For example, police investigations, changes in management, or coroners enquiries.  A range of regular staff meetings occur. Minutes from full staff meetings, clinical meetings and a management and quality meeting contained evidence of discussions regarding adverse events, infection prevention, resident feedback, hazards, equipment, clinical indicators and improvements. Meeting records included decisions and action points. Staff confirmed that meetings were productive and provided them with sufficient opportunities to share their ideas and discuss improvements. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. | FA | There are documented and implemented staffing policies and the rosters sighted showed there were sufficient numbers of skilled staff on all shifts. The service adjusts staffing levels to meet the changing needs of residents. Three care staff are rostered for every morning and afternoon shift. Two of these are eight hour shifts, and the other is a four and a half hour shift. One care staff is rostered for an eight hour night duty with either the RN or enrolled nurse (EN) on call. All staff are maintaining a current first aid certificate which supports them to manage emergencies.  Residents and whānau interviewed commented that there was always a staff member available. The clinical lead nurse and the EN are on site during business hours. An additional part time RN was due to commence employment the week after audit.  Allied staff such as the diversional therapist, kitchen staff and maintenance staff are allocated sufficient hours to meet residents’ needs and support smooth service delivery. A cleaner is on site seven days a week and five hours of laundry is allocated across all shifts seven days a week.  Continuing education for staff is planned on an annual basis to support equitable service delivery. All staff have engaged in education about equity. Education includes mandatory training topics such as Te Tiriti o Waitangi, infection prevention, management of emergencies, manual handling and safe transfer, resident cares and residents’ rights. All care staff are undertaking the national certificate in health and wellness as evidence of ongoing professional development. Four had completed level four, seven had achieved level three and two had achieved level two. Seven of the 13 care staff had been approved to administer medicines. These staff, the RN and EN were being regularly assessed to ensure compliance with procedures. Both the EN and the RN are maintaining competencies to complete interRAI assessments. |
| Subsection 2.4: Health care and support workers  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. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services. | PA Low | Staff management policies and processes are based on good employment practice and meet relevant legislation. A sample of staff records confirmed the organisation’s policies are being consistently implemented. Staff qualifications including current membership with professional bodies and annual practicing certificates were confirmed prior to employment.  All new staff engage in a comprehensive orientation programme that includes the essential components of service delivery including emergency management and specific tasks tailored for their role. The programme takes six weeks to complete and always includes being allocated to a peer/buddy for a minimum of three shifts or longer if required.  The staff records sampled did not contain documentation of performance appraisals having occurred in the past 12 months. An improvement is required in criteria 2.4.5. Staff said they were not concerned as they receive regular feedback and one on one support from their manager who works alongside them. Staff said they felt well supported at all times, including during and after stressful situations.  Staff ethnicity data is recorded and used in accordance with Health Information Standards Organisation. There is a diverse mix of staff employed. |
| Subsection 2.5: Information  The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential. | FA | A mixture of paper based, and electronic information management system is in use. Most of the residents’ information is paper based, except for the progress notes that staff completed electronically. The care plans are completed electronically, and copies are printed and put in the residents’ paper files. These documents were sighted in the residents’ clinical records sampled. All necessary demographic, personal, clinical and health information was fully completed. Clinical notes were current and integrated. This included interRAI assessment information entered into the electronic database and reports printed and stored in the residents’ files.  The resident care records were legible with the name and designation of the person making the entry identifiable. The electronic medication management system in use records prescriptions and administration times. Archived records are held securely on site and are readily retrievable. Residents’ information is held for the required period before being destroyed. No personal or private resident information was on public display during the audit. The residents’ files were kept in locked nurses’ station. A shredder is used for destruction of unwanted confidential information. Staff have individual passwords to access electronic records. |
| Subsection 3.1: Entry and declining entry  The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau. | FA | Entry criteria are clearly documented in the information handbook. Entry to services is managed by the owner, clinical nurse lead (CNL) and enrolled nurse (EN). Prospective residents or their family/whānau are encouraged to visit the facility prior to admission. Information about the service is provided to the prospective resident and/their family/whānau. Residents enter the service when their required level of care has been assessed and confirmed by the local needs’ assessment and coordination service (NASC). Residents confirmed their rights and identity were respected during the entry process.  The entry to service policies and procedures has clear processes for communicating the decisions for declining entry to services. The service maintains a record of the enquiries. Routine analysis of entry and decline rates including specific rates for Māori is completed. The service has established links with the local Māori communities and other Māori organisations to meet the needs of residents who identify as Māori. |
