

Kauri Lifecare Limited - Kauri

Introduction

This report records the results of a Certification 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:	Kauri Lifecare Limited
Premises audited:	Kauri
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 May 2024 End date: 24 May 2024
Proposed changes to current services (if any):	The addition of one dual purpose resident room
Total beds occupied across all premises included in the audit on the first day of the audit:	51

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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

Kauri Lifecare Limited (Kauri) is certified to provide rest home and hospital services for up to 52 residents. Ownership has changed since the last audit and the service is now owned and operated by New Zealand Aged Care Services (NZACS) Limited. The facility is managed by a newly appointed care home manager who is supported by experienced NZACS head office staff. A clinical nurse manager has clinical oversight of the facility.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2001 and the contracts held by Kauri with Te Whatu Ora – Health New Zealand Te Tai Tokerau (Te Whatu Ora Te Tai Tokerau). It included a review of policies and procedures, a review of residents' and staff files, observations, and interviews with residents and whānau, a governance representative, staff, and a general practitioner. Residents and whānau were complimentary about the care provided.

One area requiring improvement, related to the food control plan, was identified.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Kauri provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific people, and other ethnicities. Kauri worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake and this was confirmed by Māori residents and staff interviewed. There were no Pasifika residents in Kauri at the time of the audit. However, there were four Pasifika staff. Systems and processes were in place to enable Pacific people to be provided with services that recognise their worldviews and are culturally safe.

Residents and their family/whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy and independence. Kauri provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and/or their whānau. There was evidence that residents and their family/whānau were kept well informed.

Residents and their family/whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The New Zealand Aged Care Services governing body assumes accountability for delivering a high-quality service at Kauri. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complied with statutory and 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. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery. Staff performance was monitored.

Residents' information was accurately recorded, securely stored, and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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When admitted to Kauri, residents were provided with a person-centred and whānau-centred approach to care. Relevant information was made available to the potential resident and their whānau.

Kauri worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodate any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their whānau and was evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents with special cultural needs catered for.

Residents were transitioned or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment has been checked and tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of tāngata whaikaha (people with disabilities).

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills.

Staff, residents and whānau interviewed understood emergency and security arrangements. Security is maintained.

There is one room the facility has notified HealthCERT they would like added to the certificate. The room is suitable to be certified for dual purpose rest home and hospital residents.

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.
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The care home manager, clinical manager, and the infection control coordinator at Kauri ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service.

It was adequately resourced. The experienced and trained infection control coordinator led the programme and was engaged in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Kauri had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required.

The environment supported the prevention and mitigation of transmission of infections. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services in place.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims for a restraint/free environment. This is supported by the governing body and policies and procedures. There were five residents using bed rails as a restraint at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. 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	28	0	1	0	0	0
Criteria	0	175	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.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>New Zealand Aged Care Service (NZACS) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of the work at Kauri. Manu motuhake is respected.</p> <p>Partnerships have been established with Te Hā Oranga Dargaville (a Māori health care provider), Ngāti Whātua (the local iwi) and the local kaumātua and kuia to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from cultural advisers and is used to support residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit there were 10 staff employed who identified as Māori. Staff ethnicity data is documented on recruitment and trended.</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</p>	FA	<p>New Zealand Aged Care Services governing body and Kauri management understood the equity issues faced by Pacific peoples. The organisation identifies and works in partnership with Pacific</p>

<p>enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes. Staff at Kauri can access guidance from people within the NZACS organisation around appropriate care and service for Pasifika.</p> <p>There were no residents who identified as Pasifika at the time of audit. Staff described how the needs of future Pasifika residents would be met to ensure their worldview, cultural and spiritual beliefs were embraced.</p> <p>Active recruitment, training and actions to retain a Pacific workforce has resulted in four Pasifika staff employed across roles at the facility.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed in a Māori and English poster at the front entrance. Brochures in both languages were accessible. A poster on the Nationwide Health and Disability Advocacy Service (Advocacy Service) was also displayed in the front entrance and in large print. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the code and the availability of the Advocacy Service and were seen supporting residents of Kauri in accordance with their wishes. Interviews with seven whānau, who visit regularly, confirmed staff were seen to be respectful and considerate of residents' rights.</p> <p>Kauri had a range of cultural diversities in their staff mix, and staff can assist if interpreter assistance is required. Kauri also had access to interpreter services and cultural advisors/advocates if required. Relationships had been established with Te Hā Oranga Dargaville (a Māori health care provider), Ngāti Whātua (the local iwi) and the local kaumātua. The kaumātua would advise on which rongoā to use, and where to access it, if this was a requested treatment. A kaumātua and kuia group from Te Hā Oranga visited twice a year and at additional times if residents requested their assistance. Ten staff employed at Kauri rest home identified as Māori. A kaumatua assisted at all levels</p>

