

Udian Holdings Limited - Glencoe Resthome

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](#).

The specifics of this audit included:

Legal entity: Udian Holdings Limited

Premises audited: Glencoe Resthome

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 10 June 2024 End date: 10 June 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: 14

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
Yellow	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
Red	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

Udian Holdings Limited owns and operates Glencoe Rest Home. The managing director is supported by a senior registered nurse. The rest home provides rest home level care and respite care for up to 15 residents.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service's contract with Health New Zealand – Te Whatu Ora Counties Manukau (Te Whatu Ora Counties Manukau). 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.

The residents and family spoke highly of the service, which provides a homely atmosphere and environment.

One area of improvement and a recommendation identified at the previous audit were effectively closed out. The recommendation related to ensuring any external or internal risks including any potential inequities if identified, were managed appropriately, and the one area of improvement was related to the infection prevention programme being reviewed annually. No areas of improvement were identified at this 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.

Person-centred service which is aligned with the Code of Health and Disability Services Consumers' Rights (the Code) is provided. Information is communicated in a manner that enables understanding and promotes informed choice. Consent is obtained where and when required. Family/whānau and legal representatives are involved in consent processes that comply with the law. Residents and family/whānau confirmed that residents are always treated with dignity and respect.

Mana Motuhake is respected and Te Whare Tap Whā model of care is utilised in care planning.

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

There was no evidence of abuse, neglect or discrimination. Residents' property and finances are protected.

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.

Quality and risk management systems are focused on quality provision of care. Actual and potential risks were identified and mitigated. The service complies fully with all statutory and regulatory reporting obligations and met the requirements of the contract with Te Whatu Ora Counties Manukau.

Staff coverage was maintained on all shifts. The registered nurse covers the after-hours service. Staff are provided with orientation and receive ongoing education. All contracted health professionals maintain a current annual practising certificate.

Staff and residents' records were maintained and stored safely and securely and meet all health information requirements.

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.
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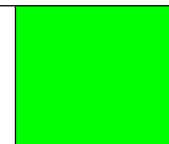
Residents' assessments and care plans are completed in a timely manner. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required. Transfers to other health care services and discharges are managed in an appropriate manner to allow residents' safety and continuity of care.

The implemented medicine management system is appropriate for the scope of the service. Medicine was safely stored and administered by staff who have current medication administration competency.

A holistic approach to menu development is adopted ensuring food preferences, dietary needs, intolerances, allergies and cultural preferences are undertaken in consultation with residents and family/whānau where appropriate. Residents verified satisfaction with meals.

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.

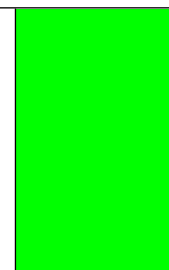


Subsections applicable to this service fully attained.

The facility meets the needs of the residents and was clean and well maintained. There was a current building warrant of fitness. Electrical testing and calibration of medical equipment were up to date. An inventory is maintained. Internal and external areas are safe and accessible, and meet the needs of residents living at this rest home.

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 registered nurse oversees implementation of the infection prevention programme, which is linked to the quality management system. Annual reviews of the programme are reported to the managing director, as are any significant infection events.

Staff receive infection prevention education during the orientation period and annually.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. No infection outbreaks have been reported since the previous audit. Appropriate processes were implemented to prevent the spread of infection.

