# Inglewood Welfare Society Incorporated - Marinoto Rest Home

## 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 BSI Group New Zealand Ltd, 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Inglewood Welfare Society Incorporated

**Premises audited:** Marinoto Rest Home

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

**Dates of audit:** Start date: 30 April 2024 End date: 1 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:** 29

# 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 haumaru │ 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 |
|  | 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

Marinoto Rest Home provides care for up to 32 residents at hospital (geriatric and medical) and rest home level care. On the day of the audit, there were 29 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand Te Whatu Ora – Taranaki. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, nurse practitioner, and management.

The facility clinical manager is experienced and is supported by the board of trustees, a clinical lead, and a team of experienced clinical and non- clinical staff. Interviews with residents, family/whānau and the nurse practitioner were all positive and complimented the management and staff for providing a resident centred service for the community.

This certification audit identified shortfalls around implementation of the quality system and registered nurse staffing.

## 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. |

Marinoto Rest Home provides an environment that supports resident rights and safe care. Management and staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. A Pacific health plan is also in place. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen to and respect the voice of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

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

Inglewood Welfare Society Incorporated is the organisation’s governing body responsible for the service provided at this facility. The business plan includes a mission statement and outlines current objectives. The service has established quality and risk management systems that take a risk-based approach, to meet the needs of residents and their staff. A robust health and safety programme is implemented, and hazards are reviewed on a regular basis.

There are human resources policies including recruitment, selection, orientation, staff training and development. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. Competencies are maintained. The staffing policy is aligned with contractual requirements and includes skill mix. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

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

The facility clinical manager and clinical lead efficiently manage the entry process to the service. Admissions are managed by the clinical lead, registered nurses and the nurse practitioner or general practitioner. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner or nurse practitioner.

Residents’ food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Discharge and transfers are coordinated and planned.

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

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

The building holds a current warrant of fitness, Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is a mix of rooms with full ensuite and shared facilities. There are communal shower rooms with privacy signs. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells with additional call bells placed strategically in communal areas. Security checks are performed by staff and with additional security measures in place around the facility.

## 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. |

Infection prevention and control management systems are in place to minimise the risk of infection to residents, staff and visitors. The infection prevention and control programme is implemented and meets the needs of Marinoto Rest Home and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been Covid-19 outbreaks since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi │ Restraint and seclusion

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| --- | --- | --- |
| 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. |

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the clinical lead. The facility has no residents using restraint at time of audit. The service maintains a no restraint stance and restraint use is considered only as a last resort after all other options have been explored. Education is provided to staff around restraint minimisation.

## 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 | 25 | 0 | 2 | 0 | 0 | 0 |
| **Criteria** | 0 | 166 | 0 | 2 | 0 | 0 | 0 |