		of the facility's operations to ensure more equitable service for Māori were provided. Kauri recognised mana motuhake. Pasifika relationships had been established with a Samoan priest who visited regularly.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Kauri supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their family/whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted.</p> <p>All staff working at Kauri were educated in Te Tiriti o Waitangi and cultural safety. The staff could speak and learn te reo Māori, with the assistance of staff members and residents who identified as Māori. Documentation in the care plans of residents who identified as Māori acknowledged the residents' cultural identity and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advance care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room. Closed-circuit television cameras (CCTV) operate in communal areas and outside. Signage at the front entranceway notifies every one of their operations. Kauri responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Training on the aging process, diversity, and inclusion included training on support for people with disabilities.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	FA	Employment practices at Kauri included reference checking and police vetting. Policies and procedures outlined safeguards in place

<p>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>to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected, and finances protected. Professional boundaries were maintained.</p> <p>A holistic model of health at Kauri was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Ten residents and seven whānau members interviewed expressed satisfaction with the services provided at Kauri.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and their family/whānau at Kauri reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. Resident and whānau meetings at Kauri are held monthly, in addition to regular contacts with family/whānau by emails, phone calls and the open-door policy of the care home manager, clinical nurse manager and registered nurses (RNs), which kept whānau informed. A notification on the noticeboards advised when a resident and whānau meeting will be held next.</p> <p>Evidence was sighted of residents communicating with all staff, including the CHM. Residents, whānau and staff reported the CM responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Three whānau, when interviewed, referred to communication in the past not being so good,</p>

		although this had improved. Incident reports evidenced family/whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with family/whānau or Enduring Power of Attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the resident's care, when needed.
<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>Residents at Kauri and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</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>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Complaints may be made in any format that suits the complainant; this includes verbal, written and emailed complaints. Complaint, compliment and feedback forms were available for residents and whānau. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Complaints and minor concerns were documented and investigated. Documentation sighted showed that complainants had been included in investigations and informed of findings following investigation. Where possible, improvements had been made as a result of the investigation. There have been no complaints received from external sources since the last audit.</p>

		The service assures the process works equitably for Māori by being flexible in the management of complaints, meeting with complainants, and involving the wider whānau in the process if that is the wish of the complainant.
<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>	FA	<p>The New Zealand Aged Care Services (NZACS) governing body assumes accountability for delivering a high-quality service to the residents at Kauri. The board has four members, one of whom identifies as Māori. Training has been provided to the board, including Te Tiriti o Waitangi and health equity training. The NZACS managing director, who is the interim board chair, was interviewed and discussed how the governance group demonstrates expertise in Te Tiriti, health equity and cultural safety.</p> <p>The NZACS leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation. The board have ensured there is an experienced and suitably qualified person appointed to manage Kauri and have provided support to the newly appointed care home manager during the orientation period.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting from the facility to the board at monthly intervals. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed and through interviews with staff. A commitment to the quality and risk management system was evident. Clinical quality indicators are reported to the board monthly; these are broken down by ethnicity to allow monitoring of equitable outcomes.</p> <p>The board chair interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the board of directors.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the management team and governance group, with external advice sought as required.</p> <p>People receiving services and their whānau participate in planning</p>

		<p>and evaluation of services through satisfaction surveys, feedback and the complaint resolution process. The care home manager described having an open-door policy, with all residents and whānau invited to discuss the care provided.</p> <p>Kauri holds contracts with Te Whatu Ora Te Tai Tokerau and the Accident Compensation Corporation (ACC) to provide care for up to 52 residents assessed as requiring hospital level or rest home care. On the day of audit 51 residents were receiving care. There were 21 rest home residents including one resident funded through the long-term support – chronic health conditions (LTS-CHC) contract and one funded by the Accident Compensation Corporation (ACC); and 30 residents at hospital level of care including three younger persons under the younger persons disability (YPD) contract and three residents funded by ACC.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of adverse events and complaints, internal and external audit activities, patient satisfaction surveys, monitoring of outcomes, policies and procedures, health and safety reviews and clinical incident management.</p> <p>Delivering high-quality care to Māori patients/residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally. Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Progress against clinical quality outcomes is monitored and tracked.</p> <p>Residents, whānau and staff contribute to quality improvement through the management of incidents and complaint investigation processes. Staff complete a range of internal audits, and the clinical nurse manager described the follow-up process. Relevant corrective actions are developed and implemented to address any shortfalls; evidence of corrective actions taken based on audit finding was sighted in documentation.</p> <p>Policies reviewed covered all necessary aspects of the service and</p>

