Tairua Residential Care Limited - Tairua Residential Care

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by HealthShare Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Tairua Residential Care Limited
Premises audited:	Tairua Residential Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 May 2024 End date: 8 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: 41

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

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

General overview of the audit

Tairua Residential Care provides rest home and/or hospital (medical or geriatric) level care for up to 44 residents. On the days of the audit, there were 41 beds occupied but only 40 residents on site. The nurse manager/owner is responsible for organisational management, clinical oversight and leadership. There had been no significant changes to the organisation since the last audit.

This unannounced surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard and the providers agreement with their funder Health New Zealand- Te Whatu Ora. The audit process included considering specific policies and procedures, samples of resident and staff records, observations, interviews with residents, family/whānau, staff, management and the general practitioner (GP). Residents, their family/whānau and the GP expressed satisfaction with the services being provided.

Evidence sighted confirmed that actions had been taken to close out eight of the thirteen (13) non compliances from the April 2023 certification audit. These related to Māori representation on governance, analysis of adverse events, delivery of high quality care for Māori, nursing assessments, three monthly medical and medicine reviews, review of food menus and trialling of alternatives to restraint use.

Eight corrective actions were identified during this audit. Four of these were ongoing non compliances in relation to essential notification reporting, provision of staffing, the food control plan, and recording ethnicity in infection surveillance. Four new findings identified that improvements were required in regard to obtaining signed consent, staff job descriptions, documenting resident allergies and sensitivities, safe medicine administration and recording, and development of care plans for short stay residents.

Ō tātou motika | Our rights

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

Policies and procedures describe practices and align with the expectations in Pae ora healthy futures and Ola Manuia of Pacific peoples. There were no long-term Māori residents on the days of audit. Staff and the owner had attended education and were aware of their responsibilities under the principles of Te Tiriti o Waitangi and equity practices. Those interviewed demonstrated an understanding of how to weave tikanga Māori into everyday practice to uphold mana motuhake.

There were no Pacific residents and a small number of Pasifika staff. Policies were available to guide staff on embracing Pacific world views and meeting cultural and spiritual beliefs.

Residents and family/whānau were informed of the Code of Health and Disability Services Consumers' Rights (the Code), and care was provided in a manner that reflected these rights. The service operated in a manner that ensured residents were free from abuse, exploitation, and neglect.

The complaints process aligns with consumer rights legislation.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The nurse manager is the sole owner/operator who assumes responsibility for compliance with legislative, contractual, and regulatory requirements. There were no perceivable barriers or equity issues for Māori. The purpose, values, direction, scope, and goals for the organisation are defined and quality and risk management systems are implemented. Actual and potential risks are identified and mitigated, and trends are analysed. Staff are involved in quality activities through staff meetings. Residents and families/whānau provide feedback via resident meetings and through satisfaction surveys. Adverse events are documented with corrective actions implemented. Staff are appointed, orientated, and managed. Staff attend regular education/training, individual competencies are assessed, and annual performance appraisals occur.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Residents care plans were implemented with input from the resident and family/whānau. These considered the physical, social, cultural and spiritual components of the resident's well-being. Other health and disability service providers contributed to the care of the resident as required. The medicine management policy reflected best practice. The discharge and/or transfer of residents was safely managed. The general practitioner stated the provision of care was safe and met the resident's needs. Meal services were provided in a pleasant environment that met the nutritional needs of the residents.

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.

There have been no changes to the facility since the last audit. There is a current building warrant of fitness.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Some subsections applicable to this service partially attained and of low risk.

The infection prevention and surveillance programmes had been developed by an organisation with suitable expertise. Education appropriate to the service type was provided to staff. The surveillance programme was relevant to the size and scope of the service. Surveillance data was analysed and shared with staff.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.

The restraint register was current. All staff attend ongoing education regarding safe restraint use, de-escalation and restraint minimisation. At the time of the audit there were seven residents in the hospital wing who had restraint interventions in place.