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

# Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  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. | FA | A Māori Health plan is documented for the service and was developed by an external consultant. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were no residents that identified as Māori.  The Māori health plan includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake. There is Māori representation on the Board (cultural advisor) who has linkages with local iwi and Te Kohanga Moa marae. The Board representative is working alongside the facility and staff to ensure meaningful implementation of the Māori Health plan. The Board member is available to residents as required.  As part of staff training, Marinoto Rest Home incorporates the Māori health strategy (He Korowai Oranga), Te Whare Tapa Wha Māori Model of Health and wellbeing. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant Tikanga guidelines. Staff have completed training around cultural safety and Te Tiriti o Waitangi.  Marinoto Rest Home is committed to providing a service that is responsive and inviting for Māori. The service currently has staff who identify as Māori and actively seeks to employ more Māori staff members.  Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Twelve staff members interviewed; six health care assistants, one registered nurse (RN), one maintenance person, one housekeeper, one cook, one kitchenhand and one activity coordinator, and two managers (facility clinical manager and clinical lead) described how care is based on the resident’s individual values, beliefs, and preferences. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | FA | A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The plan has been developed by an external consultant with Pacific input. The plan addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. There were no residents identifying as Pasifika during the audit.  The service actively encourages and supports any staff that identify as Pasifika during the interview process. There were staff that identified as Pasifika at the time of the audit. The service has links with Taranaki Vaimoana Pasifika ensuring the strengthening relationships within the local community. Individual cultural beliefs are documented in the resident’s care plan and activities plan. Family members of Pacific residents will be encouraged to be present during the admission process, including completion of the initial care plan. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | Marinoto Rest Home has policies and procedures that are being implemented and these align with the requirements of The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers’ Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in the information pack. Other formats are available online. Resident meetings provide a forum for residents to discuss any concerns. The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities.  Staff have received education in relation to the Code at orientation and through the annual training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Staff completed training on advocacy services in March 2024. The residents (four rest home and two hospital) and family/whānau (four hospital and three rest home) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Interactions observed between staff and residents were respectful. |
| Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | There are cultural safety policies in place and resources readily available to staff. Resources include policies on consumer rights, diversity and inclusiveness, intimacy and sexuality, spirituality and counselling and a human rights and non-harassment policy. Policies are being implemented that align with the requirements of the Health and Disability Commissioner. Healthcare assistants and registered nurses interviewed described how they arrange their shift to ensure they are flexible to meet each person’s needs. Staff are trained around the Code at orientation and through regular in-services. The service recognises Māori mana motuhake, as evidenced in the policy and Māori Health Plan.  Marinoto Rest Home delivers training that is responsive to the diverse needs of people accessing services. Training provided in 2023 and 2024 included sexuality/intimacy; abuse and neglect; privacy/confidentiality; advocacy; cultural safety; and Te Tiriti o Waitangi. Staff interviewed stated they respect each resident’s right to have space for intimate relationships. The use of te reo Māori is encouraged throughout the service. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is in place.  The staff and management described responding to tāngata whaikaha needs and enabling participation in te ao Māori as documented in the Māori Health Plan. Care staff interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys reviewed confirm that residents and families/whānau are treated with respect. |
| Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse. | FA | The abuse and neglect policy is implemented. Marinoto Rest Home policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities and cultural days are held to celebrate diversity. Staff have been provided with education on how to identify abuse and neglect in June 2023. Staff are aware of how to value the older person by showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements the protection of property and finances policy to manage residents’ comfort funds, such as sundry expenses. Staff are educated on how to value the older person, showing them respect and dignity.  A staff code of conduct / house rules is discussed during the new employee’s induction to the service, with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with the management team and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are also covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents. |
| Subsection 1.6: Effective communication occurs  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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | A comprehensive information pack is provided to residents and family/whānau on admission which includes information on the code of resident rights, advocacy services, complaints, and information around service provision and Marinoto Rest Home. Residents interviewed stated they were comfortable discussing any issues with staff. Residents and family/whānau complete annual surveys, which evidenced overall satisfaction with communication. Family/whānau interviewed felt they are promptly informed of any changes and NP consultations. There are policies and procedures documented relating to accident/incidents, complaints, and open disclosure that inform staff of their responsibility to notify family/next of kin of any accident/incident that occurs. Progress notes and a family contact form in the resident files identified family/whānau are kept informed.  An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were no residents who did not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice, wound care specialist and Te Whatu Ora- Taranaki specialist services. The delivery of care includes a multidisciplinary team. The management team and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. |
