

Waihi Lifecare (2018) Limited - Waihi Lifecare

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: Waihi Lifecare (2018) Limited

Premises audited: Waihi Lifecare

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

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

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 51

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

Waihi Lifecare provides rest home and hospital services for up to 54 residents. The service is in private ownership and managed by a facility manager who is supported by a clinical lead nurse.

The most significant change for the provider since the August 2023 partial provisional audit has been the cessation of primary maternity services and reconfiguration of the birthing unit into an area suitable for 11 residential age care beds. This area now contains rooms that are suitable to accommodate 10 dual purpose (rest home or hospital) beds and one dedicated rest home bed. It is anticipated that works will be completed by the end of March 2024. The provider has also reconfigured two single rest home bedrooms into two double dual-purpose rooms in December 2023 which increased the number of dual-purpose beds available to eight. The impact of these changes was assessed during the audit.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's agreement with Te Whatu Ora. The audit process included a sample of residents' and staff files, observations, and interviews with residents, family/whānau members, a director, management, and staff. No general practitioner was available or had time for an interview. Residents and family/whānau were complimentary about the care provided.

Four of the five corrective actions identified at the partial provisional audit have been resolved. These include, staffing, equipment, call bells, aspects of the external and internal environments including designated areas for hazardous waste, cleaning equipment and the safe storage of chemicals. The existing fire evacuation plan still needs to be reviewed by Fire and Emergency New Zealand (FENZ) to determine its suitability and confirm approval.

Three areas for improvement were identified at this audit. These relate to the timeliness of initial assessments, interRAI and cultural assessments, goals of care, review of care plans and the annual review of the infection control programme.

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 organisation is aware of its responsibilities under Te Tiriti o Waitangi and endeavours to enact the principles into everyday practice.

Mana motuhake is respected and Māori-specific care plans based on Te Whare Tapa Whā are available. Pasifika policies and procedures are aligned with national strategies embracing world views, cultural and spiritual beliefs.

The organisation maintains a socially inclusive and person-centred service which is aligned with the Code of Health and Disability Services Consumers’ Rights (the Code). Information is communicated in a manner that enables understanding and promotes informed choice. 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 are always treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

The complaints process aligns with consumer rights legislation.

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 directors and managers assume accountability for delivering a high-quality service with the support of clinical staff. Services are provided in ways that honour Te Tiriti o Waitangi and improve outcomes for Māori and people with disabilities. There were no perceivable barriers or equity issues for Māori. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Organisational performance is monitored and reviewed at planned intervals. The service has an organisation-wide approach to quality and risk. Quality and risk management systems are focused on improving service delivery and care. Staff are involved in quality activities through internal audits and staff meetings. Residents and families/whānau provide feedback via resident meetings, through the annual resident/relative satisfaction survey and other surveys specific to meals and activities. There was evidence that feedback received via these processes was acted on.

Adverse events are documented, investigated and analysed to determine if improvements can occur. Corrective actions are implemented to prevent recurrence where possible. The service complies with regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. Staff attend regular education/training and individual competencies are assessed.

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.

Residents' assessments and care plans are completed by suitably qualified personnel. 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 are reviewed regularly and referred to specialist services and to other health services as required. The transition, transfer, or discharge plan is documented. Transfers to other healthcare services and discharges are managed in an appropriate manner to allow residents' safety and continuity of care.

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

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

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

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

There is a current building warrant of fitness. Previous corrective actions related to reconfiguration of the birthing unit to 11 aged care beds have been resolved, with the exception of the fire evacuation plan.

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 lead oversees the implementation of the infection prevention programme, which is linked to the quality management system. The infection prevention programme was approved by the governance body.

Staff receive infection prevention education during the orientation 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. Infection outbreaks reported since the previous audit were managed effectively. Infection surveillance results are reported to the governance body monthly including significant infection events.

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 directors, managers and staff are committed to providing a restraint-free environment. Relevant policies and procedures are available.

There were three residents using one or two forms of restraint at the time of audit. Staff attend regular training and education on safe restraint use.