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	11	0	3	5	0	0
Criteria	0	48	0	3	5	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
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	There were no long-term residents who identified as Māori. A Māori resident who was on a short-term stay said they were happy with the way staff respected their values and beliefs. Policies and procedures provide clear guidance on enacting Te Tiriti o Waitangi and adhering to tikanga Māori for day-to-day practices including recognising mana motuhake. The nurse manager was committed to ensuring services were equitable and had accessed the Equity of Health Care for Māori framework. The nurse manager reported that there was a kaupapa Māori health provider in Thames which could be accessed if required.
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	FA	Cultural safety policies and procedures specific to Pacific peoples described Pacific world views and beliefs for each island group. These referred to current health strategies, and how to gain expert advice. There were no residents on site who identified as Pasifika which is consistent with the local demographic. A small number of Pasifika staff are now employed as were staff from other cultures and ethnicities. The nurse manager expressed commitment to ensuring equal employment opportunities. There are no local pacific providers within the Coromandel rohe making working in partnership with Pacific organisations difficult. Discussions with the nurse manager confirmed knowledge of where to seek advice and input, for example web

Pacific peoples for improved health outcomes.		based information and services, a Hamilton city provider and Te Whatu Ora when necessary. Staff also said they would be guided by the family/fono of pasifika residents for support and interventions..
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	The Code of Health and Disability Services Consumers' Rights (the Code) was displayed in English and te reo Māori. Staff advised they were aware of the Code and discussed their responsibilities regarding providing care in compliance with the Code. Residents are provided information in the Code on admission to the service, and this was confirmed by residents and family/whānau. Observation during the audit confirmed that staff provided care in accordance with the Code and this was verified by residents and family/whānau.
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	There was no evidence of abuse, neglect or exploitation during the audit. Staff discussed signs of abuse and neglect, including the actions they would take should they recognise these. They also discussed professional boundaries and demonstrated knowledge of these and gave examples of behaviours/actions that were inappropriate. Residents who were competent to manage their own finances did so. In circumstances where residents were not competent and wished to purchase goods or services, for example the hairdresser, the manager approved a member of staff to purchase/pay on behalf of the resident with Tairua Residential Care money. The resident's name was written on the receipt. The information was transferred onto a "resident purchase on charges form'. At the end of each month the on charges were itemised on to a tax invoice which was sent to the resident's family/whānau for payment. Family/whānau who used this service stated they were satisfied the process was accurate and appropriate. Residents and family/whānau advised that they had not witnessed abuse or neglect and confirmed that professional boundaries were maintained. There had been no reported incidents of abuse, neglect or discrimination.

