# Kamo Home and Village Charitable Trust - Mountain View

## Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Kamo Home & Village Charitable Trust

**Premises audited:** Mountain View

**Services audited:** Rest home care (excluding dementia care)

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

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 17

# Executive summary of the audit

## Introduction

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

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

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

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
| --- | --- | --- |
|  | Includes commendable elements above the required levels of performance | All subsections applicable to this service fully attained with some subsections exceeded |
|  | No short falls | Subsections applicable to this service fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some subsections applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some subsections applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Mountain View (Rest Home) provides rest home level care for up to 19 residents.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service contract held with Health New Zealand – Te Whatu Ora Te Tai Tokerau (Te Whatu Ora Te Tai Tokerau). The audit process included the review of policies and procedures, the review of resident and staff records, observation, and interviews with residents, family, staff, management and a general practitioner.

Kamo Home and Village Charitable Trust owns and operates the rest home, which is one of four facilities in the group owned by the Trust. The general manager and the group care manager oversee the facility and care provided. The clinical charge nurse manages the day-to-day service delivery for residents.

The residents and families interviewed spoke highly of the service, which provides a homely environment.

No areas of improvement were identified at the previous audit. There were no areas identified for improvement at this surveillance audit.

## 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. |

Mana Motuhake is respected and Te Whare Tapa Whā model of care is utilised when Māori residents are admitted to the facility.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Staff understood the requirements of the Code of Health and Disability Services Consumers’ Rights (the Code). The service has a policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. Residents' property and finances are respected, and professional boundaries are maintained. Staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism.

Informed consent for specific procedures is gained appropriately.

Processes were in place to resolve complaints promptly and effectively with all parties involved.

## Hunga mahi me te hanganga │ Workforce and structure

|  |  |  |
| --- | --- | --- |
| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Subsections applicable to this service fully attained. |

The governing body assumes accountability for delivering a high-quality service. This includes supporting a meaningful inclusion of Māori at the governance level, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

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

The service complies with statutory and regulatory reporting obligations.

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

## Ngā huarahi ki te oranga │ Pathways to wellbeing

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

Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development and evaluation of care plans. Care plans are individualised and based on the residents’ assessed needs and routines. Interventions are appropriate and evaluated promptly.

There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements were met.

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

## 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. |

A current building warrant of fitness is displayed. All electrical equipment and equipment requiring calibration has been checked and is safe to use. Records are maintained.

Environmental checks are completed regularly to ensure the health and safety of residents, staff and visitors to the service.

## 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 service ensures the safety of the residents and of staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The clinical charge nurse, with support from the general manager, coordinates the programme.

Orientation and ongoing education of staff is maintained. There were sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support the plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. The infection outbreaks of COVID-19 and respiratory syncytial virus (RSV), in December 2023 and January 2024 were managed according to Ministry of Health (MoH) guidelines.

## 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. |

Policies and procedures are in place that verify promotion of eliminating restraint use. At the time of the audit no restraints were in use. Training is provided for all staff on de-escalation techniques and managing challenging behaviour. Annual reviews occur, and the general manager is the restraint coordinator who oversees the restraint elimination programme.

## Summary of attainment

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement****(CI)** | **Fully Attained****(FA)** | **Partially Attained Negligible Risk****(PA Negligible)** | **Partially Attained Low Risk****(PA Low)** | **Partially Attained Moderate Risk****(PA Moderate)** | **Partially Attained High Risk****(PA High)** | **Partially Attained Critical Risk****(PA Critical)** |
| **Subsection** | 0 | 18 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 49 | 0 | 0 | 0 | 0 | 0 |