Here taratahi | Restraint and seclusion

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

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>Glencoe Rest Home has a cultural policy. The managing director (MD) ensures the 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 residents who identified as Māori and no staff who identified as Māori at the time of the audit.</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>Policies and procedures are available to guide staff in the care of Pacific peoples. The provision of equitable services that are underpinned by Pacific peoples' worldview will be sought with expert advice if not available from the resident and family and/or the community. Staff members were also available to provide advice as needed.</p> <p>Cultural assessment and care plans for residents of each Pacific descent were available to implement. Models of care are documented and implemented. There were residents and staff who identified as Pasifika on the day of the audit. Cultural training was completed on 10 August 2023.</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>Staff have received education on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and ongoing annual training, as verified in staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code in English and te reo Māori was posted on notice boards around the facility. Pamphlets of the Code were provided to residents and family/whānau on admission. Residents and family/whānau confirmed being made aware of their rights during the admission process and an explanation was provided by staff on admission. Residents and family/whānau confirmed that services were provided in a manner that complied with their 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>Residents stated that they have not witnessed or suspected abuse and/or neglect, and that staff maintain professional boundaries. The staff orientation process includes education related to professional boundaries, code of conduct, discrimination, and abuse and neglect.</p> <p>Staff have received education on abuse and neglect. Residents reported that they are free to express any concerns either in residents' meetings or individually to the managing director when required, and these were responded to promptly.</p> <p>Residents' property is labelled on admission. Residents look after their own finances, or they have support from their family as required. Residents' valuables are kept safe in the locked cupboard in the office, when required.</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</p>	FA	<p>Residents confirmed that they are provided with information and were involved in the consent processes. Where required, residents' legal representatives were involved in the consent process. Informed consent was obtained as part of the admission documents which the resident and/or their legal representative sign on admission. Signed consent forms were available in the residents' clinical files reviewed. Staff were observed to gain consent for daily cares.</p>

<p>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.</p>		
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>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. Glencoe Rest Home can contact Te Whatu Ora Counties Manukau cultural advisory team if and when required.</p> <p>Staff interviewed stated they were fully informed about the complaints procedure and where to locate the forms if needed. The family interviewed were pleased with the care and management provided to their relative. 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. The MD is responsible for complaints management and maintaining the register.</p> <p>There have been two minor complaints which have been closed out. No external complaints have been received from the Health and Disability Commissioner's (HDC) office or Te Whatu Ora Counties Manukau since the last audit.</p> <p>In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of a te reo Māori interpreter if this was required.</p>
<p>Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p>	FA	<p>Glencoe Rest Home provides residential care for rest home level care residents. The MD is the manager of this facility and one other owned by the MD. The MD is supported by an RN at this facility.</p> <p>The MD interviewed explained the commitment to the implementation of the</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>		<p>Ngā Paerewa standards, and the health and safety of the residents being a priority. An information pack is provided to residents/family/whānau on admission that explains everything about the facility and the services provided, including the philosophy of the service.</p> <p>The philosophy for the service is also documented in the business plan. The MD has completed training on Te Tiriti o Waitangi and equity and has made a connection with Manurewa Marae, Pacific churches and a priest who visits this facility regularly. The MD endeavours to provide equitable services for Māori as documented in policy, and aims to reduce any barriers for those residents who identify as Māori and those with a disability. Core cultural competencies are completed by all staff as part of orientation and the process is ongoing.</p> <p>The service has a focus of ensuring services for tāngata whaikaha are undertaken to improve resident outcomes, and this was explicit within the business plan and the strategic plan reviewed.</p> <p>Glencoe Rest Home provides age-related residential care (ARRC) and has a contract with Te Whatu Ora Counties Manukau for rest home level care. Respite care is also available. Fourteen 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 15.</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>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles 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. The MD is responsible for the implementation of the quality and risk system with input from the RN, providing the clinical advice as needed. The MD ensures all the documents are managed effectively within the required timeframes. A document control system is in place with the support of a contracted quality consultant.</p> <p>Criterion 2.2.4, in regards to a recommendation from the previous audit, was closed out in August 2023 and followed up again at this audit. The MD understands about identifying any internal and external risks, including any inequalities, and making a plan to respond to them appropriately, and in turn learning from any outcomes as needed, to prevent harm to residents or</p>