| Subsection 1.7: I am informed and able to make choices  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. 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. 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. | FA | There are policies documented around informed consent. The resident files reviewed included informed consent forms signed by either the resident or the activated enduring power of attorney (EPOA) or appointed welfare guardian. Copies of enduring power of attorneys or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on file for residents where required.  Consent forms for Covid-19 and flu vaccinations were on file and were appropriately signed. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.  The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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. | FA | The complaints procedure is provided to residents and relatives on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The facility clinical manager (FCM) maintains a complaint/ compliment register and documents all verbal and written complaints. There was one complaint received since the last audit. The complaint reviewed, included evidence of investigation, follow up and reply to the complainant within the timeframes set out by the Health and Disability Commission. The facility clinical manager advised that complaints are discussed at board level and with staff during staff meetings including learnings/ corrective actions resulting from complaints.  Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaint forms are available at reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Residents and family/ whānau making a complaint can involve an independent support person in the process if they choose. This is documented as an option in the outcome letter that is sent to the complainant and includes an online link and phone number to advocacy services.  The resident meeting minutes sighted evidenced residents are given the opportunity to provide feedback. The residents and family/whānau all reported that due to the nature of the facility, any issues residents and family/whānau have are discussed with the facility clinical manager directly and dealt with promptly. The facility clinical manager and clinical lead implement an ‘open door’ policy which was confirmed during interviews with staff, residents and family/whānau. |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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. | FA | Marinoto Rest Home is owned by the community and governed by the Inglewood Welfare Society Incorporated. The service provides hospital (medical and geriatric) and rest home level care for up to 32 residents. There are six dedicated rest home only beds and 26 dual purpose beds (including a dual-purpose double room – singly occupied at the time of the audit). On the day of the audit there were 29 residents: 19 at rest home level and 10 hospital level care including one on using Accident Compensation Corporation (ACC) funding. The remainder of residents were all under the age-related residential care (ARRC) contract.  Marinoto Rest Home has a board made up of the chairperson, secretary / treasurer; six committee members and two advisors (one cultural and one clinical). The committee members have a range of backgrounds and experience. Interviews with the chairperson and the cultural advisor confirmed that they were knowledgeable around contractual and legislative requirements. The board meet monthly and receive reports from the facility clinical manager which include (but not limited to) occupancy, finances, health and safety; staffing; infection; internal audits; quality trend and analysis; restraint minimisation; resident meetings, culture and wellbeing and maintenance. The chairperson of the board meets with the facility clinical manager at least weekly and “on a needs” basis.  The strategic plan is reviewed annually and progress towards meeting annual goals are reviewed regularly and discussed at Board meetings. The 2024 business plan includes the vision, mission statement, values, and objectives of Marinoto Rest Home. The business plan has clear business and quality goals to support the service’s philosophy of care. The quality goals are discussed and reported on at the monthly staff and quality meetings. Clinical governance is provided by a member of the board (a doctor), the facility clinical manager and clinical lead. Interview with the Inglewood Welfare Society Incorporated cultural advisor confirmed support in implementation of the business goals. The cultural advisor is working alongside the facility clinical manager and clinical lead to offer expert support in Te ao Māori and tikanga.  The Board is committed to supporting the strategies laid down by Ministry of Health’s ‘New Zealand Health Strategy.’ Objectives listed in the business plan include (but are not limited to) a commitment to providing and assisting in the provision of good quality care to all people and to improving the health status of ethnic groups including Māori and Pacific people; a belief in equity of access for all members of the community, and a belief in the benefits of early health interventions, proper integration of service, health education and the empowerment of people to achieve better health care. Tāngata whaikaha have meaningful representation through monthly resident meetings and annual satisfaction surveys.  The facility clinical manager (registered nurse) has been in the role for four years; with experience in health facility management and education in aged care. The facility clinical manager is supported by a clinical lead who has been in the role for 9 months. The clinical lead has previous aged care experience in senior clinical and management roles.  The facility clinical manager and clinical lead have completed at least eight hours of professional development activities related to managing an aged care facility. Training completed includes cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety, advocacy and complaint management; infection control; health and safety; fire safety and emergency procedures. |
| Subsection 2.2: Quality and risk  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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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. | PA Low | Marinoto Rest Home has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits, the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident’s entry profile and linked to quality data.  Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and any new policies or changes to policy are communicated to staff.  Monthly staff/quality meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. However, where corrective actions were identified in the meeting minutes, there was no evidence to demonstrate actions taken and sign off when complete. Internal audits, meetings, and collation of data were documented as taking place. Quality data and trends in data are posted, and accessible to staff.  The results of the 2024 resident and family/whānau satisfaction survey results demonstrated a 98% satisfaction with an increase of 2% from 96% satisfaction in the 2023 survey. Interviews with residents and family/ whānau on the days of the audit demonstrated satisfaction with the service provision especially communication and demonstration of resident centred care. The residents, family/whānau and staff received the results for the 2023 survey as evidenced in the meeting minutes for residents and staff sighted. The April 2024 results are scheduled for discussion in the next meetings in May 2024. Staff satisfaction surveys have been completed, collated, and discussed with staff.  A health and safety system is in place with identified health and safety goals. Health and safety is a part of all staff meetings, with the facility clinical manager undertaking the role of health and safety officer. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in July 2023 and April 2024 (sighted). Health and safety policies are implemented and monitored by the health and safety officer.  A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Well-being programmes include offering employees the employee assistance programme.  All staff completed cultural safety training to ensure a high-quality service is provided for Māori. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management team reported that high-quality care for Māori is embedded and achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff. Guidance from the cultural advisor also informs practice.  Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, bruises, infections and skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Next of kin are notified following adverse events as evidenced on the forms and confirmed in interviews. Opportunities to minimise future risks are identified by the clinical lead who reviews every adverse event.  