

Warkworth Hospital Limited - Warkworth Hospital

Introduction

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

The audit has been conducted by 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:	Warkworth Hospital Limited
Premises audited:	Warkworth Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 May 2024 End date: 24 May 2024
Proposed changes to current services (if any):	The service has been verified as suitable to provide residential disability services (physical), please add this to the certificate.
Total beds occupied across all premises included in the audit on the first day of the audit: 37	

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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

Warkworth Hospital provides rest home, and hospital (medical and geriatric) levels of care for up to 37 residents. There were 37 residents on the days of audit.

Renovations under a building consent is ongoing. There have been no changes in management since the last audit. The service has been verified as suitable to provide Residential Disability – Physical level of care.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora - Waitematā and Whaikaha- Ministry of Disabled People. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management and staff.

The facility manager is appropriately qualified and experienced and is supported by an operations manager. There are quality systems and processes being implemented. Feedback from residents and family/whānau was very 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.

This certification audit identified an area for improvement related to documentation of the advance directive and resuscitation policy, and signed code of conduct on staff file.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Some subsections applicable to this service partially attained and of low risk.
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Warkworth Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and clinical effective services for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The strategic and business documents include a mission statement and operational objectives The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

Health and safety is appropriately managed to ensure the safety of residents and staff. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

There is an annual leave and rostering policy. There is a recruitment policy, and the management of human resources are supported by an external consultant. A role specific orientation programme and regular staff education and training are in place. Staff complete annual competencies related to their roles.

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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There is an admission package available prior to or on entry to the service. The facility manager, registered nurses and enrolled nurses are responsible for each stage of service provision. The registered nurses/enrolled nurse assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs. The service has a current food control plan.

The activities coordinator implements an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Medication policies reflect legislative requirements and guidelines. Registered nurses and enrolled nurses are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Transfers occur in a coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. There is a preventative maintenance programme documented and implemented. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There are sufficient number of communal toilets/shower rooms with privacy signs. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff.

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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There have been no outbreaks since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Laundry services are provided on site.

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 facility manager (RN). The facility has no residents currently using restraints. Use of restraints are considered as a last resort, only after all other options are explored. The management team and owners are committed to working towards strategies to eliminate restraint and this is documented in the business and quality and risk management systems.

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	25	0	2	0	0	0
Criteria	0	169	0	2	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>A Māori Health Plan is documented for the service that acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service does currently have residents who identify as Māori.</p> <p>As part of staff training, Warkworth Hospital incorporates the Māori health strategy (He Korowai Oranga), Te Whare Tapa Wha Māori Model of Health and Wellbeing. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. These elements are woven through other training as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>The service has links with local iwi and Te Hana marae in Wellsford, with kaumātua and kuia being available to support the organisations cultural journey.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff members. Staff members interviewed stated they are encouraged to use both te reo Māori and relevant tikanga in their work with the residents, as detailed in the Māori health plan and tikanga guidelines. The organisation's recruitment policy reflects equal opportunities for all that apply. Warkworth Hospital evidences a commitment to ensure</p>

		<p>equal employment opportunities for Māori in their business plan.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Twelve staff members interviewed (four caregivers, four registered nurses (RNs), one laundry assistant, one cleaner, one cook, and one activity coordinator) described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</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>Warkworth Hospital recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific health plan documented and developed by an external consultant, written in consultation with Pacific advisors. The plan is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights are available in a number of different languages according to individual resident needs.</p> <p>On the day of audit, there were no Pacific residents living at Warkworth Hospital. Ethnicity information and Pacific people's cultural beliefs and practices are identified as part of the admission process and entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The service is actively recruiting new staff. The facility manager and operations manager confirmed how they encourage and support any staff that identifies as Pasifika during their employment process. Staff interviews confirmed the service is a welcoming place for all cultures, and the recruitment processes support this.</p> <p>Interviews with staff members, four rest home residents and four family/whānau (hospital level) identified that the service puts people using the services, family/whānau, and the Warkworth community at</p>

		the heart of their services. The service consults with Pacific Island staff and industry advisors who identify as Pasifika, to access community links and continue to provide equitable employment opportunities for the Pacific community.
<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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager, or registered nurses discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are also held during the monthly resident and family/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support through local churches. Church services and bible study groups are held weekly.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p>	FA	<p>Staff members interviewed described how they support residents in their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved</p>

