

Rahiri Lifecare Limited - Rahiri

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Rahiri Lifecare Limited
Premises audited:	Rahiri
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 8 April 2024 End date: 9 April 2024
Proposed changes to current services (if any):	Addition of 12 beds for people with dementia through conversion of current hospital level wing at facility.
Total beds occupied across all premises included in the audit on the first day of the audit:	43

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Rahiri Lifecare currently provides rest home, dementia and hospital (medical and geriatric) level care for up to 49 residents. The facility is based in Dannevirke in the Tararua district. The provider had applied to add an additional 12 beds for people living with dementia at Rahiri through conversion of an existing wing from hospital level care to dementia level care.

This certification and partial provisional audit included review of policies and procedures, review of residents and staff files, observations and interviews with residents, family members, the owner, managers, staff, contracted allied health providers and a nurse practitioner.

Six areas for improvement are identified for the facility in relation to processes for identifying and addressing barriers to equity for Māori and having processes to analyse organisational practices, having a risk management plan for the facility, residents having a unique, integrated health record, ensuring the regular review of the controlled drugs register is completed by a pharmacist, and a regular review of the menu is completed by a dietitian. Two other areas for improvement are identified in relation to the proposal for additional dementia care beds and which relates to having sufficient numbers of staff with appropriate training to provide more dementia care, and modifications to secure the environment of the proposed new dementia wing so that it will be compliant with fire safety systems.

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.

Rahiri Lifecare (Rahiri) works collaboratively to support and encourage a Māori world view of health in service delivery. The provider has systems based on Te Tiriti o Waitangi and the principles of mana motuhake.

There are procedures for Pacific peoples to be provided with services that recognise their worldviews and are culturally safe.

Residents and whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training which is reflected in day-to-day service delivery. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and work in reducing barriers to improve outcomes for Māori and people with disabilities.

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

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

The National Adverse Events Reporting Policy is followed with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of current residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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When people enter the service a person-centred and whānau-centred approach is adopted. All relevant information is provided to the potential resident and/or their whānau.

Rahiri works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information, and they accommodate any new problems that may arise. The files reviewed demonstrated that care meets the needs of residents and whānau, and that care is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their individual interests and are encouraged to participate in meaningful community and social activities, related to their culture, age and stage of life.

Medication is safely managed and administered by staff who have undertaken an annual medication competency assessment.

The food service meets the nutritional needs of residents, with their special cultural needs catered for. Food is managed following safe food guidelines.

Residents are referred and transferred to other health services as required.

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

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

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

Work to ensure that the area identified as the potential new dementia wing has commenced.

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

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

Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, is available if any restraint were to be used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	20	0	7	0	0	0
Criteria	0	159	0	9	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>New Zealand Aged Care Services Limited has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. These are implemented at Rahiri. Mana motuhake of residents who identify as Māori is respected.</p> <p>Relationships have been established with local iwi (Rangitane and Ngati Kahungunu) and Māori health organisations, to support service integration, planning, equity approaches and to provide support for Māori. A Māori health plan has been developed with input from cultural advisers and is used for the five residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit there were 10 staff employed who identified as Māori across a variety of roles in the facility. Staff ethnicity data is documented on recruitment, trended and compared with the local population to ensure there is equitable representation.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>New Zealand Aged Care Services has a Pacific plan that supports culturally safe practices for Pacific peoples. At the time of this audit there were no residents who identified as Pasifika using the service. The nearest Pasifika organisations are based in Palmerston North which impacts on the ability of staff to build relationships.</p> <p>There are systems and resources to assist staff in supporting any Pasifika residents in their worldview, cultural and spiritual beliefs.</p> <p>The Dannevirke and Manawatu community has a very small Pasifika community. At the time of the audit there were two Pasifika staff members. Recent recruitment has resulted in no Pasifika applicants.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights was available and on display at Rahiri in prominent locations throughout the facility. Residents identifying as Māori who have entered the facility have their mana motuhake recognised and respected.</p> <p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their individual needs and wishes. Education for staff on this topic was undertaken in 2023.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Records confirmed that the service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau confirmed that they received services in a manner that has regard for their culture, religion, dignity and their individual social identities and characteristics. Processes were in place to assess individual residents' needs during admission and ongoing care planning and review processes. The CNL reported that residents are supported by staff to maintain their independence through daily</p>