Discussions with the clinical lead evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT around registered nurse shortages. There has been two covid-19 related outbreaks (August and October 2023) since last audit. These were appropriately managed, and staff debriefed. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | PA Low | At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.  There is a staffing policy that describes rostering. The roster does not currently provide sufficient and appropriate coverage of 24/7 registered nurses for the effective delivery of care and support. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.  The facility clinical manager and clinical lead work full time Monday to Friday. On-call cover for Marinoto Rest Home is shared between the facility clinical manager and clinical lead.  An education programme is in place for 2024 with a calendar displayed in the nurses’ office. Study days are held each month to provide staff with opportunities to complete all required education. External speakers or staff provide the training sessions. Education in 2023 and year to date 2024 included (but not limited to) manual handling; infection control; outbreak/Covid-19 management; health and safety; hazards; restraint; abuse and neglect; pain management; and fire drills. The education and training schedule lists all mandatory topics. Staff have been provided with cultural safety training, including Māori equity and Te Tiriti o Waitangi. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities and health equity. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-five healthcare assistants are employed. Of the 25 healthcare assistants, six have achieved a level 3 NZQA qualification or higher.  All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint; hand hygiene; moving and handling; medication administration, medication checker and correct use of personal protective equipment. Additional registered nurse specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. There are five registered nurses (not including the facility clinical manager and the clinical lead). Three of the registered nurses are interRAI trained. External training opportunities for care staff include training through Health New Zealand, and hospice. A record of completion is maintained in the staff file and electronic record.  Staff wellness is encouraged through participation in health and wellbeing activities. Staff welfare is promoted through provision of regular cultural themes and shared meals activities. Support systems promote health care and support worker wellbeing and a positive work environment. |
| Subsection 2.4: Health care and support workers  The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. 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. | FA | Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation’s policies are being consistently implemented. A total of seven staff files were reviewed (two healthcare assistants, clinical lead, registered nurse, housekeeper, activities coordinator and cook). Staff files included reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions.  The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment including management of emergencies. Competencies are completed at orientation. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment for Māori.  Records were kept confirming all regulated staff and contracted providers had proof of current membership with their regulatory bodies. This includes registered nurses (New Zealand Nursing Council), doctor with the New Zealand Medical Council, pharmacy, and other allied health service providers.  Staff performance is reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.  The ethnic origin of each staff member is documented on their personnel records. A process to evaluate this data is in place and this is reported to the board. Following incidents, the management team is available for any required debrief and discussion.  Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. The Employee Assistance Programme is available to staff. |
| Subsection 2.5: Information  The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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. | FA | The service utilises an electronic format for resident information, documentation, and data. Electronic information (e.g., policies and procedures, incident, and accidents) are backed up and password protected. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident’s individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration. |
| Subsection 3.1: Entry and declining entry  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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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 communicated to the person and whānau. | FA | There are policies documented to guide management around entry and decline processes. Residents’ entry into service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents’ files confirmed that entry to service complied with entry criteria.  Six admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau members and residents interviewed stated they had received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility clinical manager (FCM) and clinical lead (CL) are available to answer any questions regarding the admission process.  The service openly communicates with prospective residents and family/whānau during the admission process and the declining entry would be if the service had no beds available, or if the resident’s complexities were not able to be met within the resources available. Potential residents are provided with alternative options and links to the community if admission is not possible.  The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The facility has an established link with a cultural advisor who provides cultural advice and guidance for staff. Additional links have been strengthened to ensure support is available for Māori and whānau throughout the admission process. The service has information available for Māori, in English, and in te reo Māori. Marinoto Rest Home is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, education delivery, and employment opportunities. |
| Subsection 3.2: My pathway to wellbeing  The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | FA | Six resident records were reviewed for this audit: three hospital residents (including one resident under ACC), and three rest home residents. The CL and registered nurses (RNs) are responsible for conducting all assessments and the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessment, interRAI assessment, and family whānau meetings where the long-term care plans are reviewed. This is documented in the progress notes and resident records.  All residents have admission assessment information collected and an initial care plan completed at time of admission. Information gathered includes the residents previous work history, family connections, and what is important to them. Strengths and goals are clearly documented and what support is required to achieve these. Early warning signs are documented as well as interventions to prevent further escalation and maintain resident safety. Staff completing assessments have all completed cultural safety training and were able to outline the importance of this when completing resident care plans and providing care.  The service has a strong focus on ensuring they provide an inclusive service. This was confirmed within the documentation reviewed and discussion with residents, staff and family.  Resident care plans are developed within the providers Māori model of care. A Māori health plan and the Whakamaua Māori Health Action Plan 2020 – 2025 provides staff with guidance to ensure all Māori and family/whānau would be supported to identify their own pae ora outcomes in the care plan.  