<p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>in their care or other forms of support.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in February 2024, confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>An intimacy and sexuality in older persons policy is in place and is supported through staff training. Young people with disabilities are able to maintain their personal, gender, sexual, cultural, religious and spiritual identity as evidenced in the care plans. Staff interviewed stated they respect each resident's right to have space for intimate relationships and also confirmed by one family/ whānau of a younger resident. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak and understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, and complete a cultural competency in order to build knowledge and awareness about the importance of addressing barriers to accessible care. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's</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>		<p>induction to the service; however, there was not always evidence in the staff files that staff sign the code of conduct document, as required in the recruitment policy (link 2.4.1). This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care and interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. Residents expressed that they have not witnessed any abuse or neglect, and said they are treated fairly, feel safe, are protected from abuse and neglect, and their property is respected. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with</p>	<p>FA</p>	<p>Information related to the service, complaints form and procedure, advocacy services, and Code of Rights is provided to residents and family/whānau on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau or next of kin of any accident/incident that occurs. All communication with family/whānau is documented in the residents file</p>

<p>them about their choices.</p>		<p>and in the progress notes. Twelve accident/incident forms reviewed identified family/whānau or next of kin are kept informed, and this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak and understand English. Caregivers and the registered nurse interviewed described how they are able to assist residents that do not speak English, with interpreters or resources to communicate as the need arises.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and next of kin are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand Te Whatu Ora- Waitematā specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The facility manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if 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 manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability</p>	<p>PA Low</p>	<p>There are policies around informed consent. Seven resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Residents utilising a shared room give their informed consent, agreeing to having a shared room with other residents. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, the appropriately signed resuscitation plans and advance directives were not always in place to evidence discussions took place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-</p>

<p>to exercise independence, choice, and control.</p>		<p>making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where applicable. Certificates of mental incapacity and activation of the EPOA documents were on file for two residents.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The service maintains a record of all complaints, both verbal and written, in complaints register. There have been no complaints received in 2023 and 2024 year to date since the previous audit in December 2022. There have been no external complaints.</p> <p>The management team could evidence documentation process, including acknowledgement, investigation, follow-up letters and resolution, to demonstrate how complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC) and how the complaints process link with advocacy services.</p> <p>Staff interviewed confirmed they are informed of complaints (if any, and any subsequent corrective actions) in the combined staff and quality meetings. Complaints are a standard agenda item in all staff and clinical meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly. Communication is maintained with individual residents, with updates at activities and mealtimes and one on one reviews. Family/whānau making a complaint can involve an independent support person in the process if they choose. On interview, residents and family/whānau stated they had no complaints and felt comfortable to raise issues of concern with management at</p>

		<p>any time.</p> <p>The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the facility manager and operations manager interviewed are aware of the preference of face-to-face interactions for some Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Warkworth Hospital Limited - trading as Warkworth Hospital, is governed by two owners/directors and managed by a facility manager and operations manager. The governance team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The service provides rest home and hospital (geriatric and medical) levels of care for up to 37 residents. There are 26 designated hospital level beds, and 11 dual purpose beds, which can be used for residents who require either rest home or hospital level care. There are two shared rooms which were both shared and occupied by residents. In addition to the certified services audited, the service was verified as suitable to provide residential disability services for young people with physical disabilities.</p> <p>On the day of audit there was a total of 37 residents. This included nine rest home level care residents, including one on a long-term support chronic health contract (LTS-CHC) and 28 hospital level care residents, including four residents on a younger persons with a disability (YPD). All remaining residents were under the aged related residential care contract (ARRC).</p> <p>The business plan documented for 2022-2024 outlines guidelines to collaborate with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. Residents and family/whānau participates through annual surveys, general feedback from residents` meetings, and the complaints management processes. Outcomes are used to monitor and evaluate the service delivery.</p> <p>The owners have access to cultural advice through an external advisor. The management team (facility manager and operations</p>

		<p>manager) has overall responsibility and ownership of day to day operations of Warkworth Hospital. The business plan has clear goals to support their documented vision, mission, and values. The business plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The owners and management are knowledgeable around the legislative and contractual requirements pertaining to service delivery. The business plan documents a commitment to the quality and risk management programme.</p> <p>There is a documented clinical governance policy. Clinical governance is overseen by the facility manager (a registered nurse) and is implemented into the care services through a system and strength-based philosophy and incorporates safety, competence, evaluation and continuous improvement. Barriers to equity are identified, through analysis of quality data and with preventive and corrective actions being implemented through the quality improvement processes. The facility manager interviewed is cognisant of potential barriers for Māori, Pacific People's and tāngata whaikaha. The management team and owners have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety.</p> <p>The working practices at Warkworth Hospital are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha.</p> <p>The owners meet with the facility manager and operations manager monthly. The clinical and non-clinical team report to the managers and the facility manager acts as conduit and reports to the owners. Business goals and the quality goals are reviewed annually (last 16 January 2024).</p> <p>The service is managed by an experienced facility manager (registered nurse) who has been in her current role for 17 years and an operations manager (non-clinical) who has worked at Warkworth Hospital for over 15 years. They are supported by a team of registered nurses (including a staff trainer), two enrolled nurses,</p>
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		<p>administrator and an experienced caregiver.</p> <p>The facility manager has maintained at least eight hours annually of professional development activities related to managing an aged care facility. This includes cultural training, specific to Te Whare Tapa Whā and te ao Māori. The facility manager performs within the delegation guidelines and maintain competency in the Nursing Council skills competencies.</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>Warkworth Hospital has an established quality and risk management programme. These systems include performance monitoring and benchmarking through internal audits, and through the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and any new policies or changes to policy are communicated to staff.</p> <p>Regular management meetings, and monthly combined quality and 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 (if any); 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 data and trends in data are posted, and accessible to staff in their staffroom and nurses' stations. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The resident and family/whānau satisfaction surveys indicate that both residents and family/whānau have reported high levels of satisfaction with the service provided.</p>