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	17	0	2	1	0	0
Criteria	0	51	0	4	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 principles of Te Tiriti o Waitangi are actively acknowledged in the organisational literature. Staff have attended ongoing training and education in cultural safety, the treaty, bias and discrimination. Until recently there had been no Māori residents in the facility. The cultural needs of the resident had not been assessed. Refer to corrective action in 3.2.3 about cultural assessment and care planning.</p> <p>A small number of staff identify as Māori. The staff interviewed believed that services are being provided in a culturally safe manner and that they have input into how services are developed and delivered.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for</p>	FA	<p>Waihi Lifecare has a range of policies and procedures on cultural safety and on the cultural needs of Pasifika peoples. These reflect Pasifika worldviews, cultural, and spiritual beliefs. There were no Pasifika residents in the home at the time of the audit. Pasifika staff were employed in different roles within the organisation.</p>

improved health outcomes.		
<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>The Code of Health and Disability Services Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility. Staff have received training on the Code as part of the orientation process and ongoing annual training. This was verified in interviews and staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code pamphlets are included in the admission documents provided on admission to services. Residents confirmed that their rights were observed.</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>Residents and family/whānau stated that they have not witnessed or suspected abuse and neglect, and that staff maintain professional boundaries. The employee handbook includes professional boundaries information. Information about individual values and beliefs, ethnicity, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics is sought from residents and their family/whānau on admission. Residents and family/whānau confirmed they were consulted on individual values and beliefs and staff respected these.</p> <p>Staff have received education on elder abuse and neglect. Residents reported that they are free to express any concerns to the management team when required, and these are responded to promptly.</p> <p>Residents' property is labelled on admission, and residents reported that their property is respected. Residents' money is safely stored.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p>	FA	<p>Residents confirmed they are provided with information and were involved in the consent processes. Where required, residents' legal representatives were involved in the consent process. Informed consent was obtained as part of the admission documents which the resident and/or their legal representative sign on admission.</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>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>Policy and procedure outline the process for complaints, including specifying considerations for Māori. A fair, transparent, and equitable system is in place to receive and resolve complaints and that leads to improvements. This meets the requirements of the Code.</p> <p>Complaints information is given to residents and family/whanau on admission along with advocacy information. Residents and family/whānau interviewed understood their right to make a complaint, knew how to do so, and understood their right to advocacy. A hard copy complaint/compliment register is maintained by the facility manager. Records of the one complaint received since the previous audit contained evidence of investigation, follow-up, and replies to the complainant. Corrective actions (where possible) had been identified and implemented.</p> <p>The FM was not aware of any complaints received from the Office of the Health and Disability Commissioner (HDC) or Te Whatu Ora.</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>	FA	<p>Waihi Lifecare is committed to maintaining full compliance with all legislative requirements and contractual obligations with the funder. The organisation has a mission statement, philosophy, vision, and core values and a statement of purpose. The business plan is clearly documented and includes annual goals. These goals are reviewed for progress and achievement at regular intervals with a full review and report each year.</p> <p>The director and management team confirmed knowledge of the aged</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>residential care sector. The director assumes accountability for delivering high-quality services through the implementation of the business plan, and having a leadership structure in place which is appropriate for the size and nature of the services provided. Governance demonstrated leadership and commitment to quality and risk management. The director and managers meet weekly to discuss business and operational matters and to review clinical data such as incidents, infections and restraint. These are signed off by the director.</p> <p>Policy outlines the service’s commitment to improved outcomes and equity for Māori, Pacific peoples, and tāngata whaikaha. Health plans are available that align with Te Whare Tapa Whā and Ola Manuia. Mechanisms are in place to gather equity data and improve outcomes, including infections. The organisation actively works to reduce any barriers to access ensuring the entry process is equitable. This includes reviewing services for tāngata whaikaha via the care planning and review process and environmental audits.</p> <p>The service provider has contracts with Te Whatu Ora Waikato for rest home and hospital level care, respite care, long term chronic care, and primary care inpatient services. Service delivery and the contract for primary maternity services has ceased.</p> <p>On the day of audit 51 of the 54 available rest home/hospital beds were occupied. Twenty (20) residents were assessed at rest home level of care, and thirty-one (31) residents were assessed as hospital level of care, one of whom was under a long-term support chronic health care contract (LTS-CHC). There were no respite or primary care residents on site.</p> <p>On the day of audit and until the use of the 11 additional beds is approved, the facility had twenty-one (21) designated rest home beds, eight dual purpose beds (increased in December 2023) and twenty-five (25) designated hospital level beds. The additional beds will bring the total of beds available to 65. This being 22 rest home, 18 dual purpose and 25 designated hospital beds.</p> <p>Clinical governance is overseen by the FM and CLN in consultation with the service general practitioners and geriatric speciality team members from Te Whatu Ora. Minutes of monthly RN meetings also demonstrated aspects of clinical governance.</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 organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints and incidents, internal audit activities, health and safety reviews, monitoring of outcomes, review of policies and procedures, and review of clinical incidents including infections and restraint. Relevant corrective actions are developed and implemented to address any shortfalls. Follow-up actions are reviewed at management and RN meetings until they are resolved and closed out. Annual quality indicators are documented. These contain baseline measures to meet across a range of clinical and organisational areas. Progress with these is monitored by the FM and CLN in consultation with the director.</p> <p>Waihi Lifecare, along with other residential aged care services has agreed to be part of a clinical feasibility study conducted by a speciality gerontology nurse progressing a doctoral thesis at the University of Auckland. This study is trialling an assessment process which aims to measure changes in aged care residents using a deteriorating early warning score (DEWS). Data gathering will begin in June 2024.</p> <p>An organisational risk management programme is in place. The risk management programme covers the scope of the organisation, with risk levels and mitigation strategies, including the risk of potential inequities, being documented. There is evidence that actions are being implemented, monitored, and updated as required. Health and safety policies and procedures are documented, along with a hazard management programme.</p> <p>A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. The process for managing adverse events mitigates the likelihood of repeat events occurring. The adverse events management system supports learning and improvement opportunities. Documented evidence of incidents and infections being analysed to identify trends and address shortfalls was sighted. The type and number of incidents, infections and restraints are presented at weekly management meetings with the director. These are collated for trends and discussed at monthly RN meetings. This information, along with outcomes from internal audits, are presented to staff at their three-</p>