		<p>contractual requirements and were current.</p> <p>The care home manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. There was an up-to-date hazard and risk register.</p> <p>Staff documented adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The care home manager understood and has complied with essential notification reporting requirements. Notifications are managed by the NZACS general manager clinical and quality. Reporting sighted included the reporting of the change of manager, registered nurse shortages and pressure injuries to HealthCERT.</p> <p>A resident satisfaction survey was completed in early 2024 and results were currently being collated. Raw data was sighted and evidenced a high level of satisfaction with care; this was confirmed in resident and whānau interviews.</p> <p>Kauri has many long-standing staff, with those interviewed working at the facility for over ten years. A staff survey completed in 2024 showed staff value the teamwork at Kauri and enjoy the work.</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>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse coverage. This was confirmed through a review of rosters and staff interviews.</p>

		<p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. Education is responsive to the needs of the residents and is linked to the quality improvement programme. High-quality Māori health information is accessed and used to support training and development programmes, policy development and care delivery.</p> <p>The facility diversional therapist manages the New Zealand Qualifications Authority (NZQA) education programme and supports staff to achieve the required NZQA certifications to meet the requirements of the facility's contract with Te Whatu Ora. Staff are supported to complete further training to Levels 3 and 4 with the care home manager's approval.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</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 resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) have been validated prior to employment and annually thereafter.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p>

		<p>Staff performance is reviewed and discussed at regular intervals.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Kauri maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Most information was held in hard copies. Paper-based records were held securely and only available to authorised users.</p> <p>Residents' files were integrated hard copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Kauri was not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	FA	<p>Residents were welcomed into Kauri when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency, Accident Compensation Commission (ACC) or The Ministry of Health (MOH) as requiring the level of care Kauri provides and had chosen Kauri to provide the services they require.</p> <p>Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements. Kauri collected ethnicity data on entry and decline rates. This included specific data</p>

<p>communicated to the person and whānau.</p>		<p>for entry and decline rates for Māori.</p> <p>Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau.</p> <p>Kauri had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Te Hā Oranga, the Māori health provider. Māori health practitioners, traditional healers, and other organisations are accessible by contacting the kaumātua from Ngāti Whātua, the local iwi. When admitted, residents had a choice over who will oversee their medical requirements. Whilst most chose the main medical provider to Kauri, residents were enabled to request another provider to manage their medical needs if desired.</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 multidisciplinary team at Kauri worked in partnership with the resident and their family/whānau to support the resident's wellbeing. Ten residents' files were reviewed: five hospital files and five rest home files. Files included residents receiving care under a Whaikaha residential disability contract, and residents receiving care under either a respite, ACC, long term chronic support contract (LTCS) or age-related residential care contracts (ARRC). These files included residents who had had an acute event requiring transfer to an acute facility, residents with a facility-acquired stage three pressure injury, residents at risk of pressure injuries, residents with behaviours that challenge, residents receiving a palliative approach to care, residents with compromised mobility, and residents with several co-morbidities.</p> <p>Files reviewed verified that an RN developed a plan of care for the resident following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements.</p> <p>A resident with a facility-acquired stage three pressure injury had a</p>

		<p>section 31 notification submitted on 4 March 2024. No evidence was sighted that this had been submitted to the MoH, and this was verified by the MoH on the day of audit. The section 31 notification was submitted to the MoH on the day of audit. A wound care plan was in place for this resident and included input from the wound care nurse specialist and the district nurses. Specialist input had been sought. The pressure injury was observed to be improving.</p> <p>Residents receiving a palliative approach to care had input provided by the hospice service where required. Evidence was sighted of RNs being competent to manage the residents' symptoms using subcutaneous medication administration, should this be required. The required equipment was available.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participate in Kauri's service development, deliver services that give choice and control, and remove barriers that prevent access to information. Service providers understood the Māori constructs of ora and had implemented a process to support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including young residents with a disability.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to</p>	FA	<p>The activities assistant (AA) and diversional therapist at Kauri provided an activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life. The younger residents were enabled to attend community activities of their choice and participate in activities that</p>

<p>maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>were of interest to them.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Matariki, Waitangi Day and Māori Language Week were celebrated.</p> <p>The activities staff arranged twice weekly van outings to places of interest to the residents and included visits to the local marae. Entertainers, volunteers and kapa haka groups visited when Covid restrictions permitted.</p> <p>Kaumātua and Kuia groups visited Kauri twice a year or as requested.</p> <p>Satisfaction surveys evidenced residents and their whānau were satisfied with the activities provided at Kauri.</p> <p>Residents and their whānau participated in evaluating and improving the programme. Those interviewed confirmed they found the programme met their needs.</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>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administered medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p>

