

Cambridge Life Limited - Cambridge Life

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: Cambridge Life Limited

Premises audited: Cambridge Life

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

Dates of audit: Start date: 14 May 2024 End date: 14 May 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: 35

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

General overview of the audit

Cambridge Life provides rest home and hospital level aged residential care services for up to fifty-seven people; on the day of audit there were 35 beds occupied.

Bed numbers had been kept low to allow renovation of a wing previously designated for hospital level care residents. This project did not require a partial provisional audit as the size and scope of the service was not being reconfigured, the building footprint was not changing and did not require a review of the current fire evacuation plan. The aim of the upgrade project was to eliminate the number of two- and three-bed shared rooms. Inspection of the area showed sixteen single bedrooms and one double (total potential 18 residents situated in the wing) furnished and almost ready for occupancy. One of the bedrooms was deemed to not comply as it did not have a window that opened to the outside. The owner/director was informed of this on the day of audit and accepted it could not be used as a bedroom. The Ministry of Health – Manatū Hauora approved the service provider’s request to reconfigure four previously designated rest home rooms to dual purpose beds in August 2023. These four rooms were sighted as suitable for dual purpose (hospital or rest home occupants).

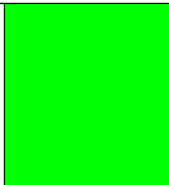
There have been no other significant changes within the service or to staffing since the previous certification audit in November 2022.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider’s agreement with Te Whatu Ora – Health New Zealand. The audit process included a sample of residents’ and staff files, observations, and interviews with residents, family/whānau members, the owner/director by telephone,

facility manager, staff, clinical manager, a hospice nurse specialist and a general practitioner (GP). Clinical oversight of the facility is managed by the clinical manager who is a registered nurse (RN). Residents and family/whānau were complimentary about the care provided.

There were no non-compliances/corrective actions identified because of this audit.

Ō tātou motika | Our rights

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| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs. |  | Subsections applicable to this service fully attained. |
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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 Te Whare Tapa Whā model of care is utilised in all care planning. 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.

Residents’ property and finances are protected, and staff observe professional boundaries.

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 owner/director and senior leadership team assume accountability for delivering a high-quality service with the support of facility and clinical managers across the six aged care facilities owned and operated by the same service provider. Services are delivered 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.

Business 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 staff meetings and conducting internal audits. Residents and families/whānau provide feedback via resident meetings and through regular satisfaction surveys.

The reporting and management of adverse events complied with the National Adverse Events Reporting Policy. All reported incidents or near misses were treated as opportunities for learning, analysed for trends, and where necessary actions were implemented to prevent or minimise recurrence. 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 and performance are assessed regularly.

Ngā huarahi ki te oranga | Pathways to wellbeing

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| Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. | | Subsections applicable to this service fully attained. |
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Suitably qualified personnel complete residents' assessments and care plans. 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. Transfers to other health care services and discharges are managed in an appropriate manner to allow residents' safety and continuity of care.

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 considered 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

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| Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities. | | Subsections applicable to this service fully attained. |
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There was a current building warrant of fitness. Planned and responsive maintenance was occurring. Furniture, equipment and chattels were being maintained in safe working order.

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 programme is clearly defined and documented and is linked to the quality management system. The IP programme is reviewed annually and is reported to the governance body, as are any significant infection events.

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

Surveillance of health care-associated infections (HAIs) is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There have been no infection outbreaks reported since the previous audit.

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.

Organisational policies and procedures, and changes in philosophy, were supporting a move towards the elimination of restraint, rather than just restraint management. There were two residents using bed rails as a restraint at the time of audit.

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

Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Subsection | 0 | 18 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 49 | 0 | 0 | 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 |
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| <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 organisation has embedded a Māori model of health into its care planning and service delivery processes. The principles of Te Tiriti o Waitangi are actively acknowledged in the organisation’s literature and residents who identified as Māori stated their self-sovereignty/mana motuhake was upheld as much as possible. The number of staff who identified as Māori was consistent with the number of residents. These staff interviewed believed that services are being provided in a culturally safe manner and they said that they are consulted and have input into how services are developed and delivered to better suit Māori residents.</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</p> | FA | <p>The service 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 minimal Pasifika residents and a number of Pasifika staff employed at the time of the audit, which reflected the local population demographic. The cultural needs of residents were being identified and woven into care and service delivery.</p> |

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| Pacific peoples for 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 is included in the admission agreement, and it is explained to residents and family/whānau during the admission process. 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 stated that they have not witnessed or suspected abuse or neglect, and that staff maintain professional boundaries. The staff orientation process includes education related to professional boundaries.</p> <p>Staff have received education on abuse and neglect. Residents reported that they are free to express any concerns either in residents' meetings or individually to the management team, when required, and these were responded to promptly.</p> <p>Residents' property is labelled on admission, and residents reported that their property is respected. There is a comfort account accessed through the administrator that residents can utilise for safe keeping of their money.</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,</p> | FA | <p>Residents confirmed that 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. Staff were observed to gain consent for daily cares.</p> |

