

Riverleigh Care Limited - Riverleigh Care Ltd

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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity:	Riverleigh Care Limited
Premises audited:	Riverleigh Care Ltd
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 23 May 2024 End date: 24 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:	60

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

Riverleigh Residential Care provides rest home, hospital level care (medical and geriatric) and residential disability – physical for up to 68 residents. There were 60 residents on the day of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Health New Zealand Te Whatu Ora - Capital, Coast and Hutt Valley. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The facility manager is supported by a clinical manager, and a team of experienced staff.

There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed one of the previous three shortfalls in relation to the environment. There are ongoing shortfalls around care plan timeframes and interventions.

This audit has identified a shortfall around education.

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.

There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Riverleigh demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

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.

Riverleigh has a well-established, and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme, and competencies are in place to support staff in delivering safe, quality care.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

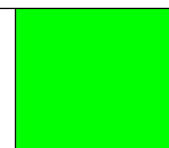
The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritious snacks were available 24/7.

All residents' transfers and referrals are coordinated with residents and families/whānau.

The organisation provided a model of care that ensured holistic client/patient centred care was provided. Client/patient assessments informed care plan development. Care plans were implemented with input from the client/patient and family/whānau. The care plans contributed to achieving the client/patient goals. Medicine management reflected best practice, and staff who administered medication were competent to do so. The food service catered for the clients/patient's dietary needs and cultural requirements. The discharge and/or transfer of clients/patients was safely managed.

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

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



Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well-maintained. There is a current building warrant of fitness. Electrical equipment and calibration are up to date. External areas are accessible, safe, and meet the needs of residents living in this care home.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

The building had a current warrant of fitness. The building and equipment were suitable to meet the needs of the services delivered.

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

Includes five subsections that support an outcome where Health and disability service providers’ infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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All policies, procedures, the pandemic plan, and the infection control programme have been implemented. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There had been two outbreaks (two Covid-19) recorded and reported on since the last audit.

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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the clinical coordinator and is a registered nurse. The facility has residents using restraints. Riverleigh Care Limited supports and aims for a restraint-free environment and only uses restraint as a last resort. A comprehensive assessment, approval, and monitoring process, with regular reviews is in place. The staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

The restraint coordinator is a registered nurse. The facility had four residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	16	0	1	1	0	0
Criteria	0	46	0	1	2	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>Linkages are in place with local Māori community organisations – including the local Nga Rauvu Kokivi Marae, and the service embeds tikanga Māori in the everyday culture of the facility. The facility manager confirmed that the service supports a Māori workforce, with staff identifying as Māori at the time of the audit. The Māori staff interviewed confirmed that mana motuhake is recognised.</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>The organisation has a Pacific health plan and cultural policy that encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard.</p> <p>There were Pacific residents and staff on the day of the audit, and the service maintains links with various local Pacific churches who visit and provide cultural support for Pacific residents.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>Five rest home residents, four hospital level residents, and one family member interviewed reported that the residents' rights are being upheld by the service and confirmed that the residents are treated with respect and that their independence is supported and encouraged.</p> <p>The facility manager, clinical manager and staff interviewed (three caregivers, seven registered nurses and one diversional therapist, the chef and a housekeeper) were able to describe how they respect resident rights.</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>Riverleigh policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>All staff at Riverleigh are trained in, and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff and management interviewed demonstrated an understanding of professional boundaries.</p>
<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>	FA	<p>There are policies around informed consent. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Interviews with a family member, and residents confirmed their choices regarding decisions and their wellbeing is respected.</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>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. 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>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained which includes all complaints, dates and actions taken. There have been two complaints received 2023 and one year to date. Documentation, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p> <p>In response to an email from Health New Zealand Te Whatu Ora – Wairarapa dated 24 May 2024; the following were identified during the audit:</p> <p>This audit evidenced that recent transfers to the hospital emergency department have been appropriate. Four recent transfers were reviewed: two residents were admitted, and one resident was transferred following GP advice, and one was following an RN review.</p> <p>Communication with residents is managed well. One resident's file, who is deaf with some cognitive deficits and who is waiting for a dementia</p>

