

# Wairarapa Limited Partnership - Wairarapa Village

---

## 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 Central Region's Technical Advisory Services 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:** Wairarapa Limited Partnership

**Premises audited:** Wairarapa Village

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

**Dates of audit:** Start date: 3 April 2024 End date: 4 April 2024

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

**Total beds occupied across all premises included in the audit on the first day of the audit:** 58

# 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

Wairarapa Village is an independent care facility certified to provide rest home, hospital, and residential disability care for up to 66 residents. The facility is attached to a retirement village. On the day of audit 58 beds were occupied. The rest home is managed by a facility clinical manager who has been appointed since the last audit. A clinical coordinator oversees clinical and care delivery. This role and appointment have occurred since the last audit. There have been no other changes to the organisation or structural changes to the facility since the previous audit.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standards NZS8134:2021 and the providers contracts with Health New Zealand - Te Whatu Ora Wairarapa. The audit process included review of policies and procedures, review of resident and staff records, observations, and interviews with staff, residents, whānau, and the chief operations officer. The general practitioner was not available for interview.

There were no areas identified for improvement in the previous audit. An area identified as requiring improvement relates to cultural safety.

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

There were policies and procedures to support staff in delivering culturally safe care. Staff received training in Te Tiriti o Waitangi.

Resident rights were respected and upheld in line with the Health and Disability Commission Code of Health and Disability Services Consumers’ Rights (the Code). Residents received services in a manner that was responsive to and respected their individuality, dignity, privacy, and independence. The provider had a culture of open disclosure. Complaint management policies and procedures were fully implemented. Care plans accommodated the choices of residents and their whānau.

## 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.
---	--	--

BeGroup is the governing body responsible for services provided. The provider had current business and quality risk management plans. Quality and risk management systems were in place. Meetings were held that included reporting on various clinical indicators, quality and risk issues and review of identified trends. The facility clinical manager oversaw the operational and clinical care services. The clinical coordinator was supported by the facility clinical manager to oversee the clinical and care services.

There were human resource policies that guided practice in relation to recruitment, orientation and staff management.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

The registered nurses are responsible to assess, plan and review residents' needs, outcomes, and goals. Progress notes evidence service delivery. Staff receive a comprehensive handover between shifts.

Medication policies reflect legislative requirements and guidelines. Registered nurses and health care assistants are responsible for the administration of medications. A medication competency schedule is in place.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritional snacks are available for residents 24 hours a day. Residents were complimentary of the food services.

All residents' transfers and referrals are coordinated with residents and families/whānau.

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

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

Subsections applicable to this service fully attained.

There was a current building warrant of fitness. The building, plant, and equipment complied with relevant legislation to the health and disability service provided. A reactive and preventative maintenance schedule was implemented. Areas were provided throughout the facility that enabled residents to meet with visitors in private and partake in cultural activities.

## 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.

Subsections applicable to this service fully attained.

The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. Surveillance of infections is appropriate for the size and complexity of the service and is linked to the quality and risk management system. The service captures ethnicity data. There has been one Covid-19 outbreak in 2023. The outbreak was managed safely to meet policy and reporting requirements.

## 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 restraint coordinator is a registered nurse with a position description reflecting roles and responsibilities. The facility had approved restraints recorded and managed to meet legislative requirements. Encouraging a restraint-free environment is included as part of the education and the annual training plan. The service considers the least restrictive practices, implements de-escalation techniques, and only uses an approved restraint as a last resort.

## 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	1	0	0	0
Criteria	0	49	0	1	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. 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>Staff receive training in cultural safety at orientation and this is included within the mandatory training schedule. The training defines and explains cultural safety, Te tiriti o Waitangi and tikanga best practice. Staff interviewed outlined how they ensure that cultural safety and tikanga best practice is embedded in care delivery. Current staff had completed the training except those who were completing orientation.</p> <p>The organisation had a Māori health plan that recognised the principles of Te Tiriti o Waitangi and described how the organisation responded to Māori cultural needs in relation to self-determination, independence, and autonomy.</p> <p>There were residents who identified as Māori residing in the facility at time of 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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to</p>	PA Low	<p>The cultural responsiveness policy outlines the providers commitment to providing culturally safe care, however the policy requires further development to ensure the specific cultural needs for residents who identify as Pacific were understood and met.</p> <p>There were residents residing in the facility who identified as Pacific at time</p>