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futuresTe 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 | Mountain View Rest Home has a cultural policy. The clinical charge nurse (CCN) ensures residents who identify as Māori receive effective services framed by Te Tiriti o Waitangi and works collaboratively with the individual residents and their whānau, to embrace and support a Māori world view of health. There were staff who identified as Māori at the time of the audit. No residents identified as Māori. |
| Subsection 1.2: Ola manuia of Pacific peoples in AotearoaThe people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | FA | Policies and procedures are available to guide staff in the care of Pacific peoples. The provision of equitable services, underpinned by Pacific peoples’ world view, will be sought with expert advice if not available from the resident, family, and/or the community. On the day of the audit no residents or staff identified as Pasifika.Cultural assessment and care plans for any residents admitted of Pacific descent were available to implement. Models of care were documented and implemented. |
| Subsection 1.3: My rights during service deliveryThe 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 | All staff interviewed at Mountain View understood the requirements of the Code of Health and Disability Services Consumers’ Rights (the Code) and were observed supporting residents to follow their wishes. Whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. |
| Subsection 1.5: I am protected from abuseThe 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 | All staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained.The clinical charge nurse (CCN) reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and were safe. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors and residents. |
| Subsection 1.7: I am informed and able to make choicesThe people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health,keep well, and live well.As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | FA | Signed admission agreements were evidenced in the sampled residents’ records. Informed consent for specific procedures had been gained appropriately. Resuscitation and service plans were signed by residents who were competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent. Residents and family confirmed being provided with information and being involved in making decisions about their care. |
| Subsection 1.8: I have the right to complainThe people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement. | FA | The complaint/compliment management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code of Health and Disability Services Consumers’ Rights (the Code) which is the right to complain and to be taken seriously and to receive a timely response. Mountain View has its own Māori health advisor, and a resident advocate is also available. A chaplain is available for residents if requested.Staff interviewed stated that they were fully informed about the complaints procedure and where to locate forms if needed. The families interviewed were pleased with the care and management provided to their family members. They clearly understood their right to make a complaint or to provide feedback as needed to improve service delivery, to act on behalf of their family member. Family members commented that any issues were dealt with swiftly and professionally. The general manager interviewed is responsible for complaints management and maintaining the electronic register.There have been no complaints received for 2023 and 2024. No external complaints have been received from the Health and Disability Commissioner’s (HDC) office, Te Whatu Ora Te Tai Tokerau or the Ministry of Health (MoH) since the previous audit.In the event of a complaint from a Māori resident or a whānau member, the service would seek assistance of a te reo Māori interpreter if this was required. |
| Subsection 2.1: GovernanceThe people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve. | FA | Mountain View Rest Home is owned and operated by Kamo Home and Hospital Charitable Trust. The general manager (GN) oversees the service and is supported by the group care manager (GCM). The day-to-day running of Mountain View is managed by the CCN who works Monday to Friday in this role. The GM interviewed is fully committed to the implementation of the Ngā Paerewa Standards, with the health and safety of the residents being a priority. Information is provided to families/residents on admission and explains everything about the facility and services provided. The values and vision of the service were clearly documented in the information provided and are displayed in the entrance of the rest home.The goals/objectives of the organisation are clearly documented in the business plan reviewed. The business plan is reviewed six-monthly, the progress of the objectives is recorded accurately, and any changes are made if required to ensure the set objectives can be effectively met. Policies and procedures reviewed verified commitment from governance in all relevant policies, including the business plan. The GM reports monthly to the board. In addition to this, an annual report is provided to the board each July by the GM on all aspects of business and service delivery.There were no barriers identified for residents accessing this service.The CCN interviewed has been in this role for seven years and has built up over time a good relationship with all the residents, families, extended families and local community groups, as reported by the residents and family members interviewed and as commented by the general practitioner when interviewed. Core cultural competencies are completed by all staff as part of orientation and the process is ongoing.The service has a focus of ensuring services for tāngata whaikaha are undertaken to improve resident outcomes, and this was explicit within the business and strategic plan reviewed.Mountain View Rest Home provides Age-Related Residential Care (ARRC) and holds contracts with Te Whatu Ora Te Tai Tokerau for rest home level care. Respite care is also available.Seventeen residents were receiving rest home level care, and no residents were on respite care on the day of the audit. The maximum number of beds is 19. |
