

Jass Holding Limited - Janelle Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Jass Holding Limited

Premises audited: Janelle Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 25 March 2024 End date: 26 March 2024

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 18

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Janelle Rest Home located in Papakura, Auckland. The service provides rest home care for up to 20 residents. There were 18 residents on the day of the audit.

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

There were no previous certification shortfalls.

This surveillance audit identified improvements are required around care plan interventions and evaluations, medication management and the inclusion of ethnicity in surveillance data.

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 provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a Māori health plan and residents and staff state that culturally appropriate care is provided. The service works 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.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens to and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau.

There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The quality and risk management systems are focused on quality service provision and care. The business plan includes a mission statement and outlines current objectives. There are quality and risk management processes that take a risk-based approach. Policies and procedures are current.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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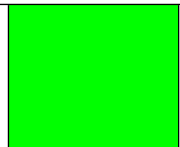
The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and evidence service integration. Resident files included medical notes by the general practitioner.

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

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

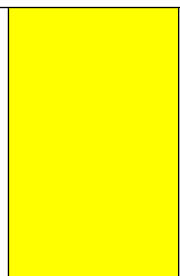
Residents are referred or transferred to other health services as required.

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.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well-maintained. There is a current building warrant of fitness. Electrical equipment and calibration are up to date. External areas are accessible, safe, and meet the needs of residents living in this care home.

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

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is a restraint-free environment, and this is supported by the management and policies and procedures. There were no residents using restraint at the time of the audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should restraint use be required in the future. A suitably qualified restraint coordinator manages the process. The staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

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	15	0	2	1	0	0
Criteria	0	45	0	3	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The service has a cultural safety policy and a Māori health plan, which together outline how the facility responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. This is supported by a Māori advisor who also provides support to the board.</p> <p>All residents who identify as Māori are provided with equitable services based on Te Tiriti o Waitangi and the principles of mana motuhake. Care is provided in a way that focuses on the individual and considers beliefs, values, and culture. The facility manager reported that care plans include cultural assessments with cultural links and provided an opportunity for the service to cater to any cultural needs. Documentation reflected their individual values and beliefs. The management team and staff have completed training on Te Tiriti o Waitangi and health equity.</p> <p>Interviews with four staff (one registered nurse (RN) two healthcare assistants, one cook) and one facility manager (FM) described ways they apply the principles of Te Tiriti into practice in relation to their role.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p>	FA	<p>There is a Pacific peoples policy that commits to providing appropriate and equitable care for residents who identify as Pasifika. The service provider</p>

<p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>has a current Pacific people's policy and includes the Pacific health plan, that guides on how Pacific people who engage with the service are supported. The service had residents and staff who identify as Pasifika. There is a Pasifika representative on the board. The staff interviewed highlighted the importance of understanding and supporting each other's culture.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>All staff interviewed at the service understood the requirements of the Health and Disability Commissioner's 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. Six residents and two family/whānau interviewed, reported the Code was adhered to and residents were aware of their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<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. All staff have received training around identifying and reporting abuse or neglect or any issues related to discrimination; coercion; harassment; physical, sexual, or other exploitation. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The facility manager (FM) 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 bullying, harassment, and discrimination policy, are in place. The policy</p>

		applies to all staff, contractors, visitors, and residents.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation service plans were signed by residents who are competent and able to consent, and a medical decision was made by general practitioners (GPs) for residents who were unable to provide consent. This was verified in interviews with residents and family/whānau.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints/compliments management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code of Rights which is the right to complain, to be taken seriously, respected, and to receive a timely response. The service has a complaints' register in place. There were no complaints lodged in 2022, 2023 and in 2024 year to date. The FM reported that the complaint process timeframes are adhered to, and service improvement measures are implemented as required. Documentation including follow-up letters and resolution are completed and managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they had, are addressed promptly. There were several compliments received from residents and family/whānau.</p> <p>Families/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability</p>