		<p>monthly meetings. The data is displayed in graph form in the staff room for closer inspection by all staff. The FM also produces a monthly in-house newsletter for all staff which provides information on adverse events, health and safety, restraint, compliments and complaints, staffing, infection control or any other matter that needs communicating. The sample of meeting minutes and other documents reviewed on site, contained sufficient detail and information to measure quality and risk and report on current performance.</p> <p>The director, FM and CLN are aware of situations in which the organisation would need to report to and notify statutory authorities. A section 31 notification for an unstageable pressure area had been submitted since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>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>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. Two family members commented they were impressed that their hospital level care relatives were always up, dressed and in the lounge every time they visited. This was also observed on audit day. See comments about staff ratios below.</p> <p>The FM and CNL (both registered nurses with current annual practising certificates) are on site Monday to Friday and share on-call after hours and on the weekends. Whoever is on call is no further away than 15 minutes from the facility.</p> <p>There was one RN on morning shift, and six health care assistants (HCAs) allocated across three wings – from 6.45 am to either 3pm or 2pm and four to five HCAs with an RN on the afternoon shift. Three HCAs and one RN are rostered on night shift. All seven RNs (including the FM and CNL) are first aid and medication competent. Four of these RNs (including the CNL) are interRAI trained and maintaining competencies. The RNs are allocated ‘paper days’ to catch up on assessments and care plans so there is often an extra RN on site. This</p>