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| <p>keep well, and live well. 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> | <p>FA</p> | <p>A fair, transparent, and equitable system is in place to receive and resolve complaints in ways that lead to improvements. Policy and procedure outline the process for complaints, including specifying considerations for Māori. This meets the requirements of the Code. The Code, including the complaint section, is available in te reo Māori. Residents' meetings also provide opportunities for residents to raise concerns, and staff who identify as Māori are encouraged to talk to residents who identify as Māori or Māori/Pasifika. Managers confirmed they would involve whānau if a complaint is received from a Māori resident. They would also seek assistance and advice from relevant staff and associates at Rauawaawa Kaumātua Charitable Trust to ensure cultural needs are met.</p> <p>The facility manager (FM) maintains a record of all complaints in a complaint register. 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. Documentation sighted demonstrated that complaints are being managed in accordance with guidelines set by the Office of the Health and Disability Commissioner (HDC).</p> <p>The complaints register contained records related to three complaints received since the previous certification audit. Each of these had been acknowledged in writing and investigated, as confirmed by documented communication with the complainant(s) and their signed statements that the matter had been resolved. There was additional evidence that improvements had been implemented. There had been no complaints received from other external sources since the previous audit. A matter lodged with the HDC in June 2022 was still open pending completion of their investigation and decision.</p> |

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| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>The owner/director assumes accountability for delivering a high-quality service across all six of the aged care facilities, with support from a national senior leadership/management team comprised of an overall clinical manager, a clinical support manager, a diversional therapy programme manager and a group services manager. At middle management level, there is a roster manager, a finance manager and a payroll manager who support the senior management team, as does a quality consultancy.</p> <p>The company business/strategic plan identifies the purpose, mission, values, direction and goals for the organisation. The goals were being monitoring and reviewed for progress at planned intervals; the plan is reviewed annually or as required. A sample of management reports showed information to monitor performance is collected in relation to adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. Minutes of monthly facility managers' and national leadership team meetings demonstrated a commitment to improving outcomes and achieving equity for Māori. Organisational goals aim for integrated service delivery, and mana motuhake values are embedded into all levels of practice for residents. Policy outlines the service's commitment to improved outcomes and equity for Māori, Pacific peoples, and tāngata whaikaha. External support for te ao Māori and Pacific peoples is available through staff input and from the local marae. Resident health care plans align with Te Whare Tapa Whā.</p> <p>Cambridge Life is certified for 57 beds, with eight being dedicated for rest home care, 21 for hospital level care and 28 dual purpose beds. The service holds contracts with Te Whatu Ora to provide residential services under the age-related residential care agreement (ARRC). On the day of audit there were 35 residents receiving care and support. Seventeen residents were receiving rest home level care, and 18 hospital level care. Two of the rest home residents were under the long-term chronic health care conditions contract.</p> <p>Clinical governance is overseen by the CM in consultation with the other RNs, the nurse practitioner, community specialist nurses and the service's general practitioners. This was confirmed during interviews with a visiting</p> |

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| | | hospice nurse specialist and telephone interview with a GP. |
| <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 organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of accidents, incidents and complaints, internal audits, monitoring of outcomes, quality improvement plan development, policies and procedures, and clinical incidents including infections, pressure injuries and restraint use.</p> <p>Residents, whānau and staff contribute to quality improvement through attending meetings, participating in training sessions, involvement in internal audit activities and responding to surveys. Results of the most recent relative/resident satisfaction survey undertaken in November 2023 (14 responses received) revealed no concerns. Separate surveys for catering, laundry and cleaning revealed some concerns with the temperature and quality of meals, but the residents interviewed said this matter had been resolved. Observation of meal delivery during the audit confirmed the practice of serving all courses (soup and main and hot drink) at the same time, had ceased.</p> <p>The owner/director and the facility manager described the processes for the identification, documentation, monitoring, review, and reporting of risks, including inequity, health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy and were prepared to implement this post 1 July 2024. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions to prevent recurrence were implemented in a timely manner.</p> <p>Interviews with the director, FM and CM demonstrated knowledge of the sector, regulatory and reporting requirements. Two section 31 notifications had been submitted since the previous audit. One in April 2023 was related to a pressure injury and the other in mid-February 2024 was related to a police event that occurred outside the facility and which created trespassing on the grounds.</p> |