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.	PA Low	Staff stated they obtained consent from residents prior to completing routine tasks such as supporting them with toileting and showering and administering medication, and evidence of this was seen during the audit. Clinical records held an informed consent document that reflected the policy, however an improvement is required to ensure that all residents and/or family/whānau sign the consent document.
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	Policy and procedure outline the process for complaints, including specifying considerations for Māori. A fair, transparent, and equitable system is in place to receive and resolve complaints and leads to improvements. This meets the requirements of the Code. The nurse manager maintains a record of all complaints in a complaint register. Complaints information is given to residents and family/whānau on admission along with advocacy information. Residents and family/whānau interviewed understood their right to make a complaint, knew how to do so, and understood their right to advocacy. Documentation sighted demonstrated that the small number of complaints received were being managed in accordance with timeframes and documented processes. There have been no known complaints submitted to any external agencies such as Health New Zealand -Te Whatu Ora or the Office and Disability Commissioner (HDC) since the previous audit.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the	FA	Tairua Residential Care is privately owned and has been operated by the current provider since 2014. The RN/manager/owner/director had been employed as an RN in the facility for eight years prior to purchasing 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.		service. There is no governance body. The Ministry of Health-Manatū Hauora certified the organisation for the provision of hospital services in May 2021 to change the service scope to medical services; hospital services - geriatric services (excl. psychogeriatric); and rest home care (excluding dementia care). Services continue to be provided under agreements for long term Age Related Residential Care (ARRC), respite care and Long Term Support-Chronic Health Care (LTS-CHC) with Health New Zealand-Te Whatu Ora. The maximum occupancy for 44 residents is configured as 32 rest home and 12 hospital beds, although one bed is approved dual purpose and can be used for either hospital or rest home level care. On the days of audit 41 beds were occupied but there were 40 residents onsite as one person was in public hospital. Twenty eight (28) residents were receiving rest home level care, and 13 residents were requiring hospital level care which included one person on short stay under the Post Acute Care (PAC) funding model. This person was discharged on day two of the audit. Two of the rest home residents were under 65 years of age under the LTS-CHC and another rest home resident was on short stay under arrangement with the Accident Compensation Corporation (ACC). The philosophy, mission and values were documented and known to staff, residents and family/whānau. The nurse manager was aware of their legislative, contractual and regulatory requirements. The rest home is a current member of the New Zealand Aged Care Association. The business plan has been reviewed and included goals, objectives, accountabilities, timeframes, and measurements. The nurse manager was responsible for quality and risk management and delegated tasks accordingly. Organisational performance, clinical oversight and management was being monitored and overseen by the nurse manager. Although there were no residents who identified as Māori, the nurse manager spoke of how they aimed to provide an equitable service for Māori by reducing barriers, implementing policies and procedures and could seek advice from a local kaupapa Māori organisation to assist in meeting the needs of Māori residents when required. Attempts to gain meaningful Māori representation and input to the organisation (there is no board) to meet the previous non-compliance in criterion 2.1.9 did not produce results. Local demographic data shows less than 6% of the population identify as Māori. The nurse manager meets the intent of this criterion by providing staff with in-

		service education to instil cultural knowledge and awareness of tikanga Māori, cultural safety and diversity. This was confirmed by staff training records sighted. The governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation.
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 Moderate	A quality and risk management system is implemented but not reliably embedded. The previous noncompliance related to analysis of adverse events had been rectified by using new reports that enable analysis of trends. There was a lack of written evidence that all unwitnessed falls resulted in neurological observations. Refer to finding in criterion 3.2.3. An essential notification was submitted in 2023 for a temporary change in manager but reporting of RN shortages was not occurring as required. This is an ongoing finding in criterion 2.2.6. Evidence to close out the previous corrective action in 2.2.7 related to delivery of high quality health care for Māori was demonstrated even though there were no long term Māori residents. A short stay Māori resident said their cultural needs were met. Policies related to care of Māori were available, staff training in cultural awareness, revision of cultural policies and equity occurred in October 2023 and interviews with a range of staff and the nurse manager demonstrated sufficient knowledge about tikanga Māori and culturally safe practices. The quality and risk system includes documented quality indicators, a risk management plan and processes for service performance monitoring. These include conducting internal audits and implementing improvements when deficits are identified, managing and responding to complaints, adverse event reporting and analysis, infection reporting and surveillance, restraint reporting and obtaining feedback from residents and relatives through regular meetings and satisfaction surveys. Results from the February 2024 resident and relative survey revealed satisfaction in most areas of service delivery, high satisfaction with meals, activities and laundry and isolated comments regarding cleaning, gardening and medical matters which had been followed up by the nurse manager. Quality matters and results from service performance monitoring were communicated to all staff at their biweekly meetings evidenced by the sample of meeting minutes and interviews.