		<p>activities, and examples of this included resident-led activities, and individualised mealtimes if desired. Residents were able to move freely within and outside the facility, including in the secure garden attached to the dementia care unit.</p> <p>Staff at Rahiri completed training on Te Tiriti o Waitangi in 2023. Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. Residents all had their own rooms.</p> <p>Te reo Māori and tikanga are promoted within the service through staff education. Staff attention to meeting tikanga needs of residents was evident in care plans and policies and procedures reviewed. Residents and whānau reported their values, beliefs and language were respected by staff. Signage and posters in the facility with key information were in English and te reo Māori, and New Zealand Sign Language (NZSL).</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Policies and procedures outlined the facility's commitment to promoting an environment that does not support institutional and systemic racism. Staff understood the service's policy on abuse and neglect, including what to do should this become evident at Rahiri. Cultural training included discussion on institutional and systemic racism. Staff were encouraged to talk with the Care Home Manager (CHM) or Clinical Nurse Leader (CNL) if they had any concerns about racism or discrimination. The CNL stated that any observed or reported racism, abuse or exploitation at the facility would be addressed promptly and that they would be guided by a code of conduct.</p> <p>Residents interviewed reported they had not witnessed any abuse or neglect. Residents able to be interviewed stated they were treated fairly, they felt safe and were protected from discrimination, coercion, harassment, abuse and/or neglect. Whānau interviewed had no concerns about how staff interacted with residents. Observation at audit also verified staff were respectful of residents.</p>

		<p>Policies and procedures for handling residents' property and finance were evident. Rahiri has implemented a sound process to manage residents' 'comfort fund' expenses through the Capital Guardian Trust.</p> <p>Professional boundaries are explained to staff during induction and orientation and were maintained by staff as observed during the audit. This was also verified by residents, whānau and in an interview with the nurse practitioner (NP).</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents (those able to be interviewed) and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format as well as accommodating different languages, sign language, and text sizes for sight-impaired people. Changes to residents' health status were communicated to whānau in a timely manner. Staff knew how to access interpreter services, if required. Information was made available in te reo Māori. Staff understood the principles of open disclosure, which were supported by policies and procedures.</p> <p>Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Residents' meetings were held monthly, and meeting minutes verified satisfaction with services provided. Residents, whānau and staff reported the CHM and CNL responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status or reported incidents/events were communicated to whānau in a timely manner and these communications were documented in the residents' records. Documentation supported evidence of ongoing contact with whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed. Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care,</p>

		communication had occurred.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. The one (under 65) resident interviewed felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the residents' records.</p> <p>Consent is obtained as part of the admission process with admission agreements and informed consent signed by the residents' legal representatives and EPOAs. Staff were observed to seek consent from residents where applicable. Signed consent forms were available in residents' files. Staff understood the tikanga best practice in relation to consent.</p> <p>All residents in the dementia service had an Enduring Power of Attorney that had been enacted. Where an EPOA is not in place the provider supports actions to have one appointed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Since the last onsite audit at Rahiri, seven complaints have been made. Through interview with the Care Home Manager (CHM) trends had been identified and improvements made as a result of the investigations. All complainants had received prompt, respectful acknowledgement and resolution of their complaints. Staff members interviewed understood their responsibilities for reporting and recording any concerns and complaints and enabling peoples' right to make a complaint.</p>

		<p>The service assures the process works equitably for Māori by analysis of ethnicity information retained by the facility and cross-referenced with complaint data.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	PA Low	<p>New Zealand Aged Care Services Limited is the owner of Rahiri. They have a growing number of aged residential care facilities across New Zealand. Rahiri is run by a CHM who is also a registered nurse (RN) and the designated infection control coordinator. The CHM has been an RN for 21 years, working locally and at Rahiri - initially as a RN and for the last seven years as CHM.</p> <p>They are supported in their role by a clinical nurse leader (CNL) who worked in other parts of the health sector before completing their nursing training. They have worked at Rahiri for eight years and as CNL for one year. Both managers maintain their skills and knowledge through ongoing professional development, maintaining their practising certificates, involvement in training for staff members and maintaining currency with sector-specific knowledge.</p> <p>On the days of audit, the management team were supported by a transition manager who is a RN, experienced in aged care and has worked as a manager of aged residential care services. There is a general manager clinical and quality (GMC&Q), who is an RN and a GM operation (GM Ops), both of whom support the team at Rahiri.</p> <p>The governing board, which includes the owner, assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. The governance group demonstrated expertise in Te Tiriti, health equity and cultural safety through completion of Te Tiriti modules one and two. Board membership includes Māori and tāngata whaikaha, as well as members having health and aged residential care skills, knowledge and experience.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and the</p>