		<p>staff.</p> <p>There are a range of internal audits which are undertaken using forms recorded manually. The service prioritises those audits related to key aspects of service delivery, and resident and staff safety. Any issues raised were addressed with corrective action requests (CARs). The staff were informed of the results at the staff meetings. Minutes of meetings were documented and reviewed.</p> <p>Internal audits evidenced that neurological observations were being undertaken following unwitnessed falls. Facility and environmental audits were completed three-monthly. Audits for infection prevention and control on 3 January 2024, challenging behaviour on 15 January 2024 and laundry on 23 February 2024, were noted. Medimap audits were undertaken weekly. Resident surveys were completed annually in July, and positive outcomes were reported from the 2023 survey. Several residents have no family/whānau contacts.</p> <p>Health and safety systems have been implemented appropriate for the size and nature of this facility. There was a current, up-to-date hazard register and a hazardous substance register.</p> <p>A quality and risk management plan dated 2024 is reviewed annually. Aims and objectives were documented and reviewed at regular intervals. The MD was fully informed about the National Adverse Events Reporting Policy. There have been no section 31 notifications made since the previous audit.</p> <p>Quality/staff meetings are held two-monthly. Minutes of meetings were reviewed. Any issues are acted upon as needed. Staff interviewed reported being well supported. The care staff understood the Māori constructs of pae ora, have completed cultural competencies and endeavour to ensure Māori residents receive culturally appropriate care.</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</p>	<p>FA</p>	<p>There is a documented process for determining staffing levels and skill mix to provide clinically and culturally safe care, twenty-four hours a day, seven days a week (24/7). Rosters are completed and adjusted in response to resident numbers and level of care and when 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. One registered</p>

<p>achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>nurse is employed full time between two sites, twenty hours a week at each site. The MD works Monday to Sunday and is currently overseeing and training a manager for the other ARC site.</p> <p>The RN is on call 24/7 and resides close to the facility.</p> <p>There were eight care staff in total. One has completed Level 4, seven are Level 2 in the recognised New Zealand Qualification Authority (NZQA) aged related courses. The care staff have all completed medication competencies. The RN is interRAI competent and is an experienced ARC nurse who has worked at this facility since April 2024. There is an annual training programme in place and topics are covered monthly at the staff meetings.</p> <p>The diversional therapist (DT) has Level 4 competency and works 16 hours a week at this facility and 24 hours a week at another facility owned by the MD facility. All staff have completed first aid training. A staff list was reviewed. A first aider is rostered onto the roster each shift. Handover between shifts was observed.</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>Human resource management policies and procedures are based on good employment practice and relevant legislation. All employed and contracted registered health professionals had current annual practising certificates.</p> <p>A comprehensive orientation and induction programme is implemented, and staff confirmed their usefulness and applicability and felt well supported. New care staff are buddied to work with a senior caregiver for orientation. Additional time is provided as required. A checklist is completed.</p> <p>There are staff from different nationalities employed. All information is recorded and used in accordance with Health Information Standards Organisation (HISO) requirements and is kept securely stored. Staff appraisals are completed annually and recorded.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best</p>	FA	<p>The registered nurse/clinical manager (RN/clinical manager) completes admission assessments, care plans and evaluation of care plans. The admission assessments and care plans sampled were developed within 24-</p>