<p>achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>of audit.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was on display in each wing of the facility written in English and te reo Māori. Education records confirmed that staff had completed training that covered the Code. Staff discussed the Code and provided examples of how they met the Code when providing day to day care. Observation during the audit confirmed that the provision of care was provided in accordance with the Code, however further work was required to fully implement the Code for Pacific residents (see 1.2.1). Residents and whānau were provided written information about the Code during the admission process, and confirmed they were provided opportunities to discuss their rights.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>There was policy that included definitions, guidelines, and responsibilities for staff to report alleged or suspected abuse. Staff received orientation and mandatory training in abuse and neglect. Interviews confirmed staff awareness of their obligations to report any incidences of suspected abuse. Staff, resident and whānau interviews confirmed there was no evidence of abuse or neglect.</p> <p>The admission agreement signed prior to admission provided clear expectations regarding management responsibilities of personal property and finances. Residents and/or their whānau provided consent for the administrator to manage residents' comfort funds. Staff interview and review of documentation evidenced that appropriate systems were in place that ensures the safe management of residents' comfort funds. Residents and/or their whānau provided further confirmation that residents' property was respected.</p> <p>Staff records sampled evidenced that employees had signed the organisation code of conduct which includes information regarding how to</p>

		<p>maintain professional boundaries. Staff interview outlined staff were aware of their responsibilities regarding this.</p> <p>Staff, resident, and whānau interviews evidenced that the provider promoted an environment that provided a safe place for all to raise questions or concerns and that discussions were free and open.</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> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The informed consent policy aligns with the Code to ensure that a resident who had capacity/competence to consent to treatment or procedure had been given sufficient time to enable them to come to a reasoned and voluntary decision. Staff provided confirmation that additional guidance was provided for staff in the event a resident was unable to provide consent. Competence to provide informed consent was determined by the general practitioner (GP). All resident records sampled had signed consents.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The organisation had policy and process to manage complaints that was in line with Right 10 of the Code. The complaint process was made freely available throughout the facility. The facility/clinical manager (FCM) outlined that should Māori residents require support to navigate the complaints process, this could be accessed through established links within the Māori community. Residents and whānau stated they were made aware of the complaints process during the admission process and knew how to access the hard copy form if required. Discussion with the FCM and review of documentation evidenced that process had been followed for the two complaints received over the 2023-2024 period this far with the complainant informed of the outcome. One complaint involved the facility and one other service and remained open. The FCM outlined that the provider had completed their investigation and the documentation required</p>

		<p>and were awaiting the outcome.</p> <p>It was reported there had been no complaints received from external authorities.</p>
<p><b>Subsection 2.1: Governance</b></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>Wairarapa Village is part of the BeGroup which is a privately owned company with the directors and executive team providing direction to the service. There is a governance structure in place which monitors compliance with legislative, contractual and regulatory requirements.</p> <p>The annual strategic business plan had key outcomes which were resident centred such as resident satisfaction, health and safety, complaints, and fiscal stability. These were monitored at executive team meetings. The organisations' structure, values, direction and goals were identified, monitored and reviewed annually with information shared internally and externally. The chief operations officer (COO) advised that the organisation understands and adheres to their responsibilities under Te Tiriti o Waitangi, health equity and cultural safety with an ongoing focus upon ensuring staff were equipped and supported to build and maintain cultural competency. Review of resident and whānau survey results evidenced that the organisation valued and prioritised input into service delivery from people receiving care.</p> <p>The BeGroup executive team had a clinical governance structure in place that was appropriate to the size and complexity of the organisation. The facility/village managers reported to the executive team monthly on key aspects of service delivery.</p> <p>The Māori health plan described how the organisation would ensure they continued to focus on reducing barriers to equitable service delivery with priorities in place to build trusting relationships, engage residents and whānau in care delivery and continue to develop and strengthen the education programme in relation to cultural safety.</p> <p>The service provided rest home and hospital level care for up to 66 residents and provided care for younger people with lifelong disabilities (YPD). On day of audit there were 30 rest home level residents, and 28 hospital level residents (inclusive of four YPD residents) residing in the facility. When the facility has full occupancy the bed allocation comprises of</p>