		<p>Services Consumers' Rights is visible, and available in te reo Māori, and English. Residents and family/whānau spoken with expressed satisfaction with the complaint process. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed. There have been no external complaints reported since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Janelle Rest Home is located in Papakura Auckland. Janelle Rest Home is a limited liability company with two owners; the facility manager (FM) and one director, who supports the maintenance programme. The FM is an RN with over 15 years' experience in aged care management. They have held nursing and management roles in previous rest home/hospitals, have a Bachelor Nursing, Bachelor of Law, and a level 7 NZQA management certificate.</p> <p>The service is certified to provide rest home level care for up to 20 residents. On the day of audit, there were 18 residents, all at rest home level of care, with two on mental health contracts and one on a young person with a disability (YPD) contract. All other residents are under the Age-Related Residential Contract (ARRC). There is one double room which is used as single occupancy.</p> <p>The facility manager was able to describe the service's quality goals. The service organisation philosophy and strategic plan reflect a resident/family centred approach to all services. There is a documented business plan (2022 to 2025) which includes the organisational chart, mission, and vision. The document sighted describes annual and long-term objectives and the associated operational plans.</p> <p>The quality plan for 2023 was reviewed and achieved the goal of reducing falls and staff manual handling injuries. This was achieved and a new plan for 2024 is documented and includes the introduction of an electronic resident management system. The FM interviewed, and meeting minutes sighted confirmed that the facility manager's monitors quality goals and reviews all aspects of the quality programme. The FM meets with the owner/director each Tuesday or more frequently if required. Formal board meetings are held biannually, and meetings minutes are documented. The FM has responsibility for clinical governance and the owner/director</p>

		<p>monitors and reviews organisational performance. Board members include a Māori cultural advisor and a Pasifika representative. The FM is maintaining up-to-date knowledge of evidence-based practice through ongoing professional development. This was confirmed by interview and review of training records.</p> <p>The Māori health plan incorporates the principles of Te Tiriti o Waitangi, including partnership in recognising all cultures as partners, and valuing each culture for the contributions they bring. The FM liaises with other external organisations to assist in removing barriers for Māori, improving policy and processes to be equitable and inclusive. There is a collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service implements the organisation's quality and risk management programme. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a programme of internal audits and a process for identifying and addressing corrective actions. The risk management plan and policies and procedures clearly describe all potential internal, and external risks and corresponding mitigation strategies in line with National Adverse Event Reporting Policy.</p> <p>Internal audits combined monthly staff and quality meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. Corrective actions are being documented to address service improvements, with evidence of progress, discussion in staff meetings and sign-off when achieved. Meetings provide an avenue for discussions in relation to key performance indicators (including clinical such as infections, bruising, pressure injuries, skin tears, urinary tract infections, restraint etc); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Meeting minutes and quality data are accessible to staff.</p> <p>Resident/family satisfaction surveys completed in 2022 and 2023 reflected high levels of satisfaction in all areas, that includes, activities, meals, cleaning, documentation, communication, and staff positive attitudes. The FM reported that the service has addressed areas of concern from the survey. Evidence of this was sighted in the meeting minutes and corrective</p>

		<p>action reports reviewed. Interviews with residents and family/whānau were all positive and complimentary of all aspects of the service.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards.</p> <p>A health and safety system is in place with identified health and safety goals. Hazard identification forms held at the entrance, and an up-to-date hazard register was sighted. Health and safety policies are implemented and monitored by the health and safety officer (FM). There is an annual manual handling session for staff. Staff state that they are kept informed on health and safety. Individual fall prevention strategies are in place for residents identified at risk of falls.</p> <p>Individual reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed for trends. Results are discussed at the meetings. Eight resident-related accident/incident forms were reviewed, which evidenced each event involving a resident reflected a clinical assessment and follow up by a registered nurse.</p> <p>Discussions with the FM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been no Section 31 notifications required to be completed since the last audit. Two Covid-19 infection outbreaks in July 2022 and September 2023 was reported following MoH guidelines, managed and staff debriefed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced registered nurses and healthcare assistants, with support from the management team. All staff maintain current first aid certificates so there is always a first aid staff member on duty. The facility manager and RN provide cover for all clinical issues.</p>

<p>centred services.</p>		<p>Continuing education is planned on an annual basis, including mandatory training requirements. The facility manager reported that staff training is completed face to face. The FM/RN and RN attend online training. Evidence of regular education provided to staff was sighted in attendance records. Training and competency topics included (but were not limited to) Covid-19 (donning and doffing of personal protective equipment and standard infection control precautions); complaints and open disclosure management; challenging behaviour; cultural safety; Te Tiriti o Waitangi; safe medicine management; restraint minimisation; first aid; and fire evacuation.</p> <p>Three of the five healthcare assistants have a New Zealand Qualification Authority qualification, level 4, one HCA has level three, and one HCA has level two. Staff records reviewed demonstrated completion of the required training and competency assessments. The facility manager reported that the model of care ensured that all residents are treated equitably.</p> <p>Registered nurses maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for registered nurses and associated health contractors (GPs, pharmacists, physiotherapist, podiatrist, and dietitian).</p> <p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. All staff records reviewed evidenced completed induction and orientation. A total of five staff files (one registered nurse, three healthcare assistants, one cook) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreements; and position descriptions.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff</p>