		The risk management plan defines and rates the likelihood and impact of potential risks including inequities and describes corresponding strategies to mitigate the risks. The sample of incident/accident reports revealed no significant adverse events had occurred since the previous audit in April 2023.The nurse manager is advised of the changes required to meet the requirements for reporting according to the National Adverse Event Reporting Policy from 01 July 2024.
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 Moderate	The process for determining staffing levels and skill mix considered the layout of the facility and differing levels of care needed. The nurse manager developed staff rosters; however, there were still insufficient RNs employed to cover all shifts and not enough staff on duty at night to meet the ARRC requirements. The previous corrective action in criterion 2.3.1 is ongoing. The nurse manager was on duty Monday to Friday, available on call, lived on site, and works on the floor to cover staff shortages when necessary. An additional RN has been employed since the previous audit, bringing the total number of RNs to three including the nurse manager. However, these RNS are employed part time and do not work afternoon or evening shifts. Both RNs are maintaining competencies to conduct InterRAI assessments. Of the 44 full time, part time and casual staff employed, 28 were caregivers, one is an enrolled nurse, there were three activities people, two maintenance staff, two laundry staff, one cleaner and four kitchen staff. The required competencies were defined and monitored. Most caregivers had achieved either level three or four of the national certificate in health and wellbeing. Senior staff had the required medication competencies. Additional mandatory competencies were addressed. For example, oxygen therapy, wound care, syringe drivers, managing challenging behaviours, manual handling and hoists. Continuing education for staff is planned on an annual basis to support equitable service delivery. Inservice training occurs routinely at staff meetings, confirmed by sighted meeting minutes and staff interviews. Education includes mandatory training topics such as infection prevention, management of emergencies, manual handling and safe transfer, resident cares and residents' rights. Specific training in health equity and cultural safety for Māori and Pacific peoples occurred in October 2023.

		The nurse manager attends at least eight hours of professional development to meet the ARRC requirements and for maintaining a current practicing certificate.
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.	PA Low	Human resources management policies and processes adhere to current employment legislation and include recruitment, selection, orientation and performance monitoring. Staff records showed that professional qualifications had been validated prior to employment. A record of employed and contracted health professionals current practising certificates was being maintained and all those sighted were current. The sample of six staff records contained curriculum vitaes, signed employment agreements, recruitment documents, vaccination status, and proof of completed orientation. The orientation process covered the scope of the organisation and the position employed for. Staff orientation checklists were signed off by the person being inducted and the staff member conducting each part of the orientation. Staff confirmed completion of the orientation process and reported they were well prepared for their role. Not all staff records contained job descriptions and some staff interviewed couldn't recall discussing, seeing and signing these. An improvement is required in criterion 2.4.2 Records sighted and interviews confirmed that performance appraisals occur for staff annually.
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.	PA Moderate	Residents had support provided that met their physical, cultural, spiritual, and social dimensions of their wellbeing. The documented assessments demonstrated that the resident's holistic wellbeing was considered and included, for example skin integrity, pain, falls risk, sleep patterns and behaviour. Clinical records verified that a registered nurse had completed the assessments and developed an individualised care-plan for all residents. All assessments and interRAI reviews were current at the time of the audit. The previously identified area requiring improvement (3.2.1) that related to the nursing assessments and interRAI assessments not being completed in a timely manner is now closed.

		Long-term residents had current care-plans that reflected the interRAI review. Short-term care plans had been implemented for a short-term health condition, for example an infection or skin tear. These were signed off when the condition had resolved. An area of improvement is required relating to the development of a care-plan for people who are admitted for short-term admission, for example respite or post-acute convalescent care (PACC). Progress notes, observations during the audit and interview with the resident's confirmed that assessments and care-plans had been developed in collaboration with the resident. Progress notes documented the resident's daily activities and any observed changes in health status or behaviour. Staff stated that changes in a resident's behaviour were considered an early warning sign of a residents change in health status and this was reported to the nurse manager, however not all residents who had suffered an unwitnessed fall had neurological observations completed as per policy. The clinical record stored all health information related to the resident for example, GP reports, laboratory reports, reports from other providers such as the dentist or podiatrist. The previously identified area requiring improvement that related to the escalation of early warning signs and integration of the clinical record has been addressed, however the completion of neurological observations on residents following an unwitnessed fall remains open (3.2.3). Monthly vital signs and the weight of residents were documented. If the resident displayed signs or symptoms of illness, vital signs were documented, and further assessments were performed as appropriate. The nurse manager notified the GP in a timely manner if required, this was verified by the GP and observed during the audit. Resident files sampled confirmed that the GP reviewed the residents three monthly, or more often if required. The previously identified area requiring improvement (3.2.5) that related to the GP reviewing the residents three monthly is now closed. The GP advised that the nurse manager has regular contact and is kept up to date with the health of the residents. It was stated that all medical care recommendations are implemented in a timely manner and the results are reported to the GP. Residents and family/whānau advised they were satisfied with the provision of care, and that they were included in care-planning and decision making. Family/whānau also confirmed that they were updated of the resident's health and well-being regularly.

