

# Maungaturoto Residential Care Limited - Maungaturoto Rest Home

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Maungaturoto Residential Care Limited
<b>Premises audited:</b>	Maungaturoto Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 2 April 2024    End date: 3 April 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	21

# Executive summary of the audit

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## 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 haumaruru | 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

Maungaturoto Residential Care Limited - Maungaturoto Rest Home provides rest home and secure dementia level of care for up to 30 residents. This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau/family members, staff, the general practitioner (GP), the nurse manager, and the chairperson of the board of directors. This certification audit has identified corrective improvements that are required in relation to:

- essential notification
- appropriate and sufficient staffing levels
- ensuring there is a staff member with a medication competency always on duty
- Te Tiriti o Waitangi training for staff
- resident assessments and the registered nurse oversight of resident's progress notes
- Pro re nata medication prescribing
- medication room temperatures

- external environment safety, emergency planning
- staff training
- a functioning call bell system
- annual review of the infection control program

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld. A copy of the Code, together with information about the Nationwide Health and Disability Advocacy Service is provided on admission to the services. The Code is available in te reo Māori and English.

Cultural and spiritual needs are identified and considered in daily service delivery. Personal identity, independence, privacy and dignity are respected and supported. The provider maintains a socially inclusive and person-centred service. Residents and family/whānau confirmed that residents are always treated with dignity and respect.

There are appropriate systems and procedures for reporting and recording any allegation of, or suspected, abuse or neglect. Residents’ property and finances are protected, and professional boundaries are maintained.

Residents, family/whānau and legal representatives are involved in decision-making. Consent is obtained where and when required. Residents and family/whānau receive information in an easy-to-understand format and felt listened to. Interpreter services are accessed as needed. Advance directives are followed where applicable.

Complaints were resolved promptly and effectively in collaboration with all parties involved.

## 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 medium or high risk and/or unattained and of low risk.
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The governing body assumes accountability for delivering a high-quality service.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance was monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed with corrective actions supporting systems learnings. There are policies to support statutory and regulatory reporting obligations.

There is a staffing levels and skill mix policy to meet the cultural and clinical needs of people that are supported. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

The information of people supported is accurately recorded, securely stored and not accessible to unauthorised people.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Residents are assessed before entry to confirm their level of care. The nurse manager (NM) is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Twenty-four-hour activity care plans are in place. Residents and family/whānau expressed satisfaction with the activities programme.

The organisation uses a paper-based medication management system. The general practitioner is responsible for all medication reviews. Policies and procedures require staff to have current medication competencies.

The food service caters to residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The internal environment of the rest home and dementia unit meets the needs of the residents. The environment was clean and well maintained. Electrical equipment is tested as required. External gardens are accessible, safe and provide shade and seating, and meet the needs of people with disabilities and dementia.

Policies support emergency procedures, use of emergency equipment and supplies, and regular fire drills occur. Staff, residents and whānau understood fire emergency and security arrangements. Residents reported a timely staff response to their needs. Security is maintained.

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

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

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

Maungaturoto Rest Home is supported to look after the people it supports and staff through infection prevention policies which also acknowledge antimicrobial stewardship (AMS).

The IP coordinator reports progress, issues and significant events directly to the governing body, has oversight of clinical policy development and revision, and chairs the IPC committee.

The service has a pandemic response plan appropriate for the service and has protocols and guidelines in place for personal protective equipment (PPE) use and cleaning protocols.

The antimicrobial stewardship (AMS) policy is appropriate to the size and complexity of the service, has been approved by the governing body, is linked to the quality improvement system, and is reviewed and reported on yearly.

The surveillance plan and activities are appropriate to the size and complexity of the service.

The facility was clean and safe, with house and equipment cleaning protocols, and IP processes for handling both laundry and disposal of waste in place.



## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service is a restraint-free environment. This is supported by the governing body and policies and procedures which include a comprehensive assessment, approval and monitoring process, with regular reviews occurring for any restraint used. At the time of audit, no residents were using a restraint.

Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	20	0	1	6	0	0
Criteria	0	159	0	2	8	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Maungaturoto Rest Home has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. At the time of audit there were residents who identified as Māori. Residents and whānau interviewed reported that they felt culturally safe.</p> <p>Staff interviewed provided examples of people being supported in the past where mana motuhake was respected. Relationships have been established with Te Uri O Hau Iwi and support service integration, planning, equity approaches and support for Māori. A Māori health plan (Te Whare Tapa Whā model) has been developed with input from cultural advisers and are used for people that are supported who identify as Māori.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit there were staff who identified as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and</p>	FA	<p>A number of policies and procedures were available to guide staff in the care of Pacific peoples. This references the Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and other documents</p>

<p>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>that have been published related to models of care. The provision of equitable services that are underpinned by the Pacific people's worldview policy notes 'to improve the health outcomes of Pasifika people, expert advice will be sought if not available from the resident and whānau'. Residents admitted who identify as Pasifika will be encouraged to participate in cultural activities in the community, and community groups will be invited to share their culture and knowledge with the care home. Residents have the opportunity to identify individual spiritual, cultural and other needs as part of the care planning process. There were currently no residents who identify as Pasifika but there are staff. The nurse manager advised that in the rural area that the facility resides in there are no Pacific communities. The family/whānau of any resident that identifies as Pasifika would be consulted to ensure any individual needs and supports for the resident are identified and met.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>All staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. The Code was available in te reo Māori, English, and New Zealand Sign Language. Staff training on the Code has been conducted.</p> <p>The nurse manager (NM) interviewed, reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whānau, or their representatives in its updated cultural safety policy. The assessment process included the residents' wishes and support needs.</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</p>	<p>FA</p>	<p>Residents are supported in a way that is inclusive and respects their identity and experiences. All residents are able to maintain their</p>

<p>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.</p>		<p>personal, gender, sexual, cultural, religious, and spiritual identity. These were documented in the residents' care plans sampled. Family/whānau and residents confirmed being consulted.</p> <p>The NM reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility. There is a documented privacy policy that references current legislation requirements. All residents had an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas, and knocking on the doors before entering.</p> <p>Staff had completed cultural training as part of orientation; however, they were yet to complete competencies in relation to Te Tiriti o Waitangi, te reo Māori, and tikanga practices (refer to 2.3.3). The NM reported that te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words into Māori.</p>
<p>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.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents reported that their property and finances were respected and that professional boundaries were maintained. The NM reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and were safe. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The</p>

		<p>policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy in place identified strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the NM who reported that all outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>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>	FA	<p>In interviews conducted, residents and whānau reported that communication was open and effective, and they felt listened to. Enduring power of attorney (EPOA)/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular or urgent medical reviews. This was supported in the residents' records reviewed. Staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use family members as appropriate. Staff reported that verbal and non-verbal communication cards and regular use of hearing aids by residents when required, is encouraged.</p>
Subsection 1.7: I am informed and able to make choices	FA	The NM and care staff interviewed understood the principles and

<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>practice of informed consent. Informed consent policies provided relevant guidance to staff. Residents' files sampled verified that informed consent for the provision of care had been gained appropriately using the organisation's standard consent form. These were signed by the enduring power of attorney (EPOA) and residents. The GP makes a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau. The NM reported that advance directives are explained and encouraged. All residents admitted to the secure unit had activated EPOAs in place.</p> <p>Staff were observed to gain consent for day-to-day care, and they reported that they always check first if a consent form has been signed before undertaking any of the actions that need consent. Interviews with relatives confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms reviewed were signed. In interview conducted with residents they reported that they felt safe, protected, and listened to, and happy with care/consent processes.</p> <p>The staff reported that tikanga best practice guidelines in relation to consent during care were observed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. People supported and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation. There were no open complaints at time of audit.</p> <p>The service assures the process works equitably for Māori by offering the support of a cultural advisor and/or kaumatua, providing extra time for the complainant to discuss with whānau and the wider whānau if</p>

