

Te Ata Resthome Limited - Te Ata Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Te Ata Resthome Limited
Premises audited:	Te Ata Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 26 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:	27

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Te Ata Rest Home provides rest home level care for up to 29 residents.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Standard NZS 8134:2021 and the contract held with Te Whatu Ora – Health New Zealand Waikato (Te Whatu Ora Waikato). The audit process included the review of policies and procedures, the review of resident and staff records, observation, and interviews with residents, family/whānau, staff, management and a general practitioner.

Te Ata Rest Home Limited owns and operates the rest home. The manager is supported by a clinical nurse manager. An additional registered nurse is available.

The residents and family/whānau spoke highly of the service, which provides a homely environment.

No areas of improvement were identified at the previous audit. Two new identified areas for improvement for this surveillance audit relate to the infection prevention programme annual review and maintaining ethnicity data as required.

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.

Mana motuhake is respected and Te Whare Tapa Whā model of care is utilised in care planning.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Person-centred service that aligns with the Code of Health and Disability Services Consumers' Rights (the Code) is provided. There are appropriate systems and procedures for reporting and recording any allegation of, or suspected, abuse and/or neglect. Residents' property and finances are protected, and professional boundaries are maintained.

Consent is obtained where and when required. Whānau and legal representatives are involved in consent processes that comply with the law. Residents and family members/whānau confirmed that they were always treated with dignity and respect.

Processes were in place to resolve complaints promptly and effectively 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.

Subsections applicable to this service fully attained.

Quality and risk management systems are focused on quality provision of care. Actual and potential risks were identified and mitigated. The service complied fully with all statutory and regulatory reporting obligations and met the requirements of the contract with Te Whatu Ora Waikato.

Staff coverage was maintained on all shifts. The clinical nurse manager covers the after-hours service. Staff employed are provided with orientation and receive ongoing training and education. All employed and contracted health professionals maintain a current annual practising certificate.

Staff and residents' records were maintained and stored safely and securely and meet all health information requirements.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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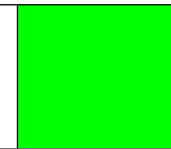
Residents' assessments and person-centred care plans are completed by suitably qualified personnel in a timely manner. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents were reviewed regularly and referred to specialist services and to other health services as required. Transfers to other health care services and discharges were managed in an appropriate manner.

The medicine management system in use is appropriate for the size and scope of the service. Medicines were safely stored and administered by staff who had current medication administration competency.

A holistic approach to menu development was adopted ensuring food preferences, dietary needs, intolerances, allergies, and cultural preferences are considered, in consultation with residents and family/whānau where appropriate. Residents verified satisfaction with meals.

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

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

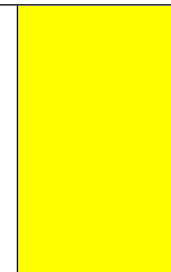


Subsections applicable to this service fully attained.

The facility meets the needs of the residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment testing and calibration of medical equipment were up to date. An inventory is maintained. Internal and external areas are accessible, safe and meet the needs of residents living at this rest 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.

The clinical nurse manager oversees the implementation of the infection prevention programme, which is linked to the quality management system. The IP programme was approved by the owner/manager.

Staff receive infection prevention education during the induction period and annually.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. An infection outbreak reported since the previous audit was managed effectively. Appropriate processes were implemented to prevent the spread of infection. Infection rates and significant infection events are reported to the owner/manager.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Policies and procedures are in place that verify promotion of eliminating restraint use. At the time of the audit no restraints were in use. Training is provided for all staff on de-escalation techniques and managing challenging behaviour. Annual reviews occur, and the clinical nurse manager is the restraint coordinator who oversees the restraint elimination programme.