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| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>FA</p> | <p>Policies and procedures describe how culturally, and clinically safe care will be provided. A roster framework forms the basis of each fortnightly roster, which is managed by a roster manager, who develops the rosters for all six of the other facilities owned by the same operator. Registered nurses may speak to managers if they believe additional staff are required on one or more shifts, and these are authorised. Four weeks' of roster records were reviewed and confirmed that staffing levels are being managed in a safe manner.</p> <p>Sufficient numbers of staff are rostered on each shift. A registered nurse is on duty on each shift with a clinical manager also on duty Monday to Friday morning shifts. The CM holds a current practising certificate and oversees clinical management for the service. This person and the facility manager are on call with additional support of a registered nurse from the senior management team available by telephone if needed. Residents and whānau interviewed expressed satisfaction with the level of care they receive.</p> <p>Discussions with staff and managers and review of rosters and staff files, confirmed health care and support workers have the skills, attitudes, qualifications, experience and attributes for the services being delivered.</p> <p>A training schedule has been developed and is being implemented. Spreadsheets and other records sighted confirmed all staff regularly undertake a range of mandatory competencies and training that support equitable service delivery. Additional topics of interest are added intermittently, and all staff are given opportunities to progress their professional development. Of the 15 health care assistants employed, five had achieved level three and five had achieved level four of the New Zealand Qualifications Authority (NZQA) National Certificate in Health and Wellbeing.</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</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</p> |

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| <p>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>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. The induction/orientation programme is comprehensive and individualised. It includes a structured buddying process for as long as the new staff person requires. The facility manager undertakes an appraisal interview with them at the first three-month period. Ongoing staff performance is reviewed during annual appraisals and records sighted confirmed these are up to date for all staff currently working at the facility.</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>FA</p> | <p>The registered nurses (RNs) and enrolled nurses (ENs) complete admission assessments, care plans and care plan evaluations. The clinical manager oversees the care plans completed by the ENs. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs were used. InterRAI assessments were completed in a timely manner. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The cultural assessment plan for residents who identify as Māori include Māori healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga.</p> <p>Te Whare Tapa Whā model of care was utilised for residents who identify as Māori. Relevant interRAI outcome scores have supported care plan goals and interventions. The care plans reflected identified residents' strengths, goals, and aspirations, aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Family/whānau goals and aspirations identified were addressed in the care plans, where applicable.</p> <p>Wider service integration with other health providers, including specialist services, medical and allied health professionals, was evident in the care plans. Changes in residents' health were escalated to the general practitioner (GP) or nurse practitioner (NP). Referrals made to the GP/NP and relevant specialist services when a resident's needs changed, were</p> |

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| | | <p>evident in the residents' files sampled. The interviewed GP confirmed satisfaction with the care being provided. Medical assessments were completed by the GPs, 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 health care assistants. Changes noted were reported to the RN/EN, as verified in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. Care evaluation included the residents' degree of progress towards achieving their agreed goals and aspirations, as well as family/whānau goals and aspirations, where applicable. Where progress was different from expected, the service, in collaboration with the resident 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, goals, and aspirations. Residents and family/whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | FA | <p>An electronic medication management system is in place for most residents, and a paper-based system is used for a resident whose individual GP does not use the electronic system. All staff who administer medicines had a current medication administration competency. A registered nurse was observed administering medicines. Safe practice was observed.</p> <p>Medicine allergies and sensitivities were documented on the resident's chart where applicable. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation occurs as required. Appropriate processes were utilised for returning unwanted medicine back to the pharmacy. The records of temperatures for the medicine fridge and the medication room sampled were within the</p> |

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| | | <p>recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug registers provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Appropriate processes were in place to support self-administration of medication for competent residents. Staff understood the requirements.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | FA | <p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The 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.</p> <p>The service operates with a current food control plan that expires on 9 September 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 services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | FA | <p>A documented transfer and discharge policy is in place to guide staff practice. Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau or legal representative. Residents’ current needs and risk management strategies are documented, where applicable. This was verified in transfer and discharge records seen. Residents’ family/whānau reported being kept well informed during the transfer of their relative.</p> |

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| <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. The building warrant of fitness was seen as current and expires 17 June 2024. Medical, personal and mobility equipment is being checked, electrical equipment test and tagging is up to date, hot water temperatures are safe, and a preventative maintenance schedule is being upheld. The environment is inclusive of peoples' cultures. For example, bilingual signs and posters displayed and internal decoration reflect multiple cultures.</p> <p>The four bedrooms reconfigured from rest home to dual purpose were assessed as suitable for either rest home or hospital use.</p> <p>The retrofit of bedrooms in the old hospital wing were sighted. One of the bedrooms does not comply with criterion 4.1.6 as there was no external window.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>FA</p> | <p>The service has a clearly defined and documented IP programme that has been approved by the governance body, links to the quality improvement system and is reviewed and reported on annually. The IP programme was developed in consultation with people with IP expertise.</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.</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>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 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.</p> |

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| <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>Surveillance data is reported to the governance body in quarterly 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>There were no outbreaks reported since the previous audit.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | <p>FA</p> | <p>The service, including its governance, was aiming to reduce and eliminate restraint. This was confirmed by interviews with the restraint coordinator and the director and seen in the minutes of monthly meetings with all facility managers and the senior leadership team. At the time of audit two residents were using bed rails as restraint when there was no other alternative. This was less than the previous number of five residents with bed rails and lap belts.</p> <p>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.

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Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.