	<p>CHM is an experienced and suitably qualified person to be managing the service.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori had commenced with data being reported in the routine monthly reports from March 2023. However, the process of analysing the data to identify barriers to equity was not yet embedded. An area for improvement is identified. Monitoring documentation was reviewed with the CHM through weekly and monthly data reports with supporting narrative comments.</p> <p>A commitment to the quality and risk management system was evident; however, there was no current risk management plan available to review during the audit (see subsection 2.2). At interview the owner interviewed reported being well informed on progress and risks overall. A sample of reports sent to the board of directors confirmed adequate information is sent and there is appropriate oversight of the facility.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance board, with external advice sought as required.</p> <p>People receiving services and their whānau participate in planning and evaluation of services through annual satisfaction surveys and two-monthly residents' meetings. Minutes were reviewed and record discussions and issues being raised.</p> <p>The CHM reported that younger people with disabilities are able to be involved in the planning, implementation, monitoring and evaluation of service delivery through the residents' meetings, their own care planning, daily decision-making and choices. Resident meeting minutes record the presence of residents who choose to attend.</p> <p>Rahiri holds contracts with Te What Ora – Health New Zealand Te Pae Hauora o Ruahine o Tararua MidCentral (Te Whatu Ora MidCentral) to provide rest home, hospital – medical and geriatric, and dementia care services for up to 49 residents. The facility is</p>
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		<p>currently certified to provide eight (8) beds for dementia level care, twelve (12) hospital level care in a designated wing in the building, three (3) rest home and the remaining twenty-six (26) beds are dual purpose use. The provider also holds a contract with Whaikaha – Ministry for Disabled People (Whaikaha) to provide services for people under the age of 65 who are assessed as requiring either rest home or hospital level care.</p> <p>On the first day of the audit there were 43 residents living at Rahiri. This included 11 residents at hospital level care, 8 residents in the existing dementia unit, 22 residents receiving rest home level care and 2 private paying residents also receiving rest home level care. One of rest home level care residents is funded by Whaikaha and another by the Accident Compensation Corporation (ACC).</p> <p>A partial provisional audit was completed at the same time as the certification audit to assess the suitability of changing an existing hospital level care wing for use as a second dementia care unit. The residents currently using the hospital care wing will move into the dual-purpose rooms if approval is given for the second dementia unit.</p> <p>Part provisional audit – additional dementia unit of 12 beds:</p> <p>A documented plan for the proposed new dementia unit was prepared and identified the population and health needs of the region, along with recent admission and declined entry data. The governing board and executive management team have approved the change in principle. The area was not ready for occupation by people living with dementia on the days of audit. Identified amendments to the security/fire safety system had not been installed are noted in sub-section 4.2. These changes will be installed once approval for the additional unit is given by HealthCert. When this occurs, hospital level residents currently occupying the wing will move to vacant dual-purpose rooms in the facility.</p> <p>The plan has also been approved by the principal service development manager, Te Whatu Ora MidCentral on 25 March 2024.</p>
Subsection 2.2: Quality and risk	PA Low	The organisation has a planned quality and risk system that reflects

<p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections and reporting and review of restraint use. (Although for Rahiri this is the elimination of restraint and that they do not use restraint.)</p> <p>Residents, whānau and staff contribute to quality improvement through regular residents' meetings, information discussions with the CHM and feedback through the suggestions box in the reception area.</p> <p>Critical analysis of practices and systems, using ethnicity data and other relevant information, to identify possible inequities is in the early stages of development with data yet to be analysed and reported. The CHM was not aware of the organisation's process for doing this, although was clear that the provision of high-quality, individualised care is the focus of their work and practice. An area for improvement is identified. Delivering high-quality care to residents who identify as Māori is supported through relevant training, tikanga policies, and access to cultural support roles within the organisation, staff members and local community contacts.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Procedures described a process of evaluating progress against quality outcomes annually. New Zealand Aged Care services has owned Rahiri for less than 12 months. The first annual evaluation of data will be due in June/July 2024.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>There was a document which described the processes for the identification, documentation, monitoring, review and reporting of risks, and development of mitigation strategies. Some risks are reported to the two operations managers and included in the monthly narrative reports. However, the CHM was not aware of the process to develop a risk management plan specifically for Rahiri and one had not been developed since the change of ownership. An area for improvement is identified in relation to this.</p> <p>Staff document adverse and near miss events in line with the</p>
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		<p>National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The CHM understood and has complied with essential notification reporting requirements. Since New Zealand Aged Care Services' ownership, examples of reports made in relation to a resident with a pressure area in August 2023, shortages of RNs in late 2023 and more recently in 2024, were reviewed. The virtual RN service through Te Whatu Ora MidCentral was utilised in 2023.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	PA Low	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital.</p> <p>At the time of this audit Rahiri had two-night shifts per week which could not be covered by a RN. Appropriate reporting to HealthCert to notify of this was occurring. The vacant shifts will be covered by an existing staff member who has completed their nursing training and competency assessment programme (CAP) course and is currently finishing their specified hours as part of this before becoming fully registered. The CHM estimated that this will be complete by July 2024. They have on-call RN assistance available.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to</p>