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.	PA Moderate	The medication policy was appropriate to the scope of the service. Medication charts and administration records were paper based. Medications were dispensed by a pharmacy using a pre-packaged system. A registered nurse collected from and returned medications to the pharmacy as required. A medication competent staff member checked the medications prior to them being placed in the medication trolley. The records included the documentation of allergies and sensitivities. All records sampled had been reviewed by the GP with in the previous three months. The previously identified area requiring improvement (3.4.2) that related to the records not having documented evidence of a three-monthly review is now closed. Medications, including controlled medications and a medication fridge were kept in a locked room. All medications were labelled as per requirements. Commonly used antibiotics were the only stock medication was on site, this was used for hospital residents when an immediate supply of the required medication was unavailable from the pharmacy. The controlled medications were stored appropriately, and documentation confirmed that weekly counts and six-monthly quantity stock takes were performed. The medication room and fridge were temperature monitored. There were two medication trolleys, one for the hospital residents and another for the rest-home. Both trolleys were stored in a locked cupboard. There was an emergency trolley with medications on it, that were to be administered as per a standing order. The standing order had been reviewed and signed by the GP within the past six months. The standing order was only to be used by a registered nurse. The medication policy documented the medication self-administration process; however, no residents were self -administering medication during the audit. Staff who had completed the medication competency programme administered medication, however an improvement is required to ensure that medication storage and administration is managed as per the policy and best practice guidelines.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs	PA Moderate	The resident's dietary requirements, likes and dislikes were recorded in their clinical record and on a whiteboard in the kitchen. Also recorded on the

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.		whiteboard was residents who required a texture modification. The menu was seasonal reflecting fresh food produce available in summer and winter. The menus were rotated four weekly. The menu had been approved by a registered dietitian, and recommendations made were being implemented at the time of the audit. The previously identified area requiring improvement (3.5.4) that related to the menu not being reviewed by a dietitian is now closed. There was not an approved food control plan, this is an ongoing finding in criterion 3.5.5.
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	Staff advised they contacted the nurse manager in the event of a resident quickly deteriorating or sustaining an injury they were unable to manage. This was confirmed by the nurse manager. Residents who were transferred acutely to the public hospital were transported via the ambulance service. The national yellow envelope system was used, which included all required documents to maintain continuity of care. A verbal handover of care was provided to ambulance staff by the nurse manager. Clinical records confirmed that family/whānau were consulted regarding the resident's situation. Planned discharges were co-ordinated by the nurse manager, in collaboration with the resident and family/whānau.
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 has a building warrant of fitness which expires on 20 September 2024. Planned and reactive property maintenance occurs. Electrical testing and tagging and the calibration of medical equipment was current. Fire and emergency procedures were occurring at least every six months and staff knowledge of these is tested by completing annual questionnaires. The physical environment supports the independence of people receiving services and their culture. Signs are displayed in te reo Māori and English. The home has adequate space for equipment, individual, and group activities, and quiet space for people receiving services and their whānau. The grounds and external areas, furniture and fittings were being maintained as safe and suitable for older people.