<p>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>48 hours of an admission in consultation with the residents and family/whānau, where appropriate. The RN/clinical manager has completed appropriate cultural safety training. Residents' lived experiences, oral health, cultural needs, values, and beliefs are assessed.</p> <p>The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. Strategies to maintain and promote the residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented. Behaviour assessments and management plans that included identified triggers were completed for any identified behaviours of concern. Family/whānau goals and aspirations identified were documented in the care plans, where applicable.</p> <p>The need for Māori healing methodologies, such as karakia, mirimiri and rongoā is assessed and were included in the Māori health care plan, where required. The care planning process supports residents who identify as Māori, and whānau, to identify their own pae ora outcomes in their care. Staff understood the process to support residents and whānau. Residents and family/whānau for residents who identify as Māori confirmed that their cultural needs are being met.</p> <p>Medical assessments were completed by the general practitioner (GP) within two to five working days of an admission. Routine medical reviews were completed three-monthly. More frequent reviews were completed as determined by the resident's condition, where required. Medical records were available in sampled records. Changes in residents' health were escalated to the GP. Referrals were sent to relevant specialist services as indicated. The GP expressed satisfaction with the care provided to residents.</p> <p>The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions. Short-term care plans were reviewed weekly or earlier if clinically indicated and closed off when the acute condition resolved. The evaluations included the residents' degree of progress towards achievement of the agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations and interviews verified that care provided</p>
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		<p>to residents was consistent with their assessed needs, goals and aspirations. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The residents and family/whānau interviewed confirmed their involvement in evaluation of progress and any resulting changes. Residents, family/whānau and legal representatives confirmed being involved in the assessment and care planning process.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is utilised. A caregiver was observed administering medicines in an appropriate manner. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicine allergies and sensitivities were documented on the resident's chart, where applicable. Standing orders are not used. The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the RN/clinical manager when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. All medicines in the medication cupboard and trolley were within current use-by dates. Clinical pharmacist input was provided on request.</p> <p>There were no residents self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner when required, and staff understood the requirements.</p> <p>Regular medication audits were completed by the RN/clinical manager, with corrective action plans implemented, as required.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The dietary assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A nutritional requirement form is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans.</p> <p>The menu follows summer and winter patterns in a four-weekly cycle and was reviewed by a qualified dietitian in November 2022. The service operates with a current food control plan that expires on 30 January 2024.</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>	<p>FA</p>	<p>A documented transfer and discharge policy is in place to guide staff practice. Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau or legal representative. Residents’ current needs and risk management strategies are documented, where applicable. Residents’ family/whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the</p>	<p>FA</p>	<p>There was a current building warrant of fitness which expires on 16 March 2025. Electrical resources testing and tagging was completed on 2 August 2022 and biomedical equipment was checked last in August 2023. An inventory of equipment is maintained by the contracted service provider and was available.</p> <p>Family interviewed were pleased with the environment being suitable for their family member’s needs. There is an outside garden area which is fenced, with appropriate seating and shade being available. The business</p>

<p>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>plan includes a commitment to ensuring the environment reflects the identity and aspirations of Māori. Each resident has their own bedroom with their own personal belongings. There was a comfortable lounge for residents to enjoy a homely, peaceful, and quiet environment as needed. The dining area is separate to the lounge. There is appropriate signage and a cultural notice board in place for staff and residents to view.</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>	<p>FA</p>	<p>The infection prevention (IP) programme is led by the RN/clinical manager who is the nominated infection prevention and control coordinator. The IP programme has been approved by the managing director, links to the quality improvement system and is reviewed and reported on annually. The IP programme was developed in consultation with people with IP expertise. The IP programme was last reviewed on 3 January 2024. The previous area of improvement in relation to annual review of the IP programme has been addressed.</p> <p>Staff have received relevant education in IP at orientation and through ongoing annual education sessions. Education with residents was on an individual basis when an infection was identified, and through group education in residents' meetings.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Surveillance methods, tools, documentation, and analysis are described and documented using standardised surveillance definitions. Infection data is collected, monitored and reviewed monthly. The data is collated, trends analysed, and action plans are implemented. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Surveillance records included ethnicity data.</p> <p>Infection prevention audits were completed, including cleaning, laundry and hand hygiene. Relevant corrective actions were implemented where required. Results of the surveillance programme are shared with staff and reported back to the managing director regularly.</p> <p>Residents were advised of any infections identified and family/whānau or legal representatives where required, in a culturally safe manner. This was</p>

		verified in interviews with residents and family/whānau. There have been no infection outbreaks reported since the previous audit.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The MD and staff understood that restraint is eliminated whenever possible. The RN confirmed this is documented in the policy (sighted) and is communicated to staff during orientation and as part of the ongoing education programme. The RN is the restraint coordinator and ensures the register is maintained. Review of restraint occurred on 3 January 2024. No residents were using a restraint on the day of the audit. No restraint has been used at this facility for 12 years. Annual training is provided on de-escalation, cultural considerations, and management of challenging behaviour.</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.

No data to display

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

No data to display

End of the report.