	<p>system has been recently thwarted by planned RN leave and unexpected sickness, which has led to delays in the timeliness of assessment and updating of care plans. Refer to corrective actions in subsection 3.2. There has been an RN on site 24 hours a day each day and no shortage of RNs since the beginning of 2024. One more RN who is waiting for nursing council registration is already employed as an HCA.</p> <p>Adjustments to staffing (adding one extra HCA) occurred in December 2023 when two single rooms were reconfigured to double rooms with dual purpose beds. Staff said they were busy, but they were able to manage the workload with the number of people rostered on to each shift. The current allocation of HCAs on morning shift approximates to a ratio of one HCA to nine residents, which doesn't take into account the extra support required by hospital level care residents. The service meets the staffing requirements in the ARCC and there is not currently an industry approved and accepted staffing formula, but the age care sector generally aims for a ratio of one to five for hospital level care – depending on individual acuity. The FM commented that staff workload is closely monitored. Staff were observed to be working in pairs with hospital residents and the feedback from families about care was positive. The staff wellness survey in February 2024 did not reveal any issues or concerns about workload. There have been no complaints about care.</p> <p>The new wing of 11 beds will be staffed by two HCAs in the morning and afternoon and one at night. Five additional health care assistants have been employed (with one more pending) to meet the needs of additional residents. Additional hours for cleaning and diversional therapy have already been allocated. The previous corrective action has been resolved.</p> <p>The service employs an activities team which comprises a full-time diversional therapist and part-time activities assistant. Domestic (cleaning and laundry), and food services are carried out by dedicated support staff seven days per week. Support staff include a receptionist, administrator, and maintenance staff.</p> <p>Continuing education is planned on a biennial or annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Up-to-date training records are maintained in each staff member's personnel record and attendance at</p>
--	--

		<p>mandatory training and study days is monitored by the FM and CLN. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waikato. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>All staff have attended specific education on equity and other training on culturally safe practices and understanding unconscious bias.</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. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A record of all employed and contracted health professionals' current practising certificates is maintained. These were all sighted as current.</p> <p>The sample of five staff records contained evidence of the recruitment process, signed employment agreements, reference checking, police vetting, COVID-19 vaccination status, and completed orientation. New staff said their orientation provided them with sufficient knowledge and that their competency with understanding emergency systems was assessed as part of this. The orientation programme is comprehensive, specific to each role and covers all the tasks expected, including responsibilities and delegated authority.</p> <p>The records showed that staff performance is being reviewed annually and that new staff meet with the FM to discuss their performance and any additional support they may require 90 days after they commence employment.</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</p>	<p>PA Moderate</p>	<p>The registered nurses (RNs) complete admission assessments, care plans and care plan evaluations. However, not all assessments were completed in a timely manner, and a shortfall has been raised in relation to this. Te Whare Tapa Whā model of care is utilised for residents who</p>

<p>supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>identify as Māori, when required. The Māori health care plan utilised for Māori residents includes Māori healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga. Management of specific medical conditions was well documented in the care plans, with evidence of systematic monitoring and regular evaluation of responses to planned care.</p> <p>Changes in residents' health were escalated to the general practitioner (GP) and the nurse practitioner (NP). Timely referrals to relevant specialist services as indicated, were completed. The interviewed GP confirmed satisfaction with the care being provided. Medical assessments and routine medical reviews were completed regularly, with the frequency increased as determined by the resident's condition.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Changes noted were reported to the RNs, as verified in the records sampled. Some long-term care plans and six-monthly interRAI assessments were not consistently completed in a timely manner (Refer to 3.2.5). Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. Where progress was different from expected, the service, in collaboration with the resident, and 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, 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</p>	<p>FA</p>	<p>An electronic medication management system is utilised. The medicine management system is appropriate to the scope of the service. All staff who administer medicines had a current medication administration competency. Appropriate medication administration processes were observed.</p> <p>Medicine allergies and sensitivities were documented on the resident's chart where applicable. Standing orders are used and appropriate</p>