		<p>chosen. The Code of Rights was available in te reo Māori.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body ensures that structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed and evaluated at defined intervals ensuring compliance with legislative, contractual and regulatory requirements. There are six members on the board of directors (BoD). The chairperson supports as a Māori representative having substantial input into organisational operational policies. The chairperson of the board of directors is also on the board of trustees. The nurse manager has been in role for 13 years and reported a good working relationship with the directors and trustees and attends the monthly BoD meetings. The nurse manager is a registered nurse, with a current annual practising certificate, interRAI competency and is on call when not on site. The management team and the director have regular meetings together. The chairperson of the BoD is available by phone or other messaging methods when not on site and confirmed being informed of relevant operational and quality and risk issues in a timely manner. The board of directors have attended training on Te Tiriti, and cultural safety training in other roles. The service has a focus of ensuring services for tāngata whaikaha are undertaken to improve resident outcomes and reduce barriers for accessing services. There are future goals to develop the facility and services available further, and these are in the planning stage. The service has an Age-Related Residential Care (ARRC) contract with Te Whatu Ora (Health New Zealand) for rest home and secure dementia level care. On the days of audit, 12 residents were receiving care at secure dementia level. The facility has permission from Te Whatu Ora which was evidenced in a notification document to support a hospital level resident in their dementia unit and one other resident in the dementia unit was currently being assessed as requiring hospital level care. There were nine residents who were receiving rest home level of care, one of</p>



		whom was a resident admitted for respite care.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management complaints, internal and external audit activities, monitoring of resident outcomes, policies and procedures, health and safety reviews and clinical and non-clinical incident management. The nurse manager is responsible for implementation of the quality and risk system with the input of the BoD chairperson. There are a range of internal audits, which are undertaken using template audit forms. The sampled audit results showed a high level of compliance with organisation policy and results reported to relevant staff. Relevant corrective actions were developed and implemented to address any shortfalls. Health and safety systems were being implemented according to the health and safety policy by the management team. There was a hazardous substance register. A risk management plan was in place including a framework for assessing inequity. The director confirmed changes or the identification of any new risk, including those related to individual residents' care, were brought to their attention promptly. There were monthly staff meetings occurring using a template agenda. Relevant resident and facility quality and risk issues including hazards, training, staffing, adverse events, complaints/compliments, residents/whānau feedback, and changes in process/systems including those related to Covid-19 management are discussed. Staff confirmed they felt well informed and well supported. Residents and whānau interviewed were very satisfied with services provided. The BOD and BOT are working on future plans that are aimed at further expanding services as part of an ongoing strategy of providing increased care options for the local community and improving health equity within the service. Care givers understood the Māori constructs of Pae Ora and there were residents who identify as Māori. The service is working with Te Uri O Hau and with residents and families to ensure the provision of individualised, resident-focused culturally appropriate care, and examples of this were provided. The nurse manager interviewed stated that they were familiar with essential notification and National Adverse Events Reporting Policy requirements, although not all essential events have been reported.</p>

<p><b>Subsection 2.3: Service management</b></p> <p>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.</p>	<p>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7); however, the service has not adjusted staffing levels to meet the changing needs of the people that they support. There is a multidisciplinary team (MDT) approach; however, residents in the dementia unit and staff do not have access to a trained diversional therapist for support and guidance. Those providing care reported that, at times, there were not adequate staff to complete the work allocated to them. All staff on duty have a current first aid certificate. Residents and whānau interviewed confirmed that they were happy with the care provided.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements which includes behaviour and management of people being supported. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery. The majority of staff have a New Zealand Qualifications Authority Health and Wellbeing level four qualification and in dementia care, with other staff having enrolled in the training. The nurse manager is an approved assessor.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments, except for up-to-date medication competencies and training in Te Tiriti.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff</p>