		<p>A health and safety system is in place with identified health and safety goals. Health and safety is a part of all staff/quality and management meetings, with the admin and operations manager undertaking the role of health and safety officer. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in August 2023 (sighted). Health and safety policies are implemented and monitored by the health and safety committee.</p> <p>A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Wellbeing programmes include offering employees an employee assistance programme. All staff completed cultural safety training to ensure a high-quality service is provided for Māori. Electronic incident reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, an abrasion, and skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Next of kin are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the facility manager and a senior registered nurse who reviews every adverse event.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no incidents that required a completion of a Section 31 notification to notify HealthCERT. There have been no outbreaks since the previous audit.</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</p>	FA	<p>There is an annual leave and staffing policy that describes rostering requirements. The facility manager and operations manager works both Monday to Fridays. The facility manager is on call to provide clinical support and the operations manager provides non-clinical support. A senior registered nurse will provide clinical oversight in the absence of the facility manager. There is a staff trainer (registered</p>

<p>through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>nurse) that also oversee the orientation, training and completion of competencies. There are at least two registered nurses on in the morning and afternoon shift and one covers the night shift. The registered nurses are supported by a team of caregivers. All registered nurses have a current first aid certificate to ensure there is a first aider on each shift.</p> <p>The rosters reviewed evidence a sufficient number of employed caregivers to provide cultural and clinical safe care. Caregivers interviewed stated absences on the roster are always back filled and their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff/quality meeting minutes, and resident meeting minutes.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), cultural safety, and moving and handling. A record of completion is maintained. Training related to specific conditions related to younger residents with disabilities are incorporated into all scheduled topics for example management of anxiety and depression , diabetes, communication with residents with cognitive decline and speech impediments and swallowing difficulties.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. The facility manager is a Careerforce assessor. Out of a total of 23 caregivers, 10 have achieved a level 3 NZQA qualification or higher.</p> <p>Additional registered nurse and enrolled nurse specific competencies include syringe driver, medication, and interRAI assessment competency. The clinical workforce includes nine registered nurses and two enrolled nurses. Five registered nurses (including the facility manager) are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, recognition of clinical bias, and health equity. Staff confirmed that they were provided with resources during their cultural training. Combined staff/quality meetings provide</p>
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		<p>a forum to encourage collecting and sharing of high-quality Māori health information through the analysis of ethnicity in relation to quality data outcomes.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Staff commented on a positive working environment and supportive management team.</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>	PA Low	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored in hard copy. Seven staff files reviewed (one enrolled nurse, one registered nurse, three caregivers, cook, activities coordinator) evidenced employment contracts, police vetting, and completed orientation. Three of the seven files did not have reference checks or a signed code of conduct document on file, as required by the documented recruitment policy for Warkworth Hospital.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect responsibilities and any additional functions (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (eg, registered nurses, enrolled nurses, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy documented, and all staff who had been employed for over one year have an annual appraisal completed.</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 programmes support registered nurses, enrolled nurses and caregivers to provide a culturally safe environment to Māori. Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and</p>

		follow-up action taken are documented. Wellbeing support is provided to staff.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained both electronically and in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	FA	<p>There is an acceptance and decline entry to service policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Seven admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The</p>

<p>communicated to the person and whānau.</p>		<p>facility manager and operational manager are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven files were reviewed: four hospital residents, including two residents on a YPD contract; and three rest home residents, including one resident on a LTS-CHC contract. The facility manager and the registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments and family/whānau meeting where the long-term care plans are reviewed. This is documented in the progress notes and resident records. The service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files (inclusive of residents on the YPD and LTS-CHC contracts) had an initial interRAI assessment completed in a timely manner to reflect the resident's needs. The long-term care plan includes interventions to guide care delivery. The care plan aligns with the service's model of person-centred care. The care plan for residents on a YPD contract reflect their goals, aspirations and level of independence and ongoing support to be involved in the community.</p> <p>Care plan evaluations were completed as needs changed. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and</p>