| 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. | FA | The organisation has a planned quality and risk system that reflects the principals of quality improvement. This includes the management of incidents and accidents, complaints, internal and external activities, monitoring of outcomes, policies and procedures, health and safety reviews, and clinical incident management. Mitigation strategies are in place if needed. The GM is responsible for the implementation of the quality and risk system, with input from the CCN and GCM providing the clinical information as needed. The GM ensures all documents are managed effectively within the required timeframes. A system is in place.The service prioritises a range of internal audits, those related to key aspects of services and resident and staff safety. Any issues raised were addressed with corrective action requests (CARs). The staff were informed of any results at the staff meetings. Staff meeting minutes are maintained. Present data gained over the last three months is discussed and opportunities are provided for any continuous improvement projects to be set up accordingly. As a result of the last meeting, three projects have recently commenced across the organisation.Facility and environmental audits were completed regularly, with maintenance staff being involved. Health and safety systems have been implemented. The hazard and risk register reviewed is updated annually, and when a hazard is identified. This is reported to the board when any changes occur. A hazardous substance register is also maintained. Infection prevention and control, cleaning and laundry, care plans and staff record audits are also completed. Surveys are undertaken annually electronically, on a system adopted by the organisation. Mostly positive feedback was received with the recent survey results collated. A report was developed by the GM and is being reported at the next board meeting.A risk management plan is reviewed annually. Aims and objectives were documented and reviewed at regular intervals. The GM was fully informed about the National Adverse Events Reporting Policy. There have been no section 31 notifications made since the previous audit.Staff interviewed confirmed that they felt well supported. The care staff understood the Māori constructs of pae ora, have completed cultural competencies, and ensure any Māori residents admitted to this service receive culturally appropriate care. |
| Subsection 2.3: Service managementThe 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. | FA | There is an organisational documented process determining staffing levels and skill mix to provide clinically safe care, twenty-four hours a day, seven days a week (24/7). Rosters are completed by the CCN and adjusted in response to resident numbers and level of care and when and if a resident’s needs change. Care staff confirmed that there were adequate staff to complete the work allocated to them. No agency staff are used at this facility. No shifts were left uncovered.The CCN works at this facility Monday to Friday one week and Monday to Thursday the alternate week. There is adequate staff on to cover the rest home 24/7. The 12-hour shifts worked well for the HCAs. There is always a first aider and a medication-competent HCA on each shift. The on-call system is documented clearly, and the CCN is on call one week in every five weeks. There is a registered nurse on call 24/7 for this service. There is a housekeeper three days a week and the other days are covered by the HCAs. The laundry is managed on-site at Kamo Home and Hospital and this system works effectively. The diversional therapist (DT) covers 16 hours a week, which is appropriate for the size of this rest home.There were 10 staff including the DT. Nine staff have completed level four (including the DT), and one is Level 1 in the recognised New Zealand Qualification Authority (NZQA) age-related courses. All have completed medication competencies. The CCN is interRAI competent and completes all interRAI assessments and re-assessments required for all residents. A staff list was reviewed, and ethnicity data is maintained. |
| Subsection 2.4: Health care and support workersThe people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services. | FA | Human resource management policies and procedures are based on good employment practice and relevant legislation. All employed and contracted registered health professionals including the podiatrist, general practitioners, the pharmacist, pharmacist technicians, and registered nurses had current annual practicing certificates recorded to verify current registrations and scopes of practice. Staff records were reviewed, and the processes were followed through. A centralised electronic system is in place, and this was reviewed and explained by the GM. A comprehensive orientation and induction programme is well implemented and covers the essential components of the service provided. Staff interviewed confirmed their usefulness and applicability and felt well supported. New care staff are buddied to work with a senior HCA for orientation, and time is allocated to spend time with the CCN. Additional time is provided as required. A checklist is completed. Performance appraisals are completed annually.There are staff of different nationalities employed. All information is recorded and used in accordance with Health Information Standards Organisation (HISO) requirements and is kept secure. |