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	There was a comprehensive infection prevention (IP) programme that had been developed by an agency with IP expertise. The owner/operator of Tairua Residential Care implemented the programme and reviewed it annually. Infection prevention was discussed at monthly quality/staff meetings. Staff confirmed that they were orientated to the principles of IP on admission. IP education was included in the annual education planner. A session is planned for next month and will be delivered by a clinical nurse specialist. The content of the education sessions was appropriate for the type of service.
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.	PA Low	The surveillance programme was appropriate to the service type and size. Monthly data was collected and collated, and trends were identified. Surveillance reports were discussed at monthly quality/staff meetings. Since the last audit a small cluster of infections caused by the same organism had occurred in one wing of the facility. This was discussed at quality meetings and with the GP. There had been no further instances of the infection since. Although surveillance reports included standardised definitions, ethnicity was not included in the reports, this is an ongoing finding in criterion 5.4.3.
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	FA	A restraint register is maintained which records the name of residents who require restraint interventions, the date these were initiated, the type of restraint in use and the review date. The nominated restraint coordinator is the nurse manager who stated that restraint was only used when required to ensure safety of the resident. At the time of the audit there were seven residents using some form of restraint, all of whom were residing in the hospital wing. The only restraints in use were bed rails and or laps belts to ensure safe seating. Alternatives such as sensor mats, staffing and regular

use of restraint in the context of aiming for elimination.		reviews to assess each resident's care and support needs, are in use. There was evidence that reviews led to cessation of restraint interventions when indicated. The number of residents and the type of restraints in use were discussed at staff meetings as confirmed in staff meeting minutes and interviews with staff. Policies and procedures describe the process of restraint, safe management and guidelines for restraint elimination and minimisation including alternatives that could be trialled. Training records sighted confirmed that all staff attended education regarding restraint minimisation and safe restraint use at least annually.
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.	FA	The previous corrective action related to trialling alternatives to restraint use had been resolved. The service uses sensor mats and has acquired two low-low beds and fall out chairs as alternatives to restraint. Each six monthly (or earlier if required) review of restraint considers the need for ongoing restraint or whether safety could be managed using an alternative. This was confirmed by interview and review of a sample of completed restraint assessments, reviews and care plan records.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.7.5 I shall give informed consent in accordance with the Code of Health and Disability Services Consumers’ Rights and operating policies.	PA Low	There was an informed consent form in all clinical records sampled. The contents of the form reflected the policy, however in five of six records sampled the informed consent form was not signed. Residents interviewed confirmed they were unaware of the informed consent form.	The informed consent form had not been signed in all records.	Ensure the informed consent form is signed in all records. 90 days
Criterion 2.2.6 Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.	PA Moderate	The service provider had submitted a section 31 notice related to a temporary change of manager in 2023 but was not notifying shortages of RNs. There is no New Zealand registered RN rostered on shift in the evenings or at night. (refer corrective action in 2.3.1)	Shortage of RNs on shift were not being notified as required.	Ensure that the Ministry of Health-Manatū Hauora is notified of RN shortages on shift at the time periods required.

				60 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 Moderate	There was no New Zealand registered nurse rostered on shift in the evenings or at night. The nurse manager lives on site and asserted their 24/7 availability and having internationally qualified nurses (IQNs) on shift should suffice. There were five IQNs employed who were at different stages of the process to obtain a New Zealand nursing registration. The nurse manager has previously covered shifts without an RN and was also using the virtual RN service for a period of time. An additional RN has been employed part time (two duties per week) since the previous audit which brings the total number of RNs employed to three including the nurse manager, however the two other RNs are part time employed and do not work evening or night shifts. The rosters sampled confirmed four caregivers (with one of these nominated as senior caregiver/team leader) on duty in the rest home with 28 residents and three caregivers plus an RN allocated to the hospital wing with 13 residents in the morning. The nurse manager is reliably on duty for business hours Monday to Friday and on call at all times. Two caregivers were rostered in each wing in the afternoon, four in total on duty. One was nominated team leader	The service does not meet the staffing requirements described in the funding agreement (ARRC) clauses D17.3 and D17.4 (d). There were no registered nurses working on the floor for evening and night shifts and an insufficient number of staff on duty at night. The funders agreement requires at least two care staff on duty at all times in the rest home, and two health care assistants and one registered nurse at all times in the hospital.	Provide sufficient numbers of qualified and experienced staff in both the hospital and rest home on all shifts 60 days