<p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>records reviewed confirmed the organisation’s policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. Staff interviewed confirmed that they are supported to, and have the opportunity to, be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</p>
<p><b>Subsection 2.5: Information</b></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>	<p>FA</p>	<p>Residents’ files and the information associated with residents and staff were retained in electronic and hard copies. Backup database systems are held by an external provider. All necessary demographic, personal, clinical, and health information was fully completed in the residents’ files sampled for review. Records are uniquely identifiable, legible, and timely, including staff signatures, designation, and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p> <p>Residents and staff files were held securely for the required period before being destroyed. Paper-based files are archived onsite. No personal or private resident information was on public display during the audit.</p> <p>The provider is not responsible for registering residents’ National Health Index (NHI) numbers. All residents have a NHI number on</p>

		admission.
<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>	FA	<p>The admission policy for the management of inquiries and entry to service was in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) agency authorisation forms for residents assessed as requiring rest home, hospital, respite, and dementia level of care were in place. Residents assessed as requiring dementia level of care were admitted with consent from EPOAs, and documents sighted verified that EPOAs consented to referral and specialist services. Evidence of specialist referral to the service was sighted.</p> <p>The records reviewed confirmed that admission requirements are conducted within the required time frames and are signed upon entry. Family/whānau were updated where there was a delay in entry to service. This was observed on the days of the audit and in the inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The NM reported that all potential residents who are declined entry are recorded. When an entry is declined, relatives were informed of the reason for this and made aware of other options or alternative services available. The consumer or family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Entry to services data is documented, including ethnicity data. Analysis of entry to services and decline rates, including specific entry</p>

		<p>and decline rates for Māori, is completed.</p> <p>The service has established partnerships with local Māori organisations to benefit residents who identify as Māori when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>All six (6) residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed on admission. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Residents' care is undertaken by appropriately trained and skilled staff that include the NM and care staff. Cultural assessments were completed by the nurse manager. Long-term care plans were also developed with detailed interventions to address identified problems.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. However, a resident in the secure unit had no assessment completed to confirm the change in level of care. The long-term care plans sampled reflected identified residents' strengths, goals, and aspirations aligned with their values and beliefs documented. Evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Documented detailed strategies to maintain and promote the residents' independent wellbeing were sighted. Twenty-four-hour behaviour plans for residents in the secure unit were completed and regularly reviewed to reflect residents' changing needs.</p> <p>The NM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff restated that they are updated daily regarding each resident's condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this included the GP, NM, care staff, physiotherapist</p>

		<p>(PT) when required, podiatrist, and other members of the allied health team, residents, and family/whānau.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition was reported to the nursing team as evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes. A range of equipment and resources were available, suited to the levels of care provided and the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes. The GP interviewed was happy with the care provided by the service.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to support wellbeing. Tikanga principles were included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. This includes residents with a disability. The staff confirmed they understood the process to support residents and whānau.</p> <p>Residents' nutritional profiles were not consistently reviewed every six months as per policy requirements. Progress notes were not being signed off by the NM weekly and daily for a resident under hospital level of care. One resident in the secure unit had significantly deteriorated requiring more care, and there was no assessment completed to reflect the current condition.</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>Planned activities were appropriate to the residents' needs and abilities. Activities are conducted by the activities coordinators. The service had no diversional therapist overseeing the activities programme in the secure unit (refer 2.3.1). The programme runs from</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>Monday to Friday with weekends reserved for church services, movies, EPOA/whānau/family visits, and other activities that are facilitated by care staff. The activities are based on assessments and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays were celebrated. A social life history assessment detailing residents' life history was completed for each resident within two weeks of admission in consultation with the family and resident.</p> <p>The activity programme is formulated by the activities coordinators in consultation with the NM, EPOAs, residents, and activities care staff. The activities are varied and appropriate for people assessed as requiring rest-home, hospital, dementia, and respite level of care.</p> <p>Twenty-four-hour activity plans reflected residents' preferred activities of choice and were evaluated every six months or as necessary. Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Regular outings are conducted as required.</p> <p>The activities staff reported that there were residents who identified as Māori and opportunities for Māori and whānau to participate in te ao Māori were facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals.</p> <p>EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>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.</p>	<p>PA Moderate</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, reconciliation, and reporting errors. Administration records were maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews.</p>