<p>guidelines.</p>		<p>procedures are in place to ensure this is managed in a safe manner.</p> <p>The medication and associated documentation were stored safely. Medication reconciliation occurs as required. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range. Medicine sighted in the medication room and trolley were within current use-by dates.</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>	<p>FA</p>	<p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The assessment identifies residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Special food requirements are accommodated in daily meal plans. The menu was reviewed by a dietitian in July 2023. Residents expressed satisfaction with the meal service.</p> <p>The service operates with a current template food control plan that expires in June 2024.</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</p>	<p>FA</p>	<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 legal representative. Residents’ current needs and risk management strategies are documented, where applicable. Residents’ family/whānau reported being kept well informed during the transfer of their relative.</p>

<p>services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</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 their purpose and meet legislative requirements. There is a current building warrant of fitness (expires 24 April 2024), medical, personal and mobility equipment is being checked, electrical equipment test and tagging is up to date and a maintenance schedule is in place.</p> <p>The previous corrective actions about the reconfigured environment are resolved. A disability accessible ramp has been installed outside the main entrance. New bedroom, lounge and dining furniture plus linen, and consumables are on site. Additional lifting equipment (hoists) and mobility aids have been installed in the new wing. Handrails and floor surfaces promote safe mobility. There is a sufficient number of disability accessible bathrooms and toilets in the new wing to meet the needs of 11 residents.</p> <p>Pursuant to Manatū Hauora approval to reconfigure two single rooms to double dual purpose bedrooms in December 2023, these rooms have been used to occupy two residents who require either hospital or rest home level care. Both bedrooms were assessed as being of a sufficient size to allow safe manoeuvrability of equipment and extra people to assist with mobilising residents. There were separate handbasins and privacy curtains in place.</p> <p>The previous corrective action relating to the disability ramp has been resolved. A new disability accessible ramp has been installed outside the main door to the reconfigured wing. The width, slope gradient and landing area at the top and bottom of the ramp meets the regulations specified by Whaikaha-Ministry for Disabled People.</p> <p>All internal areas have been fitted with handrails and the floor surfaces and spaces within the wing promote safe mobility and independence. The provider has purchased two lifting hoists (one standing, one sling hoist) which were installed in the reconfigured wing. Residents will be transported in wheelchairs for regular weighing using the wheelchair</p>

		<p>scale in the main facility. Each bedroom has handbasins installed at heights that support safe accessibility. New electric beds are on site along with an adequate supply of bed linen and other consumables. Sufficient and suitable lounge and dining furniture for 11 residents was observed on site.</p> <p>The previous corrective action about the accessibility of the bathrooms has been resolved. Two new disability accessible bathrooms have been installed. These include call bells, heating, privacy curtains, handrails, shower chairs and over-toilet commodes. Each bathroom has a toilet and there is an additional separate toilet for resident use. These are located within easy walking distance of residents' bedrooms. A visitors/staff toilet is also available. A lockable sluice room is fitted out with a new sanitiser and space for storage of cleaning chemicals and the cleaning trolley.</p> <p>All other areas within the home were comfortable and accessible and inclusive of different peoples' cultures. New signs were being installed during the audit. Residents and whānau were complementary about the internal and external environment, including furniture and décor, heating, ventilation and privacy.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	PA Low	<p>The current evacuation plan has not been reviewed by Fire and Emergency New Zealand (FENZ) to determine if it requires changes. The local fire service was expected to visit to make this determination within seven days of the audit. This previous corrective action is ongoing until documented evidence of an approved evacuation plan is submitted.</p> <p>The call system has been updated, with alert buttons installed within easy reach for residents in each of the bedrooms, bathrooms and communal areas. The system has been tested as effective. Two display screens are located in different areas of the wing to enable quick identification of the alert location. The previous corrective action is resolved.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	PA Low	<p>The infection prevention (IP) programme is led by the RN who is the nominated infection prevention and control coordinator. The annual</p>