		level bed, was reviewed (in hospital at the time of audit). The long-term care plan documents that the resident has a whiteboard; some staff are able to communicate with basic sign language and care staff interviewed could all describe ways to communicate with the resident. Links to interpreter services are also well documented. Training overall has been identified as a shortfall, including training around disabilities (link 2.3.2).
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Riverleigh Residential Care provides rest home, hospital level care (medical and geriatric) and residential disability – physical for up to 68 residents. There were 60 residents on the day of audit: 32 rest home residents, including two residents on a long-term support chronic health contract (LTS-CHC) and one respite resident funded through older person mental health. There were 26 hospital level residents, including one on a LTS-CHC contract, and two on an ACC contract. There were two younger residents with a disability (hospital level care). All other residents were on the age-related residential care agreement (ARRC). All beds are certified as dual purpose. There are eight double/ shared rooms (all of which had one resident in at the time of audit).</p> <p>The owner is the governing body for Riverleigh Care Limited, trading as Riverleigh Residential Care. The facility manager was able to describe the company quality goals, organisation philosophy, and strategic plan which reflect a person/family centred approach to all services (the owner was not available). There is a 2023 business plan (currently under review) and a 2024 plan (in draft) that outlines objectives for the period. Objectives are signed off when fully attained.</p> <p>The service is managed by the facility manager, with the support of an experienced clinical manager (RN). The facility manager has managed Riverleigh since May 2024 and is an experienced facility manager from a sister facility. The clinical manager has been in her role for the past four years. Both managers have extensive experience in elderly care management within New Zealand and provide clinical oversight and advice to the owner.</p> <p>The governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the service.</p> <p>Both managers have maintained at least eight hours annually of</p>

		<p>professional development activities related to managing a rest home. This includes cultural and Te Tiriti training, including the completion of a competency questionnaire, Health New Zealand training, and gerontology meetings/training. The owner has undertaken training around Te Tiriti and cultural safety.</p> <p>The facility manager consults with mana whenua (via staff members) in business planning, organisational policy, and service development to improve outcomes and achieve equity for Māori, and to identify and address barriers for Māori for equitable service delivery. This consultation also assists the organisation to explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha.</p> <p>Residents receiving services and family/whānau are supported to participate in the planning, implementation, monitoring, and evaluation of service delivery through surveys, meetings, and an open-door management policy.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Riverleigh is implementing a quality and risk management programme developed by an external contractor. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Monthly quality/ staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality goals and plans are discussed at meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom. Benchmarking occurs on a national level against other facilities through the external consultant database. The manager has commenced two-weekly head of department meetings, where financial and operational topics are discussed.</p> <p>The most recent annual resident and family survey has just been completed. The manager discussed how this will be fully collated and any issues will have an action plan. The survey completed 2023 completed</p>

		<p>reflected high levels of resident/family satisfaction, with evidence of corrective actions being carried out where required. These included the lounge and main dining room being refreshed to make them more inviting; monthly monitoring of call bell times; and reminders of how to raise concerns/location of complaints forms following survey feedback in these areas.</p> <p>Riverleigh has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff. A health and safety system is in place. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings, and via toolbox talks.</p> <p>Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required; evidenced in the accident/incident records reviewed. This included timely notification to the residents' next of kin or primary contact. Incident and accident data is collated monthly and analysed. Results are discussed in the quality/staff meetings. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse.</p> <p>Discussions with the facility manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required to be completed. There have been two Covid-19 outbreaks since the previous audit, which were appropriately notified.</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>	PA Low	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The registered nurses, activities staff, and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The facility manager and clinical manager are available Monday to Friday</p>