		<p>maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery. The CHM and CNL oversee the delivery of training for health care and support workers.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace. Support is offered after adverse events and is available to all staff through a contracted provider.</p> <p>Part provisional audit – additional dementia unit of 12 beds:</p> <p>The documented plan for the additional dementia unit has identified the need for more of their existing caregivers to have the New Zealand Qualification Authority (NZQA) Level 4 dementia Unit Standards (US). They will also need additional activities coordinator and/or diversional therapist hours and for that person to have skills, knowledge and/or experience of dementia services and the requirements of the contract.</p> <p>On the days of the audit there were 24 caregivers employed. Of these 11 had completed the required dementia US training and two others were in progress. These trained staff currently work in the existing 8 bed dementia unit, and elsewhere in the facility if they complete additional shifts. Existing employed caregivers, and the four casual caregivers on staff, will be encouraged to commence the NZQA dementia US training when approval is given for the additional 12 beds. The staffing plan indicates that when fully occupied the current number of caregivers will be sufficient to staff both dementia units and the other areas of the facility.</p> <p>Areas for improvement are identified to commence training on the relevant dementia unit standards when approval is given for the additional dementia beds and to ensure there are additional diversional therapy hours provided by either an activities coordinator with appropriate oversight or a trained diversional therapist, for the additional dementia unit.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed (eight) confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>An annual training programme is provided with some occurring through New Zealand Qualifications Authority (NZQA) learning, some through in-service topics and monthly topics provided to staff through an online platform. Topics are highlighted each month and the CHM monitors staff completion. Staff interviewed reported that they find this a good way to complete their learning and can work through the online topics as quickly as they choose and enjoy the flexibility.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>The needs of tāngata whaikaha are addressed in the annual training programme, the understanding of the Rahiri team members and the diversity of the team. The skills, knowledge and experience demonstrated during interviews with team members and reported by residents confirmed that their needs are being met.</p> <p>Part provisional audit – additional dementia unit of 12 beds:</p> <p>The documented plan for the proposed additional dementia unit sets out the requirements for the staff needed to adequately support an additional 12 people with dementia. If any new staff members are employed, they will complete the organisation's induction and orientation programme. An area for improvement is identified against criterion 2.3.2 to ensure that caregivers have the relevant</p>
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		qualifications.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	PA Low	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Staff members interviewed were able to locate all required parts of each resident's plan of care and health information documentation, although these were in multiple locations and formats, both electronic and paper based.</p> <p>Captured data was not collected and stored through a centralised system, with some clinical file elements loaded onto the electronic system and other file information remaining in paper files located in various locations. Information was not always accessible for those that needed it.</p> <p>Clinical notes were current and legible, and met current documentation standards. Electronic data is username and password protected.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The service is not responsible for NHI registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Mid-Central Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission. Specialist referral for residents to the dementia service has been confirmed; EPOA has consented for the resident to be admitted.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and</p>

person and whānau.		<p>analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Seven residents' (rest home, dementia, and hospital) files were reviewed. File reviews included residents who identified as Māori, who had experienced a fall and transferred to an acute facility, a recent admission, a resident with multiple high-needs health conditions, wound management, and a resident requiring management of behaviour that challenged.</p> <p>The RNs complete admission assessments, care planning and evaluation. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. Cultural assessments were completed by staff who have completed appropriate cultural safety training. All residents' files sampled evidenced that relevant interRAI outcome scores have supported care planning. Goals of care and appropriate interventions were documented.</p> <p>Behaviour management plans were completed for residents in the specialist dementia unit at Rahiri. The identified behaviours of concern, known triggers and strategies to manage the behaviours were documented. Behaviour monitoring charts were completed, and appropriate interventions implemented as required. The whānau or EPOAs of residents confirmed being involved in the assessment and care planning processes. Care planning for a resident who identified as Māori included accessing cultural advice and tikanga Māori knowledge if required. Whānau are involved in wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives are included in the assessment process.</p> <p>The Māori health plan was developed in consultation with a cultural advisor. The Māori health care plan used at Rahiri supports residents who identify as Māori to identify pae ora outcomes in their care plan in consultation with their whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia,</p>