| Subsection 3.2: My pathway to wellbeing  The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | FA | The RN and the EN complete nursing admission assessments, care plans and care evaluation. Care plans completed by the EN were reviewed and signed off by the RN. The initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and their family/whānau where appropriate. The service uses assessment tools, for example tools that include consideration of residents’ lived experiences, oral health, falls risk, continence, cultural needs, values, and beliefs.  InterRAI assessments were completed within three weeks of an admission. The long-term care plans were developed within three weeks of an admission. A range of clinical assessment outcomes, including interRAI, referral information, observation and the NASC assessments served as a basis for care planning. Residents, family/whānau or enduring power of attorney (EPOA), where applicable, were involved in the assessment and care planning processes with resident’s consent.  The care plans identified residents’ strengths, goals and aspirations and aligned with their values and beliefs. Where appropriate early warning signs and risks that may affect a resident’s wellbeing were documented. Management of specific medical conditions and challenging behaviour plans were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care.  An assessment plan for Māori residents was utilised to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process and support Māori residents to identify their own pae ora outcomes in their care. Use of traditional healing methodologies such as rākau rongoā, mirimiri, and karakia are included in the assessment form. Staff understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision were identified in the Māori Health Plan and the owner reported that these will be monitored and prevented as possible.  Medical assessments were completed by the general practitioners (GPs) or nurse practitioner (NP) in a timely manner. Routine medical reviews were completed three monthly and more frequently as determined by the resident’s condition where required.  Service integration with other health providers including medical and allied health professionals was evident in records sampled. Changes in residents’ health were escalated to the clinical lead nurse, EN or medical team in a timely manner. Records of referrals made to the GPs and NP when a resident’s needs changed, and timely referrals to relevant specialist services as indicated were evident in the residents’ files sampled. In interview, the NP confirmed satisfaction with the care provided to residents and that medical orders were followed.  The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents’ degree of progress towards the agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Residents’ care was evaluated on each shift in the progress notes by the RN and the care assistants.  A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents’ needs. The residents and family/whānau confirmed their involvement in evaluation of progress and they expressed satisfaction with the care provided. Residents’ records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. |
| Subsection 3.3: Individualised activities  The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them. | FA | The diversional therapist (DT) completes the activities needs assessment for all residents on admission with input from residents and family/whanau. The DT is supported by an activities coordinator. Residents’ activity needs, interests, abilities, and social requirements are assessed with input from residents and family/whānau or residents’ EPOA. The monthly activities calendar was posted on notice boards around the facility and in each resident’s room. Residents are invited to the activities on the programme each day.  There were individual activities and group activities provided. Activities on the programme reflected residents’ goals, ordinary patterns of life and included normal community activities. The activities on the programme include church services, exercise to music, happy hour with ukelele music, housie, art and craft, ukelele sing along, board games, bingo, and bowls. Monthly and international days are celebrated. National cultural events celebrated include Waitangi Day, Matariki celebrations, ANZAC and Māori language week celebrations. Other opportunities for Māori to participate in te ao Māori include having karakia in te reo and English at mealtimes and all residents’ meetings. At times residents go on outings with their family/whānau. Young people with disabilities attend to external activities which are suitable for their age and ability.  Resident’s activity needs are evaluated as part of the formal six monthly interRAI assessments and care plan review. Feedback on activities is an agenda item of monthly residents’ meeting. Residents were observed participating in a variety of activities on the days of the audit. Interviewed residents and family/whānau confirmed they find the programme satisfactory. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The medication management policy complies with the legislation and guidelines. A safe system for medicine management using an electronic system was observed on the days of audit. The healthcare assistant observed administering lunchtime medicines demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had current medication administration competencies. Medication errors were documented, and investigations completed with corrective actions implemented as required.  The medicines are stored safely in the locked cupboard in the nurses’ station and medication trolleys. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN and EN completes medication reconciliation when new packs are delivered from the pharmacy and when residents return to the facility from acute services. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request. There were no standing orders in use.  Controlled drugs were stored securely. The controlled drug register provided evidence of weekly and six-monthly stock check entries. The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.  Three-monthly medication reviews were consistently completed by the GPs and NP on the medicine charts. Appropriate prescribing practices were observed in records reviewed. Over-the-counter medicines and supplements were documented on the prescription charts where applicable. Residents and their family/whānau are supported to understand their medications when required. The NP stated that when requested by Māori, appropriate support, and advice for treatment for Māori is provided.  There were residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | 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 diet profile is completed and shared with the kitchen staff and any special requirements are accommodated in daily meal plans.  Food is prepared on site by a qualified chef and two cooks. The menu follows summer and winter patterns. The menu was reviewed by a qualified dietitian on 28 November 2022. Residents who chose not to go to the dining room for meal had meals delivered to their rooms.  The service operates with an approved food safety plan. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.  Residents’ weight was monitored monthly and there was evidence that any concerns in weight were managed appropriately. Additional supplements were provided where required. Culturally specific to Māori food options were provided. Whānau/family are welcome to bring culturally specific food for their relatives. Residents expressed satisfaction with the food services.  Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. |