		in the rest home and one caregiver and an IQN were on the floor in the hospital wing. One IQN and one caregiver were on duty during the night shift which does not meet the ARRC requirements. The activities person in the hospital wing works 10am to 6pm in order to assist with care giving duties around mealtimes. The rosters showed a staff member on duty on each shift, with a current first aid certificate. Staff interviewed and the previous rosters sighted confirmed that replacements were rostered during planned or unexpected staff absences. The nurse manager interviewed three currently registered RNs during the audit and said job offers will be extended to them which is why the risk rating has been maintained as moderate.		
Criterion 2.4.2 Service providers shall ensure the skills and knowledge required of each position are identified and the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position are documented.	PA Low	Four of the six staff files sampled did not contain job descriptions that identified outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Some staff interviewed could not confirm they had discussed, seen and signed a job description with their employment agreement.	Not all staff had documented job descriptions.	Ensure each staff member confirms agreement with their job description by retaining a signed copy of these in their personnel file. 90 days

Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;	PA Moderate	Clinical records of short stay persons contained an admission assessment, and a summary of their needs, however a care plan had not been developed. Incident reports were completed and analysed following an unwitnessed fall, and the nurse manager was notified in a timely manner. however there was insufficient evidence to confirm that neurological observations were completed on all residents who suffered an unwitnessed fall as per policy.	Care-plans were not developed for persons admitted for a short stay. Neurological observations were not completed following a resident's unwitnessed fall consistently.	Ensure care-plans are developed for persons admitted for a short stay. Ensure neurological observations are completed following a resident's unwitnessed fall. 90 days

(h) People's care or support plan identifies wider service integration as required.				
Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.	PA Moderate	The medication policy was comprehensive and reflected best practice, however not all aspects of the policy had been implemented, for example two of the records sampled included a telephone order, neither of these orders had been signed within the required timeframe as per policy. Medication administration was observed in the rest-home and hospital. It was observed that the medication pre-packaged dosage was removed from the resident's pack prior to being at the resident's side in both the rest-home and hospital wing. One pre-removed pre-packaged dose included the name and dose of the medication but the resident's name had been removed. Although many of the administration records included a designated area for sample signatures, there were some that had no sample signatures. There were no sample signatures available that pertained to entries in the controlled medication book. Medications stored on the emergency trolley reflected the standing order medications, however many of the medications on the trolley had expired.	Medication telephone orders were not always managed and/or documented as per the policy. Medication administration did not always occur as per best practice. The controlled medication register and some administration records did not have sample signatures documented. There were expired medications on the emergency trolley.	Ensure telephone orders are managed as per the policy. Ensure medication administration occurs as per best practice. Ensure the controlled drug register and all administration records have sample signatures documented. Ensure medications stored on the emergency remain current. 60 days

Criterion 3.5.5 An approved food control plan shall be available as required.	PA Moderate	Although the kitchen was clean, and food was ordered, received, stored, prepared and served in a manner that reflected current approved practices, a food control plan was not available.	A food control plan was not available.	Ensure a food control plan is available. 90 days
Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.	PA Low	Surveillance reports included analysis of infections and trends that were relevant to the residents using the service, however the reports did not include ethnicity data.	Surveillance reports did not include ethnicity data.	Ensure Surveillance reports include ethnicity data. 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.

No data to display

End of the report.