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	16	0	2	0	0	0
Criteria	0	48	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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>Te Ata Rest Home has a cultural policy. The clinical nurse manager (CNM) ensures the residents who identify as Māori receive effective services framed by Te Tiriti o Waitangi and works collaboratively with the individual residents and their whānau, to embrace and support a Māori world view of health. There were staff who identified as Māori at the time of the audit.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Policies and procedures are available to guide staff in the care of Pacific peoples. The provision of equitable services that are underpinned by Pacific peoples' worldview will be sought with expert advice if not available from the resident and family and/or the community. Staff members were also available to provide advice as needed.</p> <p>Cultural assessment and care plans for residents of each Pacific descent were available to implement. Models of care are documented and implemented. No residents on the day of the audit identified as Pasifika.</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 receive training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and in ongoing mandatory staff training, as was verified in staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code in English and te reo Māori and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed at the reception area and on notice boards around the facility. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. Residents and family/whānau confirmed that services were provided in a manner that complies with 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>Professional boundaries, misconduct, and code of conduct information is included in the staff employment agreement. The employee handbook has information in relation to discrimination, abuse and neglect. These are discussed with all staff during their orientation. There was no evidence of discrimination or abuse observed during the audit. In interviews, staff confirmed awareness of professional boundaries and understood the processes they would follow, should they suspect any form of exploitation.</p> <p>Residents' property is labelled on admission. Residents' money was kept securely in the manager's office and residents confirmed they can access their money whenever they want. Residents expressed that they were treated fairly, they felt safe, and protected from abuse and neglect. There were monitoring systems in place, such as residents' satisfaction surveys, to monitor the effectiveness of the processes in place to safeguard residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with</p>	FA	<p>Staff understood the principles and practice of informed consent. Permissions granted and general consent are part of the residents' admission agreement which the resident and/or their enduring power of attorney (EPOA) sign on admission. Consent for specific procedures had been gained appropriately. Advance directives were documented where</p>

<p>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>applicable. Staff were observed to gain consent for daily cares.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaint/compliment management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code) which is the right to complain and to be taken seriously and to receive a timely response. Te Ata Rest Home has its own Māori health advisor and resident advocate.</p> <p>Staff interviewed stated that they were fully informed about the complaints procedure and where to locate the forms if needed. The families interviewed were pleased with the care and management provided to their family members. They clearly understood their right to make a complaint or to provide feedback as needed to improve service delivery, to act on behalf of their family/whānau member. Family members commented that any issues were dealt with swiftly and professionally. The manager is responsible for complaints management and maintaining the complaints register.</p> <p>There has been one written complaint which has been closed out. No external complaints have been received from the Health and Disability Commissioner's (HDC) office, Te Whatu Ora or the Ministry of Health (MoH) since the last audit.</p> <p>In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of a te reo Māori interpreter if this was required.</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>Te Ata Rest Home Limited known as Te Ata Rest Home provides residential care for rest home level care residents. There is one director who is the manager of the facility. The manager is supported by the clinical nurse manager.</p> <p>The director interviewed explained the commitment to the implementation of the Ngā Paerewa Standards, and that the health and safety of the residents is a priority. A letter is provided to families/whānau on admission and explains everything about the facility and the services provided and refers to 'the Te Ata Way' which is the philosophy of the service.</p> <p>The manager and the CNM have completed training on Te Tiriti o Waitangi and equity. The manager endeavours to provide equitable services for Māori as documented in policy and aims to reduce the barriers for those residents who identify as Māori and those with disabilities. The manager and CNM ensure they provide a good honest relationship with all residents, families, extended families/whānau and local community groups. Core cultural competencies are completed by all staff as part of orientation and the process is ongoing.</p> <p>The service has a focus of ensuring services for tāngata whakaha are undertaken to improve resident outcomes and this was explicit within the business and strategic plan reviewed. The strategic plan has set objectives for 2024 to 2025. Regular reviews occur to assess progress in meeting the objectives.</p> <p>Te Ata Rest Home provides Age-Related Residential Care (ARRC) contracts with Te Whatu Ora Waikato for rest home level care. Respite care is also available.</p> <p>Twenty-seven residents were receiving rest home level care, and no residents were on respite care on the day of the audit. The maximum number of beds is 29.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of quality improvement. This includes the management of incidents and accidents, complaints, internal and external activities,</p>