		<p>identified needs.</p> <p>The service contracts a general practitioner (GP) who assesses residents within five working days of admission. The GP reviews each resident at least three-monthly and is involved in the six-monthly resident reviews; after-hours support is available. The facility manager is available Monday to Friday to provide clinical support. The GP was unavailable for interview on the day of audit. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. There is a physiotherapist available on request as required. A podiatrist visits every six weeks and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists, and wound care specialist nurse are available as required.</p> <p>Caregivers and registered nurses interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by the caregivers and registered nurses. The registered nurses further add to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the registered nurses initiate a review with a GP. Family/whānau were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes, and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. An electronic wound register is maintained. There were two residents with minor wounds, and one resident with a diabetic ulcer on the toe currently being treated. There are currently no pressure injuries.</p> <p>Registered nurses and caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose</p>
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		levels; and toileting regime. Neurological observations are completed for unwitnessed falls and suspected head injuries according to the policy.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There is one full-time activities coordinator who works Monday, Wednesday, Thursday and Friday. They are in the process of completing diversional therapy training. Resources are available for the caregivers to cover activities during the weekends. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a weekly programme placed in residents' rooms and displayed on the noticeboard in the activity lounge.</p> <p>The service facilitates opportunities to participate in te reo Māori with Māori language posters, introducing te reo Māori language in activities, participation in Māori language week, Waitangi Day celebrations, and Matariki. Māori phrases are incorporated into the activities and there are cultural focussed activities. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities, such as discussions, manicures and relaxation activities.</p> <p>All activities are carried out in the communal lounges. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings.</p> <p>Activities include (but are not limited to) exercises; crafts; games; quizzes; entertainers, crosswords; gardening; board gaming; hand pampering; happy hour; and bingo. There are regular van trips scheduled for outings and visits to local exhibitions, community activities and shops. There is a pastor visiting who delivers</p>

		<p>interdenominational church service monthly. The younger residents join in the activities if they are capable of doing so and were observed participating in the lounge on the day of audit. Young residents are supported to maintain links with the community and supported to communicate with their family.</p> <p>There are resident meetings held monthly, with family/whānau welcome to attend these. Residents are given an opportunity to provide feedback on activities at resident meetings. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</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>	FA	<p>Policies to guide safe medicine management are documented that meet legislative requirements. All clinical staff who administer medications are assessed as competent on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications. Registered nurses interviewed could describe their role regarding medication administration. The pharmacy currently packages medication for regular use, and 'as required' medications are blister packed. Additional 'as required' medications are in clearly labelled boxes and bottles. 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 facility medication area and locked trolley. Medication fridge and medication room temperatures are monitored daily. The temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including the bulk supply order, are checked monthly. All eyedrops have been dated on opening. There were no standing orders.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. Over the counter medications are charted on</p>

		<p>the electronic medication chart. There is a policy to guide for any residents who want to self-administer their medications and who are competent to do so. One resident was self-medicating (inhaler) on the day of audit with the required assessments, reviews, and storage in place. All 'as required' medications are administered as prescribed, signed when administered and effectiveness documented in the progress notes. The residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The facility manager and registered nurses described how they work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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>	FA	<p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring on 20 July 2024. The four-weekly seasonal menu has been reviewed by a dietitian 30 April 2024. There is a full-time cook and a relieving cook, plus a kitchen assistant.</p> <p>There is a food services manual available in the kitchen. Food procurement, production, preparation, storage, transportation, delivery comply with current legislation and guidelines. Food temperatures are taken and documented at different stages of the food preparation process. The cook receives resident dietary information from the registered nurses, enrolled nurses or caregivers and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. The daily menu is written on noticeboards in the dining room. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. When interviewed, the cook stated that the Māori residents enjoy the food delivered and</p>

		<p>would provide Māori food on request, eg, 'boil ups' or fried bread.</p> <p>The cooks complete a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are served directly into the dining room from the kitchen to residents, and residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area, and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses.</p> <p>Staff were observed assisting residents with meals in the dining area, and modified utensils are available for residents to maintain independence with eating as required. The dining rooms were observed to be spacious and provide areas for a quieter dining and to accommodate the number of residents with lazy boy chairs and motorised equipment.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and directly to the cook.</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>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident discharge or transfer policy and procedures are documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all discharges or transfers to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The registered nurse explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>There is a full-time maintenance manager and two assistant maintenance personnel. There is a maintenance electronic application for repairs and maintenance requests to be logged on the facility mobile phone. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available as required. Medical equipment, including (but not limited to) hoists and scales, were checked and calibrated in September 