	<p>rongoā, and spiritual assistance. The long-term care plans reviewed reflected partnership and support of residents, whānau, and the extended whānau to support wellbeing. Tikanga principles are included within the Māori health plan. Rahiri uses Te Whare Tapa Whā model of care for residents who identify as Māori and the Fonofale model for Pasifika residents.</p> <p>Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau. Interviewed whānau confirmed satisfaction with cultural support provided by the service. The care plans reflected identified residents' strengths, whānau goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing, were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care.</p> <p>The care plans evidenced service integration with other health providers including specialist services, medical, and allied health professionals. Any changes in residents' health were escalated to the nurse practitioner (NP). Referrals made to the NP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. The NP confirmed satisfaction with the care being provided at Rahiri. Medical assessments were completed by the NP and routine medical reviews were completed regularly, with the frequency increased as determined by the resident's condition. Timely medical records were evidenced in sampled resident files. Referrals to specialist services for residents in the specialist dementia unit were completed where required with the EPOA's consent.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the caregivers. The handover between a shift was observed to be comprehensive, capturing information to maintain safe follow-through of residents' care. Any changes noted were reported to the RNs, as confirmed in the residents' records sampled.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>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.</p>	FA	<p>An activities coordinator, supervised by a qualified diversional therapist from another New Zealand Aged Services Limited (NZACS) care facility, delivers a five-day activity program. This program supports residents in maintaining and developing their interests and is tailored to meet their cultural needs as well as their age groups and stages of life. Resident activity plans reviewed included individualised and group activities. All plans were 24-hour, seven-days-per-week holistic plans with aspects of the residents' routines and past life experiences acknowledged. Evident in file documents was the involvement of whānau in the development of the plan. Whānau also acknowledged this involvement at interview during the audit.</p> <p>In-house activities included cooking, gardening, board games, book reading, cultural celebrations such as Waitangi Day and Matariki, and weekly church services. Community outings included trips to the local</p>

		<p>park, and other places of interest. The activity programme also accommodated cultural preferences.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' and whānau goals and interests, ordinary patterns of life and included normal community activities. Rahiri facilitates opportunities for all residents, including Pasifika and Māori and whānau, to be involved in te ao Māori. Whānau were involved in evaluating and improving the programme. Residents able to be interviewed confirmed the activities programme met their needs.</p> <p>Partial provisional audit – dementia unit:</p> <p>The provider is required to engage a designated person skilled in assessment, implementation and evaluation of diversional and motivational recreation, such as a diversional therapist (Age-Related Residential Care Services Agreement Clause E4.5 (c)). Provision for additional diversional and motivational recreation hours are included in the proposal to open the 12-bed dementia unit. An area for improvement to have appropriately skilled staff is identified at criterion 2.3.1 and covers this role.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Low	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs weekly. Controlled medicines are recorded in a register as required by legislation. A process was not in place to ensure six-monthly qualitative auditing of controlled drugs by the contracted pharmacist. There had been no audit undertaken within the last six months. An area for improvement is identified in relation to this aspect of medicine management.</p> <p>All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. The required stock</p>

		<p>checks have been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at Rahiri.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications. Where there are difficulties accessing medications, this is identified, and support provided.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	PA Low	<p>The food service is in line with recognised nutritional guidelines for older people. There was no evidence to verify that the menu had been reviewed by a qualified dietitian since March 2022. Auditors were advised that the menu is currently being reviewed by the group's contracted dietitian and is expected to be completed by the end of April 2024.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by All Systems Go. The food control programme (FCP) audit was last audited in May 2023 with all corrective actions addressed by Rahiri.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, food sensitivities, any special diets, 24/7 food availability and modified texture requirements are accommodated in the daily meal plan. Menu options are available for other cultures, including te ao Māori with the options of 'boil ups' and hangi if requested.</p> <p>Evidence of levels of resident satisfaction with meals was verified by residents and whānau interviews, through satisfaction surveys and resident meeting minutes. A satisfaction survey completed in 2023</p>

		<p>evidenced residents and their whānau were generally satisfied with the food services provided at Rahiri. Residents and whānau interviewed during the audit reported that they found the food service met their needs. Meal satisfaction audits are completed annually, and results from those audits are generally positive.</p> <p>Residents could choose their time preferences to eat their meals. Residents were also given sufficient time to eat their meals. Assistance and monitoring were provided to residents who required this.</p> <p>Part provisional audit – additional dementia unit of 12 beds:</p> <p>No changes are needed to the kitchen services to accommodate additional numbers of people living with dementia.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we</p>	FA	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. On the day of the audit the building warrant of fitness had not been issued. Routine checks of the automatic front door by another contractor meant that this was delayed. This was being followed up by the transitional manager and the new building warrant of fitness was issued shortly after the audit on 19 April 2024.</p>