As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.		<p>and available on-call.</p> <p>There is an annual education and training schedule documented for 2023 and for 2024; however, not all education is documented as provided. The education and training schedule lists compulsory training, which includes Māori health, tikanga, and Te Tiriti O Waitangi. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Health New Zealand.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint; hand hygiene; correct use of personal protective equipment (PPE); medication administration (if medication competent); abuse and neglect; moving and handling; Code of Rights; and privacy. A record of completion is maintained.</p> <p>Additional RN specific competencies include syringe driver, and interRAI assessment competency. Four of eight RNs are interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Five staff files reviewed included evidence of completed orientation, training and competencies, and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori. All staff who have been employed for a year or more, have a current performance appraisal on file.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	PA Moderate	<p>Six electronic resident files were reviewed: three hospital resident files, including one on Accident Compensation Corporation (ACC) respite; one</p>

<p>know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>younger person with a disability (YPD); and three rest home resident files, including one on long-term support chronic health contract (LTS-CHC). The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care.</p> <p>The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Each care plan was reflective of assessment outcomes, and individualised. InterRAI assessments had been completed for all residents, except the ACC respite, YPD and the resident on LTS-CHC. For those residents, assessment tools used included (but not limited to) those related to self-care; activities of daily living; skin care; continence; nutrition; pain; sleep; comfort; communication; cultural; spiritual; social; diversional therapy; cognitive function; and pressure risk. All long-term residents had long-term care plans developed; however, not all interRAI assessments, reassessments, long-term care plans and evaluations had been completed within expected timeframes. The previous shortfall #3.2.1 remains ongoing.</p> <p>Documented early warning signs meet the residents' assessed needs. The activity assessments include a cultural assessment, which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Interventions in the long-term care plans were comprehensive; however, not always reflective of all residents' current needs; this is an ongoing shortfall.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for</p>
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		<p>residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The GP visits the facility weekly and as required. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The GP provides on-call services 24/7. A physiotherapist visits the facility twice a week and on request to review residents referred by the registered nurses. There is access to a continence specialist via referral as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist, and medical specialists are available as required through Health New Zealand - Capital, Coast and Hutt Valley.</p> <p>An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit, there were four skin tear related active wounds from four residents. There were no current pressure injuries being managed.</p> <p>The progress notes are recorded and maintained on the electronic resident management system. Caregivers document each shift in the progress notes. Registered nurses document in the progress notes every shift for hospital level care and every 24hours for rest home level care.</p> <p>Monthly observations, such as weight and blood pressure, were completed and are up to date. Neurological observations are recorded following all unwitnessed falls. A range of monitoring charts are available for the care staff to utilise. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift. The handover is between a registered nurse to the incoming registered nurse and caregivers on each shift; as observed on the day of audit, and was found to be comprehensive in nature.</p>
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<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>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses robotic rolls for all medications. There is a clear process of ensuring all medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication rooms. The medication fridge and medication room temperatures are monitored daily, and the monitoring records reflect that temperatures have been checked consistently as per policy. All eyedrops and creams have been dated on opening. All stored medications are checked by the night registered nurse. There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly.</p> <p>The registered nurses were observed administering medications safely and correctly. Ten electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Effectiveness of pro re nata (PRN) medication have been consistently recorded on the electronic medication record. At the time of the audit, there were no resident self-administering medication. However, there are policies in place and staff interviewed were knowledgeable around these processes. The clinical coordinator reported that residents assessed as YPD are encouraged to self-administer medication if competent to do so.</p> <p>No vaccines are kept on site. There were no standing orders in use.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
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<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>	FA	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 24 September 2024.</p> <p>There is a four-week seasonal menu. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The chef interviewed reported they accommodate residents' requests.</p> <p>The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</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>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</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</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Riverleigh and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 25 September 2024.</p> <p>There is a maintenance request book for repair and maintenance</p>