<p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies were indicated. Eye drops were dated on opening.</p> <p>Medication reconciliation was conducted by the NM when a resident was transferred back to the service from the hospital or any external appointments. The NM checked medicines against the prescription, and these were as required. Medication competencies were not completed annually as per policy requirements (refer to 2.3.2).</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as per policy and legislative requirements. Monitoring of medicine fridge temperatures was completed, and an improvement is required to ensure medication room temperatures are completed as required.</p> <p>Inspection of medication procedures and onsite review of the medication round indicated the service follows approved protocols in administering medicines. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were residents who were self-administering medicine at the time of the audit. Appropriate processes were in place to ensure this was managed in a safe manner. There is a self-administration policy in place to guide staff. Standing orders are used, these were current and complied with guidelines.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. This was reiterated in interviews with the NM, family/whānau, and Māori residents.</p>
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<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>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 14 March 2025. The menu was reviewed by a registered dietitian on 1 February 2024. Kitchen staff have current food handling certificates. The menu was reviewed, and training was provided by the dietitian following a complaint.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. Resident dietary profiles were not reviewed six-monthly as required (refer 3.2.5). All alternatives are catered for as required. The residents’ weights were monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks were available including for residents in the secure unit on a 24-hourly basis.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning was undertaken, and all services complied with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers were maintained. All decanted food had records of ‘use by’ dates recorded on the containers and no expired items were sighted.</p> <p>Whānau/EPOA and residents interviewed indicated satisfaction with the food service.</p> <p>The cook reported that the service prepares food that is culturally specific to different cultures.</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</p>	<p>FA</p>	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The NM reported that discharges are normally into other similar facilities. Discharges were overseen by the NM who manages the process until exit. All this is conducted in consultation with the resident, their</p>

<p>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.</p>		<p>whānau, and other external agencies. Risks were identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and whānau (where appropriate) and documented on the residents' files. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are archived onsite. If a resident's information is required by a subsequent geriatrician, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and EPOA/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Moderate</p>	<p>There are appropriate policies and procedures in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. At the time of audit external scaffolding around the rest home on the east side of the facility was blocking the external walkway.</p> <p>The courtyard in the secure dementia unit is secure and appropriately landscaped and furnished. Since the previous audit, the facility now has a new laundry and kitchen, there is new carpet throughout the facility and the interior walls have been painted. The exterior of the roof was being painted at the time of audit.</p> <p>There is a current building warrant of fitness that expires 13 July</p>

		<p>2024. Electrical test and tagging is next due May 2024.</p> <p>The environment was comfortable and accessible, internally promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for people with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents supported and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. The service was aware that with any new buildings being designed, consultation has to occur that which reflects the identify of Māori.</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 Moderate</p>	<p>Disaster and civil defence policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in the event of a fire but not a civil defence emergency and were unsure where to locate the procedures to follow.</p> <p>Staff have received six-monthly fire training, and this last occurred on 1 December 2023. However, staff attendance was very low. The service has a fire evacuation plan approved by Fire and Emergency New Zealand (FENZ) and dated 3 December 2020. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Staff can provide a level of first aid relevant to the risks for the type of service provided.</p>

		<p>Appropriate utilities and emergency supplies are available in both the secure dementia unit and rest home. The facility is currently in the process of purchasing a generator.</p> <p>Security cameras and signage are located on site monitoring the external and internal environment for both the rest home and dementia unit. The images are displayed in two areas and can be checked in real time by staff. Images are archived for a designated period and are accessible by the nurse manager. Security arrangements are appropriate for a secure dementia care unit. The electronic call bell system in the rest home is not fully functional.</p> <p>Residents and whānau interviewed reported staff respond promptly to their needs and were familiar with emergency and security arrangements, as and when required.</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>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) policies are appropriate to the size and complexity of the service, have been approved by the governing body, are linked to the quality improvement system and are reviewed and reported on yearly. There were IPC policies available which include a documented pathway regarding reporting IP and AMS issues to the board. Expertise and advice are sought following a defined process.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p>	PA Low	<p>The NM coordinates the implementation of the infection prevention and control (IPC) programme. The infection control nurse's role, responsibilities, and reporting requirements are defined in the infection control nurse's job description. The infection control nurse</p>