All residents have an admission assessment and initial care plan completed at the time of admission. All reviewed files had initial interRAI assessments, short term and long-term care plans completed within required timeframes. The long-term care plan includes interventions to guide care delivery and these are reflective of assessed needs. The care plans are holistic and align with the service’s model of person-centred care. Care plan evaluations were completed and updated as assessed needs changed and met required timeframes. Evaluations reviewed documented progress against set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised with interventions transferred to the long-term care plans where required in a timely manner.  The nurse practitioner (NP) and general practitioner (GP) from the local practice ensure residents are assessed within five working days of admission. The NP or GP review residents at least three-monthly and were involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can maintain their own GP if they wish to. The NP provides on-call service for afterhours and on the weekend. The FCM and CL are always available for clinical advice and decision making as required. When interviewed, the NP expressed satisfaction with the standard of care and quality of nursing proficiency at Marinoto Rest Home. The NP was complimentary of the clinical assessment skills, quality of referrals afterhours, and made mention of the high standard of clinical leadership now in place. Specialist referrals are initiated as required. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist to visit as required, and a podiatrist visits six to eight weekly. A dietitian, speech language therapist, continence advisor, hospice specialists and wound care specialists are available as required.  Health care assistants (HCAs) and RNs interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery. This was sighted on the day of audit and found to be comprehensive in nature. Staff are provided with a written handover to supplement this with information updated regarding the residents’ particular needs for the next shift. Progress notes are written daily by the HCAs and RNs. The RN further adds to progress notes if there are any incidents, GP/NP visits, or changes in health status.  Residents interviewed reported their needs were met and that care delivery had surpassed their expectations, and family/whānau confirmed the same regarding their family/whānau. When a resident’s condition alters, the staff alert the RN who then initiates a review by the NP/GP. Family/whānau stated they were notified of all changes to health, including infections, accidents/incidents, GP/NP visit, medication changes and any changes to health status, and this was consistently documented in the resident’s progress notes.  A wound register is maintained. There were five residents with wounds but none with pressure injuries. All wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations including photographs to show healing progression. The wound care specialist had input into chronic wounds and for pressure injuries when required. The RNs and HCAs confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.  Care plans reflect the required health monitoring interventions for individual residents. Monitoring charts reviewed included bowel, blood pressure, food and fluid, blood glucose levels, and repositioning. Neurological observations are completed for unwitnessed falls and suspected head injuries as per policy. |
| Subsection 3.3: Individualised activities  The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to 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. | FA | There is an activities coordinator who provides activities five days per week. The programme is supported by the HCAs, plus various church and community groups.  The programme is planned monthly and includes themed events, including those associated with residents and staff. The activities programme and menu are displayed in communal areas and resident bedrooms. The activities coordinator explained how Māori residents would be supported to participate in te reo Māori, and that Māori language week, Matariki and Waitangi Day are celebrated within the activities programme.  Activities are delivered to meet the cognitive, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-to-one visits and activities such as manicures, hand massage and technology-based activities. There are areas where residents and families/whānau can watch television and access newspapers, games, puzzles, and specific resources.  A resident’s social and cultural profile includes the resident’s past hobbies and present interests, likes and dislikes, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading; music and movement; crafts; games; quizzes; entertainers; pet therapy; board games; hand pampering; bingo; happy hour; and cooking. There are two weekly van drives for outings, regular entertainers visiting the residents and interdenominational services.  There are resident meetings planned six monthly with family/whānau encouraged to attend. Residents have an opportunity to provide feedback on activities at the meetings. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging. Observation over the days of audit evidenced the activities programme was well attended and residents were very involved. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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. | FA | Medication management (electronic system) is available for safe medicine management that meets legislative requirements. Education around safe medication administration has been provided. RNs complete syringe driver training.  Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. Medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.  Medications are stored securely in the medication room. Medication trolleys were locked when not in use, The medication fridge and medication room temperatures were monitored daily. The medication room and fridge records reviewed showed that temperatures were within acceptable ranges. Staff confirmed awareness of the process to follow when anomalies are discovered. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer’s instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP/NP and charted on the electronic chart.  Twelve medication charts were reviewed. The medication charts confirmed the GP/NP reviews all resident medication all resident charts three monthly and each chart has a photo identification and allergy status identified. There were no residents self-medicating on the days of audit. The facility follows documented policies and procedures should a resident wish to administer their medications. As required medications are administered as prescribed, with effectiveness documented on the electronic system. Medication competent HCAs or RNs complete their documentation on the electronic system when medications have been administered. There are no vaccines kept on site, and no standing orders are in place. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.  The RNs and CL described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required. The CL described how they work in partnership with residents to understand and access their medications as prescribed.  Medication incidents were reviewed by the CL and managed as per policy. The NP stated that the medication system and processes were safe and appropriate to the service. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced expiring 25 June 2024. Dry ingredients were decanted into containers for ease of access with the decanting date and/or expiry date clearly visible. The four-weekly seasonal menu has been reviewed by a dietitian. The cook is the head of department and is supported by a part time cook and kitchen hands. All kitchen staff have completed safe food handling.  There is food services manual available in the kitchen. The cook receives resident dietary information from the RNs and/or directly from residents and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. Care staff provide regular updates regarding this information alongside of special dietary requirements with evidence available that these are updated and reviewed on a regular basis. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. The cook stated that the kitchen team have a respectful approach to ensuring menu options are made available that consider different cultural beliefs and values.  Residents are provided with the menu in advance and can notify the kitchen staff of their preferences. Residents have access to nutritious snacks. On the day of audit meals were observed to be well presented. Staff interviewed understood tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.  The cook completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.  Meals are served to the residents in the dining room and lounges or transported on trays to their rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available to residents to maintain independence as required. Food service staff have completed food safety and hygiene courses.  The residents and family/whānau interviewed were very complimentary regarding the food service and the effort staff go to providing residents with alternative food choices when required. They are encouraged to provide feedback at any time, and this is included within the agenda of the resident meetings which the cook attends. Resident surveys provide another avenue to provide feedback. |
| Subsection 3.6: Transition, transfer, and discharge  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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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. | FA | Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure that discharge or transfer of residents is undertaken in a timely and safe manner.  Family/whānau are involved in any transfer or discharge to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The CL and RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. |
| Subsection 4.1: The facility  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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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. | FA | The building holds a current warrant of fitness, which expires 26 January 2025. A volunteer maintenance person (interviewed), and the administrator address the day-to-day repairs in tandem with the FCM. There is a maintenance book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging and calibration of medical equipment (last reviewed in February 2024). Resident equipment checks, call bell checks, and weekly testing of hot water temperature occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available 24 hours a day as required.  The building is single level with easy access to the garden. An external contractor mows the lawn with the volunteer maintenance person maintaining assisting with the upkeep of the gardens. There are outdoor ramps with handrails, outdoor seating, shaded areas, and raised garden beds. Communal areas are spacious and comfortable for residents. The facility has sufficiently wide corridors with handrails for residents to safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required. The staff interviewed confirmed there was sufficient equipment to safely carry out the resident cares as documented in care plans. Ceiling hoists have been installed in three rooms since the last audit.  There are adequate number of toilets and showering facilities. Privacy locks are in place. Vacant/in-use signage is on the toilet/shower rooms. All resident rooms are spacious enough to allow residents to move about with mobility aids and wheelchairs and allows for the use of hoists. Residents and families/whānau are encouraged to personalise resident rooms, as viewed at time of audit. All residents interviewed confirmed their privacy was maintained while attending to personal cares.  Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. General living areas are heated by a mix of gas, ceiling and central heating systems, with resident rooms having individual heating in place. Residents interviewed stated the facility was appropriately heated in winter and cooled in summer. All bedrooms have at least one window for natural light.  The FCM advised that in the event of any planned development of the facility the cultural advisor would be involved in the co-design of the environment to ensure they reflect the aspirations and identity of Māori. |
| Subsection 4.2: Security of people and workforce  The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation scheme is in place that has been approved by Fire and Emergency New Zealand and dated 06 November 2023 (this was updated after a major kitchen renovation). Fire evacuation drills are held six monthly, with the last one completed in April 2024. Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, there is a back-up generator available and gas cooking (barbeque and gas cookers). There is adequate food supply available for each resident for minimum of five days. The food supply is also checked monthly and food stocks rotated.  There are adequate supplies in the event of a civil defence emergency, including water supplies to provide residents and staff three litres per day for a minimum of five days. Emergency management is included within staff orientation and is included within the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents’ rooms, communal toilets, and lounge/dining room areas. Panels light up across the facility when call bells are activated alerting staff to where assistance is required. Call bells are tested monthly by an external contractor with the last audit confirming full compliance as part of the maintenance audit. The residents were observed to have their call bells in close proximity. Residents and families/whānau confirmed that call bells are answered in a timely manner.  The facility is secured at night and there are security cameras located in key areas internally and externally. Visitors sign in and out of the facility, staff wear the facility uniforms and name badges further enhancing the security of the facility.  Visitors are notified of emergency procedures within posters strategically placed throughout the facility. Information regarding emergency management procedures forms part of the resident’s admission process for family/whānau and other visitors as confirmed by residents’ family/whānau. |
| Subsection 5.1: Governance  The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring 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. | FA | Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the Marinoto Rest Home quality programme which is linked to the strategic plan to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through Public Health and Health New Zealand. Infection prevention, control and antimicrobial stewardship resources are accessible.  Monthly staff/quality meetings include discussions regarding any residents of concern, including any infections. The infection control coordinator has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training, as verified in training records sighted.  The infection prevention and control coordinator has access to residents’ records and diagnostic results to ensure timely treatment and resolution of any infections. Any significant events are managed using a collaborative approach involving the infection control coordinator, the nurse practitioner, the general practitioner and the Public Health team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the Board. The infection control coordinator (RN), facility clinical manager and board chair confirmed any outbreaks are reported immediately.  The infection prevention control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. |