| Subsection 3.2: My pathway to wellbeingThe people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.As service providers: We work in partnership with people and whānau to support wellbeing. | FA | A total of five residents’ files were reviewed. The local Needs Assessment and Service Coordination (NASC) agency confirmed the levels of care required and these were sighted in all files reviewed. The service uses assessment tools that include consideration of residents’ lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. Cultural assessments were completed by the nursing team in consultation with the residents and whānau/Enduring Power of Attorney (EPOA). All interRAI assessments reviewed were current, including all in the interRAI database. Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. Long-term care plans were also developed, and routine six-monthly evaluation processes ensured that assessments reflected the residents’ daily care needs. All routine care plan evaluations were completed in a timely manner. Resident, whānau/EPOA and GP involvement is encouraged in the plan of care. The general practitioner (GP) completed the residents’ medical admissions within the required timeframes and conducted medical reviews promptly. Completed medical records were sighted in all files sampled. The GP interviewed reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, medical orders were followed, and care was resident centred. Residents’ files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.The clinical charge nurse (CCN) reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident’s condition. Progress notes were completed on every shift and more often if there were any changes in a resident’s condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly, or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau are included and informed of all changes.A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents’ needs. The EPOA/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes. |
| Subsection 3.4: My medicationThe people: I receive my medication and blood products in a safe and timely manner.Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Administration records were maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.Medication competencies were current, completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.There were no expired or unwanted medicines. Expired medicines were returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted. The caregiver was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.There were no residents self-administering medication on the audit day. There is a self-medication policy in place, and this was sighted. There were no standing orders in use. |
| Subsection 3.5: Nutrition to support wellbeingThe people: Service providers meet my nutritional needs and consider my food preferences.Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The kitchen service complies with current food safety legislation and guidelines. All food is prepared and cooked on-site. An approved food control plan expires on 30 January 2025. Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. Snacks and drinks were available for residents throughout the day and night when required. |
| 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 | Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents’ needs. The discharge plan reviewed confirmed that, where required, a referral to other allied health providers was completed to ensure the safety of the resident. |
| Subsection 4.1: The facilityThe 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 | Appropriate systems were in place to ensure the residents’ physical environment and facilities, both internally and externally, are fit for purpose.There was a current building warrant of fitness displayed in the entrance which expires 1 November 2024. Electrical resources testing and tagging was completed 10 October 2023. Medical equipment and equipment requiring calibration checks was completed May 2023 by a contracted service provider. An inventory was maintained and reviewed.Family interviewed were pleased with the environment being suitable for their family member’s needs. There is an outside decked area and gardens with appropriate seating and shade areas both at the front and the rear of the facility. There is appropriate signage and a cultural notice board for staff and residents to view. |
| Subsection 5.2: The infection prevention programme and implementationThe people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The service has a clearly defined and documented infection prevention and control (IPC) programme implemented that was developed with input from external IPC services. The IPC programme was approved by the management and is linked to the quality improvement programme. The IPC programme was current. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practices. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents’ meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)The people: My health and progress are monitored as part of the surveillance programme.Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated and action plans are implemented. The health care-associated infections (HAIs) being monitored included infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. All infection data is reported to the governing body.Infection prevention audits were completed including cleaning, laundry, personal protective equipment (PPE), donning and doffing PPE, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other sister facilities.There were infection outbreaks of COVID-19 and RSV in December 2023 and January 2024, since the previous audit. This was managed in accordance with the pandemic plan with appropriate notification completed. |
| Subsection 6.1: A process of restraintThe people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | The CCN and staff understood that restraint is eliminated whenever possible. The CCN confirmed this is explicitly detailed in policy (sighted) and is communicated to staff during orientation and as part of the education programme. The GM is the restraint coordinator and ensures the register is maintained. No residents were using a restraint on the day of the audit. Annual training is provided on de-escalation, cultural considerations and management of challenging behaviour. No restraint has ever been used at this facility. |

# Specific results for criterion where corrective actions are required

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

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

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

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# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.