<p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>had completed education on infection prevention and control. They have access to shared clinical records and diagnostic results of residents. There was no evidence of the annual review of the IP programme.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is 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 if required.</p> <p>The NM 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. The NM and the external consultants provide education. The 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 the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This 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 records sampled.</p> <p>The NM liaises with other external consultants on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora. The NM stated that they 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.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated, sterilised or disinfected based on recommendations from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination, sterilisation, and disinfection policy to guide staff. Regular infection</p>
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		<p>control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good handwashing technique, and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>The cultural safety policy includes culturally safe practices in infection prevention and control. The NM reported that residents who identify as Māori will be consulted on IP requirements as needed with the support of the kaumatua if required, to acknowledge the spirit of Te Tiriti. In interviews, staff understood these requirements. The NM stated that educational resources in te reo Māori will be provided when required. Samples of educational resources in te reo Māori were sighted.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The AMS programme 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 management team and external consultant. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The annual IP and AMS review and the infection control and hand washing audit include the antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated, and any occurrence of adverse effects.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly. The data, which includes ethnicity data, is collated and action plans were implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and</p>

<p>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.</p>		<p>wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. All infection data is reported to the governing body.</p> <p>Infection prevention audits were completed including cleaning, laundry, PPE donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they were informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking was completed by comparing with previous monthly results.</p> <p>Residents and whānau (where required) were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and whānau.</p> <p>There were COVID-19 infection outbreaks in December 2023 reported since the previous audit. These were managed in accordance with the pandemic plan with appropriate notifications completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and</p>	<p>FA</p>	<p>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. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available which included masks, gloves, goggles, and</p>

<p>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>aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There are designated cleaning staff assisted by care staff. Cleaning guidelines were provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules were maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There were regular internal environmental cleanliness audits.</p> <p>Care staff are responsible for all laundry at the service. The laundry was clearly separated into clean and dirty areas. Clean laundry was delivered back to the residents in named baskets. Washing temperatures were monitored and maintained to meet safe hygiene requirements. The laundry staff have received training and documented guidelines are available. The effectiveness of laundry processes was monitored by the internal audit programme. The staff demonstrated awareness of the infection prevention and control protocols. Residents' interviews confirmed satisfaction with the 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 restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The chairperson of the board of directors, the nurse manager (restraint co-ordinator) and staff advised restraint is not usually used in this care home. Rather, a focus is taken on de-escalation and managing challenging behaviour. The director confirmed there is a key organisation priority to having a restraint-free environment. The director confirmed this is explicitly detailed in policy (sighted) and is communicated to staff during orientation and as part of the ongoing education programme and discussed at meetings. Staff had training on managing disturbing behaviours. This includes de-escalation and restraint prevention and alternative cultural-specific interventions.</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 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	<p>PA</p> <p>Moderate</p>	<p>The NM interviewed confirmed that they were of aware of essential notification reporting. The NM confirmed that there have been no section 31s since the last audit. Reviewing of incident forms and meeting minutes events evidenced that there were 19 individual ‘resident vs resident’ assaults that occurred from November 2023 to February 2024. There was an unplanned power outage for several hours in March 2024. One resident absconded from the rest home twice and was found on the main road amongst traffic in February 2024 and a human resource issue involving a staff member.</p>	<p>Not all events that require essential notification are reported.</p>	<p>Ensure that all essential notifications are reported.</p> <p>90 days</p>
<p>Criterion 2.3.1</p>	<p>PA</p>	<p>There is always a minimum of three care</p>	<p>There are not enough staff</p>	<p>Ensure that there are sufficient</p>