		reported that they have input into the performance appraisal process, and that they can set their own goals.
<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>	PA Low	<p>Five residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. Five files reviewed, including one resident on a mental health contract. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and healthcare assistants.</p> <p>InterRAI assessments were completed within 21 days of admission; however interRAI reassessments were not always completed within required timeframes and did not always inform the care plans. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau/enduring power of attorney (EPOA). Long-term care plans were also developed within 21 days of admission; however. evaluations have not occurred six monthly. Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care.</p> <p>The current general practitioner service is a local provider providing temporary support. The previous provider recently withdrew services in response to difficulty in hiring sufficient GPs to provide ongoing care. The temporary GP service does not have access to the electronic medication system. Previous medical admissions have been completed within the required timeframes. The service is currently transporting the residents to the temporary service where the resident is reviewed, and a manual paper-based copy of the medication chart is reviewed and signed. Completed medical records from each visit are emailed to Janelle Rest Home, printed, and added to the resident's file. The temporary GP service was unavailable to interview. The FM advised the service accesses the local 24-hour medical service for after hour consultations. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The RN and FM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes</p>

		<p>were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes. Care plans were not always updated following significant changes in health status.</p> <p>A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts; nutritional intake; weight; and bowel charts. Neurological observations have been fully completed according to policy. Incidents/accidents forms and documentation reviewed evidenced that this was completed in a timely manner.</p> <p>There were two active wounds at the time of the audit. Wound management plans were implemented with regular evaluations completed; however there were not always interventions documented for healthcare assistants to follow around the care of the dressing.</p> <p>Residents on mental health and YPD contracts had their unique needs identified and managed appropriately.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner</p>	<p>PA Moderate</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GPs complete three-monthly medication reviews. A total of 10 medication charts were reviewed. Allergies were documented and indications for use are noted for pro re nata (PRN) medications. Eye drops and nasal sprays were not</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>always dated on opening.</p> <p>Medication competencies were current and completed in the last 12 months for all staff administering medicines. The RN and facility manager on interview stated medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of one incident was reviewed.</p> <p>Expired medicines are returned to the pharmacy promptly; however, on the day of audit oral medication in current use had expired over five months previously. Weekly controlled drug stocktakes were completed as required; however, six-monthly checks have not been completed. Monitoring of medicine fridge temperatures were conducted regularly; however, room temperatures have not been documented as required.</p> <p>The caregiver was observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked treatment rooms, and cupboards.</p> <p>There were no residents self-administering medications and there is a self-medication policy in place when required. The RN reported that residents are encouraged to self-administer medication if competent to do so. There were no standing orders in use.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<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 in place which was current.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given the option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. Family/whānau and residents interviewed indicated satisfaction with the food service.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they</p>	<p>FA</p>	<p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health</p>

<p>know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>providers to ensure the safety of the resident was completed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose. There was a current building warrant of fitness which expires 8 November 2024, and calibration of equipment and electrical checks were completed in March 2023, and an inventory was maintained. Hot water temperatures are checked monthly. Where temperatures are above accepted ranges, a corrective action is implemented, and a plumber is called. There is also a contracted electrician if required.</p> <p>The residents and family/whānau interviewed expressed satisfaction with the environment being suitable for their needs and family member's needs. There were well-maintained garden areas. The environment was clean and tidy throughout the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the</p>	<p>FA</p>	<p>The service has a clearly defined and documented infection prevention control (IPC) programme implemented that was developed by an external consultant with input from external IPC services. The IPC programme was approved by the external consultant, in consultation with the FM, and is linked to the quality improvement programme. The IPC programme was current. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing</p>