		<p>There were no difficulties identified by young people interviewed, in accessing their required medicines from the facility (YPD).</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Kauri.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</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>	PA Low	<p>The food service provided at Kauri was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 24 May 2024 – the day of audit. The menu included menu options culturally specific to te ao Māori. Recommendations made at that time had been implemented.</p> <p>The service did not operate with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Kauri on 30 June 2022. Six areas requiring attention were identified and addressed. The plan was verified for 18 months and was due for reaudit on 30 January 2024. This has not taken place and requires attention.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys, and resident and family/whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</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>Transfer or discharge from Kauri was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems were in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The current environment is inclusive of people's cultures and supports cultural practices. When any new buildings have been designed, consultation has occurred that reflects the identify of Māori.</p> <p>A planned refurbishment programme is underway to ensure the environment remains fit for purpose.</p> <p>The facility staff stated they have sent a notification for reconfiguration to HealthCERT to add one additional residential room to the certificate; however, this notification was not sighted by the audit team. The addition would bring the facility capacity to 53 dual purpose rooms. The room was previously used as office space. The</p>

		room was sighted and found to be of an acceptable size for rest home and hospital residents, with heating and natural light. The room was fitted with a hand basin, and a hospital bed and functioning call bell were in place. There are sufficient accessible bathrooms and toilets in the facility and staffing is sufficient to support the addition of this room to the certificate.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Staff have received relevant information and training and have equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service. Adequate supplies for use in the event of a civil defence emergency met The National Emergency Management Agency recommendations for the region.</p> <p>Staff were able to provide a level of first aid relevant to the types of risk for the type of service provided. There is always a staff member on duty with a current first aid certificate. All staff were noted to be wearing uniforms and name badges during the audit.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Kauri has IP and AMS outlined in its policy documents. This is now being supported at the governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility level and to support</p>

the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.		<p>facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora Te Tai Tokerau. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the board at board meetings.</p> <p>The board has been collecting data on infections and antibiotic use and this includes ethnicity data. Over time the data will add meaningful information to allow Kauri to analyse the data at a deeper level to support IP and AMS programmes.</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>	FA	<p>The infection control coordinator (ICC) at Kauri was responsible for overseeing and implementing the IP and AMS, with reporting lines to the CH and the organisation's quality manager (QM). The IP and AMS programmes were linked to the quality improvement programme that was reviewed and reported on annually. The ICC had appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and were provided by an external advisory company. Cultural advice at Kauri was accessed through the staff who identified as Māori and the cultural advisor/kaumatua. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Policies, processes and audits ensured that re-usable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used. Staff who identified as Māori and speak te reo Māori can provide ICN infection advice in te reo Māori if needed for Māori accessing services. Educational resources available in te reo Māori are accessible and understandable for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been assessed. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been</p>

		trained in its use. Residents and their family /whānau were educated about infection prevention in a manner that met their needs.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Kauri had a documented antimicrobial stewardship (AMS) programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise of an external advisory company and has been approved by the governing body. Policies and procedures were in place which complied with evidence-informed practice. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics and the identification of ongoing areas for improvement.</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>Kauri undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Kauri used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management/governing body and shared with staff. Surveillance data included ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their family/whānau, and these were documented.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and</p>	FA	<p>A clean and hygienic environment supported the prevention of infection and transmission of antimicrobial-resistant organisms at Kauri. Suitable personal protective equipment was provided to those managing contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored</p>

<p>environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and gel were available throughout the facility.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>All laundry was laundered on-site including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Staff involved had completed relevant training and were observed to perform duties safely.</p> <p>Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The NZACS governance group demonstrated commitment to this, supported by a member of the executive leadership at operational level. At the time of audit five residents were using bed rails as a restraint. Any use of restraint is reported to the governing body monthly.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation</p>

		<p>techniques.</p> <p>The restraint committee is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA were involved in decision-making.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>When restraint is used, this is as a last resort when all alternatives have been explored. Assessments for the use of restraint, monitoring and evaluation were documented and included all requirements of the standard. Whānau confirmed their involvement. Access to advocacy was facilitated as necessary.</p> <p>Monitoring of restraint is overseen by the clinical nurse manager and takes into consideration the person's cultural, physical, psychological, and psychosocial needs and addresses wairuatanga.</p> <p>A restraint register is maintained and reviewed at each restraint committee meeting. The register contained enough information to provide an auditable record including all requirements of the standard.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The restraint committee undertakes a six-monthly review of all restraint use through an internal audit which includes all the requirements of the standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education and processes were implemented if indicated.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.5.5 An approved food control plan shall be available as required.	PA Low	All aspects of food production, storage, and preparation was observed to comply with safe food guidelines, on the day of audit. However, the service was not operating with an approved food safety plan. A verification audit of the food control plan was undertaken at Kauri on 30 June 2022. Six areas requiring attention were identified and addressed. The plan was verified for 18 months and was due for reaudit on 30 January 2024. This had not taken place. Emails verified this has been booked to be undertaken by the Kaipara District Council on 21 June 2024.	The kitchen services at Kauri are not operating with an approved food control plan.	Provide evidence the kitchen service operates with an approved food control plan. 60 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.