<p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>Moderate</p>	<p>staff on duty for the facility. This includes a caregiver based in the rest home and one based in the secure unit working 8-hour shifts. There is another caregiver on duty who 'floats' between the rest home and dementia unit as required. The 'float' caregivers are rostered for a 12-hour shift (7.00am -7.00pm and 7.00pm -7.00am) and do not administer medications. The caregivers do not provide any services in the residential care village. In the rosters sampled, alternative cover is arranged to cover staff with unplanned leave. The nurse manager is on call when not on site. The activities co-ordinators cover the activities roster from 9.00am – 4.00pm Monday to Friday. There is a staff member on each shift who is first aid trained.</p> <p>The facility currently has permission from Te Whatu Ora to have a resident who resides in the dementia unit having been assessed as requiring hospital level of care. This resident has not mobilised since December, requires two staff to support with mobility, the use of a sling hoist, and all personal cares, which includes re-positioning while sat up in a chair or in bed.</p> <p>There is a second resident who resides in the dementia unit who is currently been assessed as requiring hospital level of care. This resident also needs two staff to mobilise and two to assist for personal cares (refer to 3.2).</p> <p>Staff confirmed that there are not sufficient staff on duty to meet the</p>	<p>rostered in the dementia unit to support the residents' current needs.</p>	<p>health care workers on duty at all times to provide culturally and clinically safe services.</p> <p>90 days</p>
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		<p>residents' care needs in the dementia secure unit. Whānau interviewed were happy with the care provided. There are not enough staff rostered in the dementia unit at any one given time. At the time of audit, the facility had added another staff member in the dementia unit from 7.00am – 7.00pm.</p>		
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	<p>PA Moderate</p>	<p>A staff member with a current first aid certificate is rostered on each duty. Whilst new staff are working towards current medication competency, care staff employed for more than 12 months are overdue annual medication competency review. Medication competency reassessments are overdue by at least four months.</p> <p>There are currently two newly appointed activities co-ordinators who between them work Monday to Friday 9.00am to 4.00pm. At least 4 hours a day (Monday to Friday) find them supporting the residents in the dementia unit. All residents in the dementia unit have a 24-hour challenging behaviour and activity care plans to assist with their needs; however, the activities co-ordinators and residents are not supported and/or do not have access to a trained diversional therapist in regard to oversight of the activities programme that is in place, this is done by the NM.</p>	<p>A staff member with an up-to-date medication competency is not rostered on duty at all times.</p> <p>Staff and residents do not have access to a trained diversional therapist in regard to oversight of the activities programme that is in place in the dementia unit.</p>	<p>Ensure that health care workers have an up-to-date medication competency.</p> <p>Ensure that a trained diversional therapist has oversight of the residents' activities programme in the dementia unit.</p> <p>90 days</p>

<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	<p>PA Low</p>	<p>Staff interviewed knew about the health equity and Te Tiriti o Waitangi, residents interviewed whom identified as Māori felt that their cultural beliefs and values were supported. Staff had not had health equity and Te Tiriti o Waitangi training.</p>	<p>Not all staff have completed health equity and Te Tiriti o Waitangi training.</p>	<p>Provide evidence that staff have completed health equity and Te Tiriti o Waitangi training.</p> <p>180 days</p>
<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</p>	<p>PA Moderate</p>	<p>All residents reviewed had assessments completed including behaviour, fall risk, nutritional requirements, continence, skin, cultural, and pressure injury assessments. The GP visits the service once a week and is available on call when required. Medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed and interview conducted with the GP. Residents' medical admission and reviews were completed. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>Progress notes were completed on every shift and more often if there were any changes in a resident's condition, however the NM/registered nurse was not signing off progress notes completed by care staff weekly as per policy requirements, including completing progress notes daily for a resident assessed as requiring hospital level of</p>	<p>(i) No assessment was completed for a resident who had significantly deteriorated in the secure unit.</p> <p>(ii) Residents' nutritional profiles were not reviewed six-monthly as required.</p> <p>(iii) Progress notes were not being signed off and completed by the nurse manager/registered nurse as per policy requirements.</p>	<p>(i) Provide evidence of appropriate and timely assessments for residents' change in status.</p> <p>(ii) Complete residents' nutritional profiles six-monthly as per policy requirements.</p> <p>(iii) Ensure progress notes are completed as required.</p> <p>90 days</p>