		nine rest home beds, 11 hospital only beds, 42 dual purpose beds and four YPD.
<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>	FA	<p>The executive team reviewed and approved the quality and risk management plan annually. The plan identified internal and external risks with risk levels and mitigation strategies included. The plans provide information regarding how the organisation aims to identify potential inequities, reduce disadvantage and promote equality.</p> <p>There was an implemented annual schedule of internal audits. Areas of non-compliance included the implementation of a corrective action plan with sign off by the FCM when completed. Identified trends were monitored and raised for discussion within staff meetings. Recent meeting minutes reviewed evidenced that issues were outlined in the meeting agenda, discussed and documented. The monthly report compiled by the FCM, and the clinical coordinator (CC) captures a broad range of clinical and operational information.</p> <p>The organisation followed the National Adverse Reporting policy for internal and external reporting. It was reported that a section 31 notification was completed for the appointment of the FCM. Staff confirmed that section 31 notifications were completed as required for wounds/pressure injuries.</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>	FA	<p>The staffing policy included the rationale for staff rostering and skill mix. This included a CFM roster allocation tool to ensure staffing levels were maintained at a safe level. A successful recruitment campaign has ensured that the provider was fully staffed.</p> <p>The CFM worked 40 hours per week and was available after hours for operational issues. The CC worked 40 hours per week and was available after hours for clinical support. Laundry and cleaning staff were rostered seven days per week for part time hours.</p> <p>Staffing levels on the morning shift comprised of two registered nurses (RNs) and eight health care assistants (HCA). The afternoon shift comprised of two RNs, and seven HCA. The night shift comprised of one</p>

		<p>RN and three HCA's. Permanent staff picked up additional hours in the event of planned and unplanned absences, with external agency staff available to be called upon should the staffing gap remain unfilled.</p> <p>Staff records sampled evidenced that staff had completed the necessary competencies for their role with the FCM taking responsibility to ensure staff maintain competency. There was an implemented training programme relevant to the needs of the residents. The FCM and the administrator were responsible for recording the ongoing learning and development of staff. The organisation ensured the provision of opportunities for ongoing development for health care and support workers. Staff confirmed they were supported to upskill and maintain competency and felt valued as employees.</p> <p>The organisation had implemented systems that ensured the accurate collection and sharing of Māori health information. The Māori health plan outlined that on admission each resident's ethnicity and specific cultural beliefs/values shall be recorded in their individual care plan. Care plans sampled evidenced this was completed.</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>	FA	<p>Human resource management practices followed policies and processes which adhered to the principles of good employment practice and the Employment Relations Act 2000. Review of staff records confirmed that the organisation's policy was consistently implemented, and records were maintained. Recruitment processes included police vetting and reference checks with the FCM taking responsibility for validating prospective staff member qualifications as well as the annual checks required.</p> <p>The orientation policy/process outlined that all new staff were to complete an orientation which included information specific to the organisation and facility. Additional learning requirements were set out for each designation. New staff were buddied with an experienced staff member for a designated period which could be extended if required. Staff stated they had received orientation which was appropriate to their role with a review of staff records providing evidence this was completed.</p> <p>There was an implemented system that ensured all staff had an opportunity to discuss and review their performance at defined intervals. Records sampled and staff interviewed evidenced that performance</p>