<p>needs, size, and scope of our services.</p>		<p>annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Low</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented ever the service does not yet collect ethnicity data. The health care-associated infections (HAIs) being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Results of surveillance and recommendations to improve performance are discussed at staff, management meetings and reported back to the owner/director.</p> <p>Infection prevention audits were completed including cleaning, laundry, personal protective equipment (PPE), donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed internally with results from previous months.</p> <p>There were two Covid-19 infection outbreaks reported in July 2022 and September 2023 since the previous audit. These were managed in accordance with the pandemic plan, with appropriate notification completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am</p>	<p>FA</p>	<p>The service is committed to a restraint-free environment in all its facilities. There were robust strategies in place to eliminate restraint use. The restraint committee is responsible for the organisation's restraint elimination strategy and for monitoring restraint in the organisation. Documentation confirmed</p>

<p>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.</p>		<p>that restraint is discussed at staff and management meetings and relevant information is presented to the owner/director.</p> <p>There was no restraint in use on the day of the audit. Staff and the restraint coordinator confidently discussed the alternatives to restraint use. Training records showed that all clinical staff attended restraint education and completed a restraint competency during orientation/induction. Training is planned annually.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally</p>	PA Low	As per policy, the registered nurse is responsible for assessments and documentation of care plans. Staff were familiar with the residents’ care needs as confirmed on interview, handover notes and progress notes, however care plans did not always reflect all required interventions.	<p>(i). One resident with a current wound did not have interventions documented for care staff around care of the dressing.</p> <p>(ii). One resident with a history of seizures did not have management of these documented in the care plan.</p> <p>(iii). One resident with a recent episode of wandering did not have associated interventions documented in the care plan.</p>	<p>(i) –(iii). Ensure interventions to manage all required cares re documented in sufficient detail to guide care staff.</p> <p>90 days</p>

<p>competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</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</p>	<p>PA Low</p>	<p>The registered nurse is responsible for assessments and documentation of care plans. There was evidence of assessment updates and evaluations conducted for some residents with changes to care plans made; however, interRAI re-assessments and care plan updates and evaluations were evidenced to be inconsistent in 2023.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The short term care plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment</p>	<p>(i). InterRAI reassessments were not completed within the six month period for two of four resident files where a review was required.</p> <p>(ii). One resident on return from hospital did not have their care plan reviewed to reflect changes associated with a pacemaker insertion or changed dietary and nutritional interventions documented.</p> <p>(iii). Care plan evaluations</p>	<p>(i). Ensure interRAI assessments are completed with required timeframes.</p> <p>(ii). Ensure that all acute changes to care requirements are documented in a short term or the long-term care plan updated.</p> <p>(iii). Ensure long term care plan evaluations are reviewed at least</p>

<p>person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>process. Progress notes are maintained by the healthcare assistants and registered nurses. On interview healthcare assistants were familiar with the cares required by current residents.</p> <p>Relatives and residents interviewed felt informed about changes to their/their relative's care.</p>	<p>have not been completed within required timeframes for four of five resident files reviewed.</p> <p>(iv). Care plan evaluations do not reflect residents progression towards meeting goals.</p>	<p>six-monthly.</p> <p>(iv). Ensure care plans reflect residents progression towards meeting goals.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>Healthcare assistants and the registered nurses are responsible for medication administration. Weekly controlled medication stock checks are completed as scheduled; however, six-monthly checks have not been completed in accordance with medication legislation. The medication fridge temperatures are consistently recorded; however, room temperatures checks are not evidenced as being monitored in 2024. The medication policy states all eye drops and nasal sprays are dated on opening; however, this has not been consistently implemented. The RN's check medications for expiry dates on a regular basis; however, expired oral medications were in use on the days of audit.</p>	<p>(i). Two eye drops and two nasal sprays in current use were not dated on opening.</p> <p>(ii). One oral medication in current use expired in September 2023</p> <p>(iii). Six monthly controlled drug checks are not evidenced as completed.</p> <p>(iv). Medication room temperatures have not been documented since beginning of December 2023.</p>	<p>(i). Ensure eye drops and nasal spray medications are dated on opening.</p> <p>(ii). Ensure medications are disposed of in accordance with manufacturer's instructions.</p> <p>(iii). Ensure six monthly controlled medication checks are completed.</p> <p>(iv). Ensure medication room temperatures are monitored.</p> <p>60 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools,</p>	<p>PA Low</p>	<p>Surveillance tools are used to collect infection data and standardised surveillance</p>	<p>Residents ethnicity data is not evidenced as being included</p>	<p>Ensure ethnicity is included in the collation</p>

documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.		definitions are used. Infection data is collected, monitored, and reviewed monthly; however, the service does not yet collect ethnicity data.	in the surveillance data.	of infection surveillance data. 90 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.