<p>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>		<p>care.</p> <p>One resident in the secure unit had significantly deteriorated requiring more care, and there was no assessment completed to reflect current condition. Residents' nutritional profiles were not consistently reviewed every six months as per policy requirements. Not completing all this within the required time frames had a potential of not managing residents' identified needs as required.</p>		
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>Monitoring of medicine fridge temperatures was completed, and this was evidenced in records sighted and an improvement is required to ensure medication room temperatures are completed as required. The effectiveness of pro re nata (PRN) medications was documented in the progress notes. PRN medications being prescribed were transcribed on the signing charts.</p>	<p>(i) Medication room temperatures were not being completed as required.</p> <p>(ii) PRN medications were being transcribed by staff on the pharmacy signing charts.</p>	<p>(i) Ensure medication room temperatures are completed as per policy and legislative requirements.</p> <p>(ii) Ensure PRN medications are not transcribed by staff on signing charts.</p> <p>90 days</p>
<p>Criterion 4.1.2 The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Moderate</p>	<p>At the time of audit, the exterior of the building was supported by scaffolding and clear signage to support the exterior painting of the roof. Fire exits and main walkways and front entrance remained uninhibited. There was safe access for emergency services to provide support if necessary. Five residents were able to safely access out their bedroom sliding doors on the west side of the facility;</p>	<p>External scaffolding blocked the external pathway affecting five residents' bedrooms on the west side of the facility.</p>	<p>Ensure that the external environment is safe and accessible to promote safe mobility and independence.</p> <p>90 days</p>

		however, the external walkway outside the bedrooms was blocked.		
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Moderate</p>	<p>Fire training and civil defence procedures for staff occur at time of orientation and then every six months. Fire training last occurred 1 December 2023; however, only eight of 31 staff attended this training. Staff interviewed were aware of what to do in a fire, and were able to show where the civil defence supplies were; however, they were unable to explain what they would do in a civil defence emergency or whom they would contact, and they did not know where the procedure/s were or who the civil defence contacts were, nor the support systems that were available in the community.</p>	<p>There was a low attendance of staff that attended fire training, staff interviewed did not know what to do in a civil defence emergency nor where to access the procedures specific to their facility and/or who their support systems were in the community.</p>	<p>Provide evidence of appropriate information/procedures and training of staff to respond to identified fire and civil defence procedures/emergencies.</p> <p>90 days</p>
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	<p>PA Moderate</p>	<p>Staff know the residents well. There have been no complaints in regard to timely response to call bells. Residents and whānau interviewed were happy with the response time from staff. The NM interviewed confirmed that despite many attempts to fix the call bell system they will not replace it until they complete the next part of their build. Residents have access to hand bells, although none were observed in the below rooms on day of audit. The rest home does have a call bell system, however for some residents the call bell in their bedroom and/or individual toilet/shower/communal toilet or shower is not working.</p>	<p>The current call system in the rest home is not appropriate to meet the needs of the residents.</p>	<p>Provide evidence of an appropriate call bell system.</p> <p>180 days</p>

		<p>At the time of audit all call bells were checked which resulted in the following call bells being found to be not working:</p> <ul style="list-style-type: none"> <li>- The lounge sunroom</li> <li>- The toilet call bell next to the lounge sunroom was not working and wires were showing</li> <li>- Room three had no call bell in their ensuite toilet (occupied room)</li> <li>- Room six – there was no hand call bell to ring (but worked once connected); the light outside the room was also not working (occupied room)</li> <li>- Room eight – had no hand call bell (but worked once connected) (occupied room)</li> <li>- Room 12 – the call bell was working, however the light outside the room did not (occupied room)</li> </ul>		
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and</p>	PA Low	<p>The service has a clearly defined and documented IP programme implemented that was developed with input from external IP services. The IP programme was approved by the governance body and is linked to the quality improvement programme. However, the IP programme was not reviewed annually as per standard requirements. The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practices. The IP policies reflect the requirements of the infection prevention and control</p>	<p>There was no evidence of an annual review of the IP programme.</p>	<p>Ensure that the IP programme is reviewed annually to meet the standard requirement.</p> <p>180 days</p>



reported on annually.		standards and include appropriate referencing. The staff understood the implemented infection prevention and control policies and procedures.		
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.