		reviews were current.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Resident files are managed electronically. Five files were reviewed; one young person with a disability (YPD), two rest home and two hospital level residents.</p> <p>The registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Contractual requirements related to meeting assessment and care plan timeframes were consistently met in all files reviewed. Documentation reflected that resident and family/whānau were involved in the long-term care planning process and whānau interviewed confirmed this.</p> <p>All files reviewed had up to date care plans. Plans were holistic and individualised to meet the residents' assessed needs and preferences. Acute changes in health status were documented in short-term care plans and updated in the long-term care plan.</p> <p>The registered nurse and the clinical manager initiate a review with the general practitioner (GP) and this was documented. Residents were referred to specialist services as required and allied health service input into care was integrated as part of the care plan. General practitioners provide services on rotation and are available across seven days per week, 24 hours a day. Clinical staff interviewed described an effective relationship with the general practice and established processes inform the doctors of concerns or changes in a timely manner. Residents and family/whānau interviewed spoke positively about the service provided from onsite staff and doctors.</p> <p>Short term care plans and wound monitoring charts were completed for all wounds reviewed. There was one stage three pressure injury recorded. Pressure injury prevention and pressure injury management strategies were documented in the long term care plan (LTCP) for this resident. Neurological observations were recorded by RNs following un-witnessed falls. Residents plans identified goals related to the resident values and beliefs, Early warning signs of health change are identified, managed, and documented to minimise harm. There was evidence to confirm service integration for example with the Masterton Hospital, local Hospice and</p>

		primary health services.
<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>There are up to date policies and procedures in place for safe medicine management. The service uses an electronic medication management system utilising robotic rolls.</p> <p>The current clinical lead for the organisation is has been in the role for more than one year having previous experience as a senior registered nurse in the facility. In this role the clinical lead provides oversight and support to the clinical team including oversight of medication management, staff medication competency, and training. Standing orders are not in use. There were no self-medicating residents on the day of the audit although there are policies and processes available to staff should a resident wish to do this. Staff interviewed confirmed a safe process was in place to receive and sign in new medications and to store unwanted medication prior to return to the pharmacy. Staff were observed administering medication safely. All medication is stored safely in one medication room. Temperatures in the medication room and medication fridge within the room are monitored and documented. The system and process to record sensitivities and allergies was reviewed and documented appropriately. As required (PRN) medication was reviewed. Nine out of ten files reviewed had PRN medication prescribed. In all nine files PRN effectiveness was consistently recorded. Controlled drugs are managed safely to meet legislative requirements. Staff interviewed confirmed over the counter or traditional Māori medication required prescription. There were no residents using over the counter medications at the time of the audit.</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>Nutritional assessments are completed on admission and the information provided is supplied to kitchen staff. Information is updated when a resident’s dietary needs change and this was evidenced onsite through kitchen documentation. Diets are modified as needed and the kitchen staff interviewed confirmed awareness of the dietary needs of residents. Whiteboard lists recorded special diets, preferences, and allergies alongside hard copy dietary profiles. All meals and snacks are prepared on site. There is a main dining room.</p> <p>The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian. A</p>

		food control plan is in place and valid until July 2024.
<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>Resident transfers are managed through an established process underpinned by the organisations transfer and discharge policy. Consultation with the resident family/whānau is undertaken and evidenced in the clinical file. Staff interviewed were informed around transfer and discharge processes, in particular resident/whaiora transfers to hospital.</p> <p>Referral documentation is completed appropriately. Staff discussed the clarity and frequency of communication between primary health and secondary care and this was reviewed in clinical files. Relationships have been established with general practice to facilitate the smooth management of medical input when the need for transfer is identified. Transfers are facilitated to specialist services as required through an established process. All transfer information reviewed included communication to the referrer including information related to the resident's diagnosis, current needs, medication and identified risks.</p> <p>Residents/whaiora and families/whānau and Enduring Power of Attorney (EPOA) are provided with information related to health and disability services and contacts provided as required. This was confirmed in interviews undertaken. Information provided includes Māori and Pacific services.</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</p>	FA	<p>The building warrant of fitness was current to June 2024. Buildings, plant, and equipment complied with the legislation relevant to the health and disability service provided. Staff provided evidence that calibration of equipment and electrical testing and tagging was completed. The maintenance person had responsibility for ensuring the preventative and reactive maintenance schedule was maintained. The internal and external physical environment was noted to be safe and accessible and promoted mobility and independence. Areas were available that enabled residents to meet privately with visitors and partake in cultural activities if they wished.</p>