<p>deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. These are of adequate size for residents who require equipment for bathing.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. A process is in place to ensure consultation or codesign with Māori occurs when a new building is in the design process.</p> <p>Part provisional audit – additional dementia unit of 12 beds:</p> <p>The wing identified for use for the proposed new dementia unit is currently used for the provision of hospital level care. The area has had additional fencing erected so that the outside space is secure and provides an accessible external area for recreation which encourages purposeful walking. It is safe and appropriate for people with dementia.</p> <p>There are sufficient areas for activities, a dining area, bathrooms, utility rooms and a 'nurses' station' for staff members. Bedrooms are a comfortable size and have natural light, normal height windows and window coverings and provide for privacy.</p> <p>Other than the changes referred to in sub-section 4.2, there are no other planned or required changes to the wing.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management</p>

		<p>Agency recommendations for the region. All RNs are able to provide a level of first aid relevant to the risks for the type of service provided.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. The CHM completes an internal audit of call bell response times, and this confirms that bells are responded to promptly.</p> <p>Appropriate security arrangements are in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</p> <p>Evidence of regular evacuation practices was seen.</p> <p>Part provisional audit – additional dementia unit of 12 beds:</p> <p>The evacuation plan for the facility was reviewed by Fire and Emergency New Zealand (FENZ) on 16 January 2024 and confirmed that no changes to the current routes of escape in the event of an emergency are needed. Changes to the internal doors and an external gate will require magnetic locks, with an automatic release function on activation of the fire alarm. These will be installed once approval is given for the additional dementia unit. An area for improvement is identified to install the magnetic locks as specified by the Fire Safety consultants' report, when approval is given for the additional dementia beds.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly.</p> <p>Expertise and advice are sought following a defined process from Te Whatu Ora MidCentral, the local medical centre, and the pharmacy. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body. Infections are reported through a systematic process and categorised according to</p>

		<p>the IP programme. There is monitoring of infection trends and antibiotic usage. Significant outbreaks have been reported to the appropriate external bodies (see sub-section 2.2 and notification of a Covid-19 outbreak).</p> <p>Partial provisional audit – additional dementia unit of 12 beds:</p> <p>The current IP and AMS systems are appropriate for an additional 12 residents receiving dementia level care. Reporting systems identify the service stream of residents with an infection so that there is appropriate management.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to governance. The IPCC has the appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support from the Te Whatu Ora Mid Central IP clinical nurse specialist. Their advice has been sought when making decisions around procurement relevant to care delivery and they can be consulted about new builds, facility changes, and other related clinical policies that impact on HAI risk.</p> <p>The infection prevention and control policies reflected the requirements of the Ngā Paerewa standard and are based on current accepted good practice. Cultural advice was accessed by the group quality manager who developed the infection control policies and programme. Policy and procedure and staff interviews demonstrated compliance with decontamination of reusable medical devices and shared mechanical equipment.</p> <p>The manager is aware of the need to consult with infection prevention personnel in relation to the proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Staff at Rahiri were familiar with IC policies through education during orientation and ongoing education and were observed to follow policy and procedure correctly. Individual-use items were discarded after being used. Residents and whānau are educated about infection</p>

		<p>prevention relevant to their needs. Staff who identify as Māori and speak te reo Māori can provide ICN infection advice in te reo Māori if needed for Māori accessing service. There were educational resources available in te reo Māori available for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been tested. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in their use. Residents and their family/whānau were educated about infection prevention in a manner that met their needs.</p> <p>Part provisional audit – additional dementia unit of 12 beds:</p> <p>The current IP programme meets all key criteria and is appropriate for an additional 12 residents receiving dementia level care.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Rahiri has a documented antimicrobial stewardship (AMS) programme, appropriate to the size, scope and complexity of the service, which sets out to optimise antimicrobial use and minimise harm. The AMS programme had been approved by governance. Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use to inform ongoing antimicrobial prescribing in the service.</p> <p>Part provisional audit – additional dementia unit of 12 beds:</p> <p>The current AMS programme meets all key criteria and is appropriate for an additional 12 residents receiving dementia level care</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional</p>	FA	<p>At Rahiri the surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. The programme included standardised surveillance definitions, data collection and analysis that included ethnicity data. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required interventions. A monthly</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>surveillance programme report includes a summary of surveillance activities and areas for improvement. The report is shared with the CNL, staff, and whānau. Results of the surveillance programme were also reported to governance.</p> <p>Clear, culturally safe processes for communication between service providers and residents who developed or experienced a HAI were evidenced in file notes and in an interview with the IPCC.</p> <p>A summary report for an outbreak was reviewed. It demonstrated a through process of investigation and follow-up. Learnings from the event have been incorporated into practice at Rahiri. The Regional Public Health Unit (RPH) and Te Whatu Ora MidCentral were informed of the outbreak.</p> <p>Part provisional audit – additional dementia unit of 12 beds:</p> <p>The surveillance of HAIs meets all required criteria and is appropriate for an additional 12 residents receiving dementia level care</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment at Rahiri supports the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Suitable PPE was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas for waste were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and cleansing gel were available throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>The IPCC has oversight of the facility testing and monitoring programme for the built environment. Staff interviewed and observed demonstrated good knowledge of policies and processes for the management of waste and infectious and hazardous substances.</p> <p>Laundry and cleaning processes are monitored for effectiveness via the internal audit programme and the whānau satisfaction survey,</p>