<p>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>		<p>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>	<p>FA</p>	<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 methods, tools, documentation, and analysis are described and documented using standardised surveillance definitions. Infection data is collected, monitored, and reviewed monthly. Ethnicity information is included in surveillance data. Surveillance data is reported to the governance body in monthly reports.</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 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and</p>	<p>FA</p>	<p>There is a designated area and equipment for safe handling of waste or hazardous substances outside the new wing. The previous corrective action has been addressed.</p> <p>There is a designated secure chemical storage room and cleaners' rooms in the new wing. The previous corrective action has been addressed.</p>

<p>environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Waihi Lifecare aims to maintain a restraint-free environment. The directors and senior managers demonstrated a commitment toward eliminating restraint via the service's values, policy and procedure sign off and funding relevant training. At the time of audit three residents were using bedrails as a restraint. Two of these residents also required lap belts to be applied when they were sitting, for safety reasons.</p> <p>Policies and procedures meet the requirements of the standards and include a role description for the restraint coordinator. A senior RN is the restraint coordinator. This person provides support and oversight for restraint management and reports on its use to the management team, which includes the director. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</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)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	Long-term care plans were developed in consultation with residents and their family/whānau where applicable. InterRAI outcome scores and other clinical assessment outcomes supported care plan goals and interventions. Residents’ choices were considered in the development of care plans. However, initial interRAI assessments and long-term care plans were not consistently completed within three weeks of admission.	In three of the six files reviewed, initial interRAI assessments and initial care plans were not developed in a timely manner.	<p>Ensure all assessments are completed in a timely manner.</p> <p>180 days</p>
<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>	PA Low	Assessment tools that include consideration of residents’ lived experiences, cultural needs, values, and beliefs were used. Staff have received cultural safety training. Cultural needs assessment of residents is not included on the assessment tool utilised.	<p>The assessment tool utilised does not include cultural needs assessment.</p> <p>Goals of care were not consistently</p>	<p>Ensure cultural needs assessments are completed to meet the criterion requirements.</p> <p>Ensure residents’ goals of care are consistently</p>

<p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>Residents' strengths and aspirations that align with the residents' values and beliefs were described in the care plans. The support required to achieve these was documented. Most of the identified needs were reflected in the care plans, apart from the cultural needs. Residents' goals of care were not consistently documented in the long-term care plans reviewed. Early warning signs and risks that may affect a resident's wellbeing, were documented where applicable. Staff have received training on how to complete care plans appropriately and the clinical nurse lead is closely monitoring the progress.</p>	<p>documented in the care plans in 50% of the files reviewed.</p>	<p>indicated in the care plans to meet the criterion requirements.</p> <p>180 days</p>
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall:</p>	<p>PA Moderate</p>	<p>The organisation's policy requires long-term care plans to be reviewed routinely every six months and whenever required for significant</p>	<p>Six-monthly interRAI assessments and long-term care plan</p>	<p>Ensure all reviews are completed in a timely manner.</p>

<p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>changes. The care plans include use of a range of outcome scores. Not all routine six-monthly interRAI reassessment and care plan evaluations were completed in a timely manner. Four of six care plan evaluations were overdue. Short-term care plans were completed for any resident where acute care needs were identified. Short-term care plans were reviewed weekly or earlier if clinically indicated. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p>	<p>evaluations were overdue in four of the six files reviewed.</p>	<p>90 days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	<p>PA Low</p>	<p>The service is waiting for Fire and Emergency New Zealand to complete a site inspection and review the current fire evacuation plan. It is anticipated this will occur before 16 March 2024.</p>	<p>The current evacuation plan has not been reviewed by Fire and Emergency New Zealand to determine if it requires changes</p>	<p>Submit documented evidence that Fire and Emergency New Zealand have reviewed and approved a fire evacuation plan that takes into account any physical changes to the new wing.</p>

				Prior to occupancy days
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	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 governance body and is linked to the quality improvement programme. The IP programme was last reviewed in January 2023.	The IP programme was not reviewed annually as per the organisation's IP programme requirements.	<p>Ensure the IP programme is reviewed annually to meet the requirements of this criterion.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.