| Subsection 3.6: Transition, transfer, and discharge  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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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. | FA | The transfer and discharge policy guides staff practice. Transfers and discharges were managed safely in consultation with the resident, their family/whānau and the EPOA where applicable. A transfer form is completed when transferring residents to acute services. The service coordinates with the receiving service over the phone to provide verbal handover where applicable. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in sampled records included risk mitigation. Relevant clinical and medical notes were provided to ensure continuity of care. Residents were provided with the support they required during transfer processes.  The clinical team reported that referral or support to access kaupapa Māori agencies and other health and disability services where indicated, or requested, is offered. Residents and family/whānau were kept informed of the referral process, reason for transfer or discharge was verified in records sampled and in interviews. |
| Subsection 4.1: The facility  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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function. | FA | There was a current building warrant of fitness (expiry 13 July 2024). The facility and grounds were being well maintained with safe internal and external areas. The rest home is divided into three main wings, with the communal area and administration at the centre of the facility. Furnishings and furniture are fit for purpose and consider the needs of the residents.  The facility manager/owner is responsible for planned and responsive maintenance and is on site each day. Planned maintenance occurs according to the documented schedule. Repairs are carried out as soon as they are notified. Testing and tagging of electrical devices last occurred in February 2024. Medical devices, hoists and beds are checked and calibrated annually or as required. Environmental hazards are identified if necessary.  There is a sufficient number of conveniently located and disability accessible bathrooms and toilets for residents. These are clearly identified, designated by gender and have functional privacy locks. There are also accessible toilets for visitors and staff. Hot water temperature monitoring was occurring, as confirmed by the records sighted. Internal audits of equipment and the environment were being carried out regularly.  There were no shared bedrooms on the days of audit and each room was furnished and decorated according to the occupant’s preferences. The bedrooms were spacious and large enough to accommodate lifting equipment and allow safe manoeuvrability. They were light filled, warm and well-ventilated by large opening windows. Most bedrooms had an ensuite toilet, and all had a wash basin.  Communal dining and recreational areas were spacious and easy to access. All common areas were centrally heated, and residents could adjust the temperature of the wall heaters.  There has been no new buildings. Interviews with the owners confirmed they understood the requirements to consult and co-design any proposed new environments to ensure they reflect the aspirations of Māori. |
| Subsection 4.2: Security of people and workforce  The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | Emergency, natural disaster and civil defence plans and policies direct the service in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. Emergency procedures are included during the six week staff orientation programme and are reviewed at least annually. There is always at least one staff member with a current first aid certificate on site, as all staff are supported to maintain these. The RN or EN are available on call after hours and at least one of the owners if required. Staff interviewed said their calls were always answered by the person on call and that advice and assistance was available 24/7.  An adequate amount of food, water, and medical supplies for up to 23 residents and staff was being stored on site. This meets the Ministry of Civil Defence and Emergency Management recommendations for the region. Equipment and resources for use during a power outage or environmental disaster were sighted and confirmed as available, for example emergency lighting, access to a generator, a barbeque for cooking and additional blankets for warmth.  Six monthly fire evacuation drills had been occurring. The most recent drill occurred in February 2024. The fire evacuation plan was approved by the New Zealand Fire Service in July 1994 and has not required a review as no changes to the building structure have occurred since then. The call bell system was witnessed to be functional during the audit and residents said staff always responded to these in a timely way. The call system is audited regularly.  Appropriate security arrangements are in place. Staff wear uniforms and name badges so that they are easily identifiable. Doors and windows are locked at dusk. All visitors are required to sign in and provide proof of identify if they are unknown to staff.  Residents and staff said they were familiar with emergency and security arrangements. |
| Subsection 5.1: Governance  The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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. | FA | The infection prevention (IP) and antimicrobial stewardship (AMS) programme is linked to the quality and risk management and strategic plan. The owners are on the infection control committee, and they are kept informed of all infections in management meetings and monthly reports.  A stepwise approach is in use to minimise risks. Recent outbreaks were escalated to the owners within 24 hours. The GPs and NP provide initial support and advice. Expert advice is sought following a defined process. Public Health advice can be sought as needed or as clinically indicated from infectious specialists. A documented pathway supports reporting of progress, issues, and significant events to the owners. The CNL ensures communication with staff occurs in relation to any infection risks. |