function.		
<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>	FA	<p>There is an infection prevention (IP) programme in place suitable for the nature, size, and complexity of the service. The programme is linked to organisational strategic plans and is reviewed annually. There is an IP nurse (RN) who has undertaken suitable training. The IP nurse informs IP practice.</p> <p>There are a range of up-to-date policies and procedures in place that reflect current best practice informed by the organisation's IP team. Policies include hand hygiene, aseptic technique, transmission-based precautions, prevention of sharps injuries, prevention and management of communicable infectious diseases, management of current and emerging multidrug-resistant organisms (MDRO), outbreak management, single use items and hospital acquired infections. Staff discussed best practice related to single use items and could access the policy and guidelines if required. Infection prevention is included in orientation and IP mandatory training is completed for all staff annually including cleaning and kitchen staff.</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>	FA	<p>The surveillance undertaken is detailed in the infection prevention and control programme by dedicated staff. This includes monitoring positive results for infections and outbreaks as well as the inclusion of ethnicity data. Standardised surveillance definitions and ethnicity data is used. Methods for surveillance are documented in surveillance activities. The results of internal audits monitoring compliance with hand hygiene are all part of the health, quality, and safety commission (HQSC) programme.</p> <p>Variances in trends in surveillance data are identified and investigated as verified during the IPC team interviews. Results of surveillance are discussed and communicated to the IPCT, to staff and the senior leadership.</p> <p>Staff interviewed were satisfied that any urgent issues would be escalated to the directors in a timely manner. Members of the senior clinical team discussed infection information, trends, the programme, and the organisations pandemic response. Culturally safe communication processes are outlined within the Māori health plan when required for</p>

		residents with healthcare associated infections (HAI).
<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>There are policies, procedures, systems, processes in place to guide practice related to restraint. The organisation has a restraint philosophy aimed towards a restraint free environment. All restraint practice is managed through an established process. A restraint nurse (RN) leads the restraint minimisation programme.</p> <p>When restraint is considered at facility level, the decision-making escalation process requires input from the restraint team including the lead clinician. Staff interviews including members of the restraint team confirmed the organisations approach to the elimination of restraint and management of behavioural challenges through alternative means. They also confirmed the decision-making process includes a variety of opportunities to explore non-restraint methods including a non-pharmacological approach. Falls risks were highlighted as part of this approach and outcomes considered along with other alternatives. The safety of residents and staff is always considered by the restraint team, and this was discussed.</p> <p>Records confirmed the completion of mandatory staff behavioural management and communication training with annual updates completed. Staff reported they were trained and competent to manage challenging behaviours including the activities coordinator and documentation confirmed this. The CM interviewed reported there were occasions where residents with early cognition changes presented with symptoms of changed behaviours. The CM stated that staff managed this with an option of pharmacological support where indicated.</p> <p>Staff interviewed, confirmed the processes that are required for Māori residents when considering restraint or if restraint practice is implemented. Discussion included staff commitment to ensuring the voice of people with lived experience, Māori and whānau, would be evident on any restraint oversight group, and how this would be achieved through onsite Māori staff and/or community support.</p> <p>The clinical leaders receive restraint reports monthly alongside aggregated restraint data, including the type and frequency of restraint if restraint has occurred. This forms part of the regular reporting to the directors. There</p>

		<p>were fifteen episodes of restraint recorded since the last audit including a lap belt. Restraint monitoring forms, reassessments and essential documentation were completed. The CM and FM reported the planned acquisition of new beds and resources would eliminate the need for restraints currently utilised. Staff reported that restraint is only considered a last resort.</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 1.2.1</p> <p>My service provider shall ensure cultural safety for Pacific peoples and that their worldviews, cultural, and spiritual beliefs are embraced.</p>	PA Low	Discussion with staff and review of documentation evidenced that the provider was yet to fully develop and implement a cultural safety policy for Pacific peoples.	The cultural responsiveness policy requires further development and implementation to ensure it reflects the worldviews, cultural, and spiritual beliefs of Pacific people.	<p>Ensure the cultural responsiveness policy reflects the cultural needs of Pacific peoples and incorporates their worldviews, cultural and spiritual beliefs.</p> <p>90 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.