| Subsection 5.2: The infection prevention programme and implementation  The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The infection prevention and control programme has been developed by an external consultant and has been approved by the management team, infection prevention and control coordinator and the board. The infection prevention and control programme is reviewed annually and discussed at staff/quality meetings. Infection control data is included in the facility clinical manager reports which are discussed at board level.  The infection prevention and control manual includes a comprehensive range of policies, standards, and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the external consultant and the infection prevention and control team regularly to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health NZ.  The clinical lead is the infection prevention and control coordinator (RN). There is a job description that outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection prevention and control coordinator has completed external infection control training including online training through Ko Awatea, Health online and Bug Control as well as antimicrobial stewardship face to face training. The infection prevention and control coordinator has access to support from the infection control specialist at Health NZ, Bug Control, the microbiologist, nurse practitioner, general practitioner and public health team.  The infection prevention and control coordinator described the pandemic plan and confirmed the implementation of the plan proved to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention control policies and practices. The infection prevention and control audit monitors the effectiveness of education and infection control practices.  The infection prevention and control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible in the external shed and internal cupboard to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.  The service has infection prevention and control information available in te reo Māori. The infection prevention and control coordinator and health care assistants could explain how they would work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and control practices.  Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.  Infection prevention and control is part of staff/quality meetings. The infection prevention and control coordinator described a clear process of involvement should there be plans for development and ongoing refurbishments of the building.  The infection prevention and control coordinator is committed to the ongoing education of staff and residents as described in infection control policies. Infection prevention and control is part of staff orientation and included in the study days held. Staff have completed hand hygiene, skin infections, standard precautions, and personal protective equipment training in March 2024. Resident education occurs as part of the daily cares. Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls.  Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation  The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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. | FA | The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted.  Monthly records of infections and prescribed treatment were maintained. The annual infection control and AMS review and the infection control audit includes antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects. Review of the annual review confirmed that Marinoto Rest Home use of antimicrobials was lower than the industry standards.  Significant events are reported to the board immediately. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The nurse practitioner, general practitioner and clinical lead provide oversight on antimicrobial use within the facility. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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. | FA | Infection surveillance is an integral part of the infection prevention control programme and is described in the Marinoto Rest Home infection prevention control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary includes all infections including organisms and ethnicity. Infection prevention and control surveillance is discussed at staff/quality meetings as confirmed by staff interviewed and sighted in meeting minutes.  The infection prevention and control coordinator described developing action plans where required for any infection rates of concern, discussing these at the staff/quality meetings; however, there was little evidence of follow up and sign off of corrective actions when identified (link 2.2.4). Short term care plans are utilised for residents with infections. Internal infection control audits are completed with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection. The service receives information from Health NZ services for any community concerns.  There have been two Covid-19 outbreaks (August and October 2023) since the last audit. These have been appropriately reported with, outbreak logs and documentation maintained throughout the outbreaks. There is documented evidence of debrief meetings held to discuss what went well and what improvements will be implemented on the next occasion. |
| Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. Policies are in place regarding chemical safety. Chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are stored on a lockable cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and disposable visors are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff demonstrated knowledge on donning and doffing of PPE.  There are housekeepers who are responsible for cleaning. Health care assistants also participate in cleaning responsibilities for equipment and during the night shift and weekends. Cleaning guidelines are provided. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The housekeepers have attended training appropriate to their roles.  All resident clothing is laundered on site by HCAs. All linen is laundered by an external provider and delivered back to the facility in laundry bags. The on-site domestic laundry area has defined dirty and clean areas. Washing temperatures are monitored and maintained to meet safe hygiene requirements. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards in covered bags on trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen.  The infection prevention and control coordinator has oversight of the facility testing and monitoring programme for the built environment. Cleaning and laundry services are monitored through the internal auditing system which is overseen by the infection control coordinator. The washing machines and dryers are checked and serviced regularly. Satisfaction surveys and interviews confirmed satisfaction with the cleaning and laundry processes. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | Policies, procedures, and processes were in place to guide practice related to the use of restraint. The provider has a restraint philosophy aimed towards a restraint free environment. All restraint practice was managed through an established process which ensured consistency for each event. The CL is the dedicated restraint coordinator. The CL confirmed that the governance of the organisation supports a no restraint stance. The restraint policy confirms that restraint consideration and application must be done in partnership with families and the choice of device must be least restrictive as possible. When restraint is considered, the provider works in partnership with the resident and the family to ensure services are mana enhancing.  Records confirmed the completion of restraint minimisation and safe restraint use training with annual updates completed. Staff reported they were confident to manage challenging behaviour with documentation confirming this.  Staff advised what processes were required for Māori residents when considering restraint or if restraint practice was implemented. Discussion included staff commitment to ensuring the voice of people with lived experience and that there were processes in place that ensured Māori and families oversight would be provided.  Any restraint events are benchmarked and linked to the operational goals. Any restraint events are collated and reported through to governance.  There were no episodes of restraint recorded since the last audit. Restraint would only be considered as a last resort when all other options had been explored. |