		<p>and these were sighted. Staff were observed to carry out duties safely.</p> <p>Whānau reported that the laundry is managed well, and the facility, communal and person spaces are kept clean and tidy. This was evident through observation over the two audit days.</p> <p>Partial Provisional Audit</p> <p>No changes are required for additional dementia beds.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrates commitment to this, supported by the GMC&Q, who is the designated member of the executive leadership at operational level responsible for restraint elimination.</p> <p>At the time of audit there was no restraint being used at Rahiri and this has been the case for six years. There is a process for any use of restraint to be reported to the governing body, and this is known and understood by staff members responsible for this.</p> <p>The CHM and restraint coordinator were interviewed in relation to restraint practice and the elimination of restraint at Rahiri. Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>There is a restraint approval group which is responsible for the approval of the use of restraints and the restraint processes, should any be requested. The restraint coordinator confirmed that the group reviews any requests for restraints from families/whānau and works with them to use alternatives to keeping residents safe without the use of restraint. Review of residents' files confirmed that appropriate alternatives are considered and implemented.</p> <p>Part provisional audit – additional dementia unit of 12 beds:</p> <p>Residents care plans include their assessed needs. Interviews with staff who work in the existing dementia unit confirmed their understanding of providing the least restrictive practice and focus on</p>

		<p>positive behaviour support to ensure restraint is eliminated.</p> <p>The documented plan for the additional dementia unit includes the training of staff in the relevant dementia unit standards (see also sub-section 2.3) and the scheduled staff training topics are included in the annual training plan.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.7</p> <p>Governance bodies shall ensure service providers identify and work to address barriers to equitable service delivery.</p>	PA Low	<p>Regular reporting of quality indicators is occurring on a weekly and monthly basis. From March 2024 this included ethnicity data. Staff members interviewed are familiar with the process of data being reported to the governance board and receive trends and summary data at regular staff meetings.</p>	<p>This process was new, and not yet ‘embedded’ enough for resulting data to be available for service providers to identify and work to address barriers to equitable service delivery. (See also 2.2.8)</p>	<p>Now that ethnicity data is included in clinical and quality monitoring information, ensure the process for identifying and addressing barriers to equitable service delivery is embedded at Rahiri and there is evidence of this occurring.</p> <p>180 days</p>
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to</p>	PA Low	<p>There is a documented quality improvement plan for Rahiri which includes the organisation’s values and goals for the provision of high-quality care. This is being implemented.</p> <p>Some risks are being identified and being raised to the executive management and</p>	<p>There is a document which provides guidelines for developing a risk management plan for the facility, but this had not been prepared. This is a new process for the CHM with the new owners. Potential inequities in the delivery of care and the impact of</p>	<p>Prepare a risk management plan for Rahiri using the organisation’s guidelines and ensure that relevant risks are monitored.</p>

respond to them.		board level through the weekly and monthly reporting processes, and evidence of this was reviewed. The low occupancy at Rahiri has been reported as a risk.	additional dementia beds have not been identified as a risk.	90 days
<p>Criterion 2.2.8</p> <p>Service providers shall improve health equity through critical analysis of organisational practices.</p>	PA Low	<p>There is evidence of regular reporting and analysis of quality improvement data through weekly and monthly reports to the governing board. This includes incidents, accidents, complaints, infections and a range of other clinical and health indicators.</p> <p>Staff meeting minutes record discussion of collated data and analysis. Staff members interviewed confirmed they are familiar with how to report this information and receive information on trends which occur.</p>	During the audit there was no evidence of staff members having opportunities to analyse organisational practices to assist in improving health equity at Rahiri (see also 2.1.7).	<p>Ensure there is a process for service providers to follow to analyse organisational practices to assist in improving health equity.</p> <p>180 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	On the days of audit there were sufficient numbers of staff to provide safe services for the residents at Rahiri. This was confirmed through interviews with residents, whanau and staff members.	<p>The Rahiri activities coordinator provides services for Rahiri's residents including an existing eight bed dementia unit, with oversight from a diversional therapist based at another New Zealand Aged Care Limited facility.</p> <p>The proposed new 12 bed dementia unit is in a separate location. Motivational activities for both groups of people living with dementia cannot be provided at the same time.</p>	<p>When the new 12 bed dementia unit is approved and occupied, ensure there is an additional time allocated in the roster on a weekly basis for an activities coordinator or diversional therapist to meet the needs of all residents at Rahiri.</p> <p>180 days</p>