<p>Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>requests. This is checked daily and signed off when repairs have been completed. There is a monthly, six-monthly, and annual maintenance plan that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature checks and recordings have been completed monthly and corrective actions undertaken when outside of expected ranges. Review of electrical equipment in the facility demonstrated that test and tag of equipment was next due in April 2025. Medical equipment calibration was completed; with the next one due April 2025.</p> <p>The damaged ceiling in the laundry room has been repaired. The previous audit shortfall (HDSS:2021 # 4.1.2) has been addressed.</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>There is an infection, prevention, and antimicrobial programme and procedure that has been developed by an external consultant, including the pandemic plan. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed quarterly by the external consultant. This links to the overarching quality programme and the infection control programme is reviewed, evaluated, and reported on annually.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE).</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>	FA	<p>Infection surveillance is an integral part of the infection control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually.</p>

<p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>Benchmarking occurs with other similar facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff.</p> <p>Infections, including outbreaks, are reported and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There have been two Covid-19 outbreaks since the previous audit. These were well documented, managed and reported to Public Health.</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>	<p>FA</p>	<p>The service is committed to a restraint-free environment and only use restraint as a last resort when all other alternatives have been considered. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the restraint coordinator works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The restraint approval group is responsible for the service's restraint elimination strategy and for monitoring restraint use in the service. At the time of the audit, there was one hospital level care resident using bedrail restraint. A review of the documentation available for the resident included assessment, consent, monitoring, and evaluation completed by staff. The restraint approval process included the resident, EPOA, GP, and restraint coordinator.</p> <p>Documentation confirmed that restraint is discussed at staff, quality meetings and relevant information is presented to the directors. Restraint training and annual competencies have been completed for all staff.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<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	There is an annual education and training schedule documented for 2023 and for 2024; however, not all education is documented as provided. The clinical manager described how staff now have access to policies and can sign online when read; however, this was not well documented.	<p>i). There was no documented evidence of loss and grief; end of life care; sexuality; skin care; and assessment and care planning being held at least two yearly as per the education and training schedule.</p> <p>ii). There was no evidence of training provided to manage a resident with percutaneous endoscopic gastrostomy (PEG) feeding.</p>	<p>i). & ii). Ensure there is documented training according to the schedule and as needed.</p> <p>60 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage</p>	PA Moderate	The registered nurses are responsible for conducting all assessments and for the development of care plans. The	(i). Two of six interRAI assessments were not completed within three weeks	(i)-(iii). Ensure timeframes for interRAI assessments, long-term

with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.		<p>individualised long-term care plans (LTCPs) are developed with information gathered during the initial and the interRAI assessments; however, two rest home level care residents had their interRAI assessments completed six and eight-weeks post admission. Some residents did not have the long-term care plans completed within three weeks of the residents' admission to the facility.</p> <p>There are policies and procedures confirming six-monthly review periods for resident assessments and care plans, or earlier as needs change; however, these had not been adhered to for one hospital YPD resident and one rest home LTS-CHC resident.</p> <p>The registered nurses meet with the resident and their appointed person (if present) on admission for the initial assessment. Family/whānau are updated when there have been incidents, changes in medications and GP reviews. Documentation provides evidence to indicate residents and family/whānau involvement in long-term care planning or when care plan reviews are completed six-monthly.</p>	<p>of admission.</p> <p>(ii). Two of six long-term care plans were not completed within three weeks of admission.</p> <p>(iii). Two of six care plan evaluations were not completed six-monthly as per policy.</p>	<p>care plans and care plan evaluations demonstrate expected compliance.</p> <p>60 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p>	<p>PA</p> <p>Moderate</p>	<p>The electronic care plans are developed by the registered nurses (RN) in partnership with the resident and family/whānau. The care plans reviewed were holistic and had sections to cover all nursing, medical, spiritual, cultural and social preferences; however, not all care plan interventions</p>	<p>i). The care plan for one hospital resident was not updated to reflect that they had non-insulin dependent diabetes mellitus.</p> <p>ii). One rest home resident</p>	<p>i). & ii). Ensure care plan interventions are reflective of resident's current needs.</p>

<p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>reviewed aligned with residents' current needs. This is an ongoing shortfall. The caregivers interviewed were very knowledgeable of each residents' needs and preferences; which was observed during the audit.</p>	<p>care plan continued to reflect self-catheterisation which had been discontinued.</p>	<p>60 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.

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End of the report.