# 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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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 2.2.4  Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them. | PA Low | Monthly staff/quality meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education with corrective actions identified and documented. However, review of the meeting minutes confirmed that where corrective actions were identified there was no evidence to demonstrate actions taken and sign off when complete.  Staff interviews confirmed that they attended the monthly meetings and were well informed with the quality and risk systems of the facility. | Meeting minutes reviewed did not always provide evidence to demonstrate actions taken and sign off when completed. | Ensure that where corrective actions are identified; follow-up and sign off is completed as per quality programme policy.  90 days |
| Criterion 2.3.1  Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services. | PA Low | At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.  The service has been unable to provide a registered nurse on site 24/7 as per the ARRC agreement D17.4. The shifts not covered by registered nurses are all covered by senior healthcare assistants who are overseas registered nurses working at level 4 and some awaiting their New Zealand registration. It was noted that the service has attempted to mitigate the risk of this situation by utilising the facility clinical manager and clinical lead providing on call process. Section 31 registered nurse shortage notifications have been completed. In 2023, the service had challenges to recruit into RN positions and had at least three shifts each week covered by level 4 healthcare assistants. For the month of March and April there was at least one shift each week which was covered by a level 4 healthcare assistant with the facility clinical manager and clinical lead being on call.  There is one senior healthcare assistant in the process of completing their competency assessment programme who once registered will be part of the registered nurse team. | The service does not have sufficient numbers of registered nurses to have a registered nurse on duty at all times in the hospital level care as per ARRC agreement D17.4. | Ensure there is adequate coverage of all shifts by a registered nurse to meet the requirements of the ARRC agreement D17.4.  90 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.

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End of the report.