			In order to support all residents at Rahiri with appropriate activities, outings, and prepare, review and evaluate residents' activity plans, additional diversional therapy / activities coordinator time is required. (See also sub-section 3.3).	
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	<p>For the provision of current services there are adequate numbers of trained, and training, caregivers with the Level 4 dementia Unit Standards and diversional/motivational therapy staff.</p> <p>A documented plan for the extension of dementia services to include another separate 12 bed unit, was available and reviewed during the audit. This included provisions for training of health care and support workers.</p>	On the day of the audit there were not enough trained staff to support an additional 12-bed dementia unit/residents.	<p>Ensure that as soon as approval is given for an additional 12-bed dementia unit, staff members not already enrolled in appropriate training do so, and complete training as soon as possible, to be compliant with the contract for these services. (The timeframe of 'prior to occupancy' is for staff to commence training.)</p> <p>Prior to occupancy days</p>
<p>Criterion 2.5.2</p> <p>Service providers shall maintain an information management system that:</p> <p>(a) Ensures the captured data is collected and stored through a centralised system to reduce multiple copies or versions, inconsistencies, and</p>	PA Low	All residents have a personal health record which includes all information needed to guide health care and support workers in providing safe services. Staff members interviewed were able to locate each resident's documented health information across multiple formats – both paper-based and electronic.	Rahiri transitioned from paper-based clinical file management to an electronic management system in November 2023. Due to this timeframe, not all data had been fully collected and stored electronically at audit. Elements of a resident's clinical file were stored electronically as well as other paper-based file locations. There is not one, integrated clinical record.	<p>Ensure the captured data is collected and stored through a centralised system and all resident health information can be accessed in one location.</p> <p>180 days</p>

<p>duplication; (b) Makes the information manageable; (c) Ensures the information is accessible for all those who need it; (d) Complies with relevant legislation; (e) Integrates an individual's health and support records.</p>				
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	<p>Medicine management is well managed at Rahiri, and staff members work within their scope of practice. Prescribing practices meet requirements and medicine-related allergies are recorded. Medicines are stored safely, including controlled drugs.</p> <p>The controlled drug register recorded all current controlled drugs prescribed for residents.</p>	<p>A process was not in place to ensure a six-monthly qualitative auditing of controlled drugs by the contracted pharmacist. No qualitative audit had been undertaken within the last six months.</p>	<p>Implement a system to ensure that the six-monthly checks by the pharmacist occur as required by legislation.</p> <p>30 days</p>
<p>Criterion 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.</p>	PA Low	<p>The food service is in line with recognised nutritional guidelines for older people. A review of the menu, an interview with the kitchen manager and review of policy verified that all aspects of food management complied with current legislation and guidelines.</p> <p>The menu was last reviewed by a dietitian on (date).</p>	<p>There was no evidence to verify that the menu had been reviewed by appropriately qualified personnel, such as a dietitian, within a two-year timeframe. The organisation was having the menu reviewed by a dietitian, but their response had not been received by the days of the audit.</p>	<p>Provide evidence that the menu has been reviewed by an appropriate person, such as a dietitian, within the last two years.</p> <p>90 days</p>

<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	<p>PA Low</p>	<p>Partial provisional audit</p> <p>There is an approved evacuation plan for the facility which has been confirmed as still being appropriate if the identified wing is changed from hospital care to dementia care. Fire evacuation training is provided to all staff and fire evacuation drills are practiced regularly.</p> <p>Dementia care services will require magnetic locks to be installed on internal, connecting fire doors and an external gate to ensure the evacuation of residents and staff can occur as planned, in a safe and timely way. Because approval for the change of purpose to provision of dementia care has not yet been given, these locks have not yet been installed.</p>	<p>Security systems for access into and out of the unit have been identified as a change which is required to the 12-bed wing, for the provision of dementia care. These systems have not yet been installed because the provider is waiting for approval from HealthCert before installing the magnetic locks.</p>	<p>Install the appropriate locks, identified in the contracted provider's Fire Safety report, on internal connecting doors and the external gate.</p> <p>Prior to occupancy days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.