| Subsection 5.2: The infection prevention programme and implementation  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. | FA | The CNL is the nominated infection control coordinator (IFC). They are supported by the EN and the owner. The infection control coordinator’s role, responsibilities and reporting requirements are defined in the infection control policy. The IFC has completed external education on infection prevention and control within the past year. They have access to shared clinical records and diagnostic results of residents.  The implemented IP programme is clearly documented and was developed with input from external infection prevention and control (IPC) services. The IP programme was approved by the owners and is linked to the quality improvement programme. The IP programme was last reviewed on 21 March 2024. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflect the requirements of this standard and include appropriate referencing.  Infection prevention audits were regularly being conducted. Relevant corrective actions were implemented where required. Staff reported that they are informed of infections and audit outcomes at staff meetings. Any new infections are discussed at shift handovers for early interventions to be implemented.  The pandemic and outbreak management plans in place were reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan.  The IFC has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IP at orientation and through ongoing annual education sessions. Education with residents was on an individual basis and as a group during residents’ meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.  The IFC and the owner are responsible for procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora. The owner stated that the IFC will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility as per organisational policy. At the time of the audit there were no plans for new buildings.  Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.  Care delivery and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing techniques and use of disposable aprons and gloves. Sanitiser dispensers were readily available around the facility.  The Māori Health Plan guides staff on culturally safe practice in IP, and thus acknowledge the spirit of Te Tiriti o Waitangi. Staff were aware of culturally safe practice in IP to meet individual needs. Residents who identify as Māori expressed satisfaction with the consultation process for IP. Infection prevention educational material in te reo Māori was posted around the facility. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation  The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services. | FA | The antimicrobial policy guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the owners. The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. Monthly records of infections and prescribed antibiotic treatment were maintained. The effects of the prescribed antimicrobials are monitored, and the IFC reported that any adverse effects will be reported to the GP. The AMS programme is evaluated annually. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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. | PA Low | The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. All healthcare-associated infections (HAIs) are monitored and reported to the owners and discussed with staff regularly in meetings. An improvement is required in criterion 5.4.3. Surveillance information does not include ethnicity data.  Residents and family/whānau were advised of identified infections where required in a culturally safe manner. This was verified in interviews with residents and family/whānau. COVID-19 infection outbreaks reported since the previous audit were managed effectively with appropriate notification completed. |
| Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and the cleaning storage areas. Cleaning products were in labelled bottles. Cleaners ensure that the trolley is safely stored when not in use. Adequate supplies of PPE were available which included masks, gloves, face shields and aprons. Staff were observed using PPE appropriately.  The facility was observed to be clean throughout. All staff who carry out the cleaning have attended training in safe use of chemicals. Any hazardous substances were recorded on the hazards register. Regular internal audits monitor environmental cleanliness and there is a facility testing and monitoring programme for the built environment. Results of audits did not reveal any significant issues.  Laundry services are completed on site. The laundry is clearly separated into clean and dirty areas. The effectiveness of laundry processes is monitored by the internal audit programme. Resident surveys and residents confirmed satisfaction with cleaning and laundry processes. A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | The service is maintaining a restraint free environment. Alternatives such as sensor mats, increased staffing and regular reviews to assess each residents care and support needs, are in use. The owners and all staff are kept informed about there being no restraint.  Policies and procedures for the management of restraint, if it is ever needed, meet this standard. The rest home has a long history of no restraint use. The clinical lead nurse is the restraint coordinator. This documented and defined role provides support and oversight for preventing and minimising restraint. Education records confirmed that staff were being regularly tested about alternatives to restraint, the least restrictive practice, culturally safe interventions, managing behaviours that challenge and de-escalation techniques. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 2.4.5  Health care and support workers shall have the opportunity to discuss and review performance at defined intervals. | PA Low | The five staff files sampled did not contain evidence of recent performance appraisals, the most recent appraisals occurred in 2022. This does not meet the requirements of the ARRC clause D.17.f which stipulates appraisals must be documented annually. The owner had pre-empted this finding by volunteering that they had not undertaken any formal performance reviews with staff in the past 12 months. This is rated low risk because management provide feedback to staff regularly via emails or during face to face discussions. All the staff interviewed described loving their jobs due to the positive work environment and the support they get from their peers and the owners. | Staff performance reviews have not occurred in the past 12 months. | Ensure formal performance appraisals occur with each staff member as per policy and the ARRC agreement.  180 days |
| Criterion 5.4.3  Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data. | PA Low | The infection surveillance policy includes surveillance methods, tools used to collect infection data, assignment of responsibilities and standardised surveillance definitions used. Surveillance records did not include ethnicity data. | Infection surveillance information did not include ethnicity data. | Ensure ethnicity data is included in surveillance information to meet the criteria requirements.  180 days |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.