<p>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>monitoring of outcomes, policies and procedures, health and safety reviews, and clinical incident management. The manager is responsible for implementation of the quality and risk system with input from the CNM, providing the clinical advice as needed. The manager ensures all the documents are managed effectively within the required timeframes.</p> <p>There are a range of internal audits which are undertaken using template forms recorded electronically. The service prioritises those related to key aspects of services and resident and staff safety. Any issues raised were addressed with corrective action requests (CARs). The staff were informed of the results at the staff meetings.</p> <p>Internal audits evidenced that neurological observations were being undertaken following unwitnessed falls. Facility and environmental audits were completed six-monthly. Infection prevention and control and laundry audits were noted. Surveys are undertaken, including a resident cultural lifestyle/social survey for each resident participating. Good response was received from the residents. Feedback from the family/whānau interviewed was positive and stated their family members were well cared for at this facility. Several residents have no family/whānau contacts. Staff surveys were completed annually. Quality improvement projects were currently being undertaken including 'Our Rights', Pae Ora and a medication management project.</p> <p>Health and safety systems have been implemented. There was a current, up-to-date hazard register and a hazardous substance register.</p> <p>A risk management plan 2024 is reviewed annually. Aims and objectives were documented and reviewed at regular intervals. The manager was fully informed about the National Adverse Events Reporting Policy. There have been no section 31 notifications made since the previous audit.</p> <p>Quality meetings are held two-monthly following the infection prevention, health and safety and champion meetings. Any issues can then be acted upon as needed or addressed at the staff meetings. Minutes of the meetings were reviewed. The CM and the manager meet weekly. Staff interviewed confirmed they felt well supported. The care staff understood the Māori constructs of Pae Ora and have completed cultural competencies and endeavour to ensure Māori residents received culturally appropriate care.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented process determining staffing levels and skill mix to provide clinically and culturally safe care, twenty-four hours a day, seven days a week (24/7). Rosters are completed and adjusted in response to resident numbers and level of care and when a resident's needs change. Care staff confirmed that there were adequate staff to complete the work allocated to them. No agency staff are used at this facility. Two registered nurses were available, and an additional registered nurse was employed on the day of the audit. No shifts were left uncovered.</p> <p>The CNM is on call 24/7 and resides close to the facility.</p> <p>The care givers have all completed the competencies required on employment. The training plan was sighted. Staff were provided opportunity, for example, to learn te reo Māori, cultural training and aspects of TeTiriti o Waitangi, Te Whare Tapa Whā September and October 2023, manual handling and transfers November 2023, abuse and neglect 19 July 2023, and education has occurred monthly in 2024 as per the training plan reviewed. The aim is to re-evaluate the training plan to ensure the needs of people are met equitably, to include high quality Māori health information in the education provided, and to invest in the staff health equity expertise.</p> <p>There were 12 care staff in total. Six care staff have completed level four, two level three and four level two in the recognised New Zealand Qualification Authority (NZQA) aged related courses. The level four and three care staff have all completed medication competencies. The CNM is interRAI competent and the RN is enrolled to complete the training this year.</p> <p>The diversional therapist (DT) has level four and works full time Monday to Friday. There is an activities coordinator who works part time and is currently training towards the level four DT qualification. All staff are encouraged to complete their first aid training. A staff list was reviewed. The RNs also complete resuscitation two-yearly. A first aider is rostered onto the roster each shift. Handover between the shifts was observed.</p>
Subsection 2.4: Health care and support workers	FA	All employed and contracted registered health professionals had current annual practising certificates. The office manager maintained these

<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. 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.</p> <p>A sample of staff records reviewed confirmed the organisation's policies and procedures are being consistently implemented. A comprehensive orientation and induction programme is implemented, and staff confirmed their usefulness and applicability and felt well supported. New care staff are buddied to work with a senior caregiver for orientation, and time is allocated to spend time with the CNM. Additional time is provided as required. A checklist is completed. A record of all staff is maintained, and ethnicities are recorded. Staff performance is reviewed and discussed three months after employment and annually thereafter, and copies of these were retained in the staff records reviewed. Staff confirmed they were pleased with the induction process.</p> <p>There were staff of different nationalities employed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The registered nurses (RNs) complete admission assessments, care plans and care plan evaluations. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs were used. Assessments were completed in a timely manner. Staff have completed appropriate cultural safety training.</p> <p>The contracted general practitioner interviewed, reviews all new residents in a timely manner.</p> <p>Te Whare Tapa Whā model of care is utilised for residents who identify as Māori. Māori healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga were included in the person-centred care plans. Relevant interRAI outcome scores have supported care plan goals and interventions. The care plans reflected residents' strengths, goals, and aspirations, aligned with their values and beliefs. Early warning signs and risks that may affect a resident's wellbeing, were documented where applicable. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Identified family/whānau goals and aspirations were addressed in the care plans, where applicable.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes. Changes noted were reported to the RN, as verified in the records</p>

		<p>sampled. Long-term care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. Care evaluation included the residents' degree of progress towards achieving their agreed goals and aspirations, as well as family/whānau goals and aspirations, where applicable. Where progress was different from expected, the service, in collaboration with the resident, family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. Residents and family/whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management system implemented is appropriate to the scope of the service. An electronic medication management system was used. All staff who administer medicines had a current medication administration competency. A health care assistant was observed administering medicines in an appropriate manner.</p> <p>Medicine allergies and sensitivities were documented on the resident's chart where applicable. Appropriate processes were in place for the safe management of standing orders.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation occurs as required. There was no expired medicine in the medication storage room. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug registers provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Appropriate processes were in place to support self-medication administration for competent residents. Staff understood the requirements.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identified residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A dietary preference form was completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual dietary preference forms were available in the kitchen folder.</p> <p>The service operates with an approved food safety plan. The current food control plan will expire in October 2024. Interviewed residents expressed satisfaction with the food options.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>A documented transfer and discharge policy is in place to guide staff practice. Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau or EPOAs. Residents' current needs and risk management strategies were documented, where applicable. Residents' family/whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well</p>	FA	<p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose.</p> <p>There was a current building warrant of fitness which expires 17 June 2024. Electrical resources testing and tagging was completed 7 March 2024 and medical equipment 23 March 2024. Calibration of equipment was checked 17 July 2023. An inventory was maintained and was available.</p>

<p>maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>Whānau/family interviewed were pleased with the environment being suitable for their family member's needs. There is an outside veranda and gardens provided with appropriate seating and shade. The business plan includes a commitment to ensuring the environment reflects the identity and aspirations of Māori. Each resident has their own bedroom with their own personal belongings. There was a large dining room to accommodate all residents, and two lounges are available, with easy access for residents to enjoy a peaceful quiet environment as needed. There is appropriate signage and a cultural notice board in place for staff and residents to view.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	PA Low	<p>The infection prevention (IP) programme is led by the RN who is the nominated infection prevention and control coordinator. Annual review of the IP programme was overdue.</p> <p>Staff have received relevant education in IP at orientation and through ongoing annual education sessions. Education with residents was on an individual basis when an infection was identified, and through group education in residents' meetings. Hand hygiene posters were posted around the facility.</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>	PA Low	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service. It is in line with priorities defined in the infection prevention surveillance programme. Surveillance information does not include ethnicity data.</p> <p>Infection prevention audits were completed, with relevant corrective actions implemented where required. Staff were informed of infection rates and regular audit outcomes at staff meetings and through compiled reports, as confirmed in interviews with staff. New infections were discussed at shift handovers for early interventions to be implemented.</p> <p>Infection outbreak reported since the previous audit was managed effectively with appropriate notification completed.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The CNM and staff understood that restraint is eliminated whenever possible. The CNM confirmed this is explicitly detailed in policy (sighted) and is communicated to staff during orientation and as part of the ongoing education programme. The CNM is the restraint coordinator and ensures the register is maintained. No residents were using a restraint on the day of the audit. Annual training is provided on de-escalation, cultural considerations and management of challenging behaviour.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 5.2.2 Service providers shall have a clearly defined and documented IP programme that shall be: (a) Developed by those with IP expertise; (b) Approved by the governance body; (c) Linked to the quality improvement programme; and (d) Reviewed and reported on annually.	PA Low	The IP programme is clearly defined and documented. It has been developed by those with IP expertise. The IP programme was approved by the management and is linked to the quality improvement programme. The IP programme was last reviewed in 2022.	The IP programme was overdue for annual review.	Ensure the IP programme is reviewed annually to meet the requirements of this criterion. 180 days
Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be	PA Low	Surveillance methods, tools, documentation, and analysis are described and documented using standardised surveillance definitions. Infection data is collected, monitored, and reviewed monthly. Ethnicity information is not included in surveillance data.	Infection surveillance does not include ethnicity data.	Ensure infection surveillance includes ethnicity data to meet the criterion

described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.		Surveillance data is reported to the owner/manager in management meetings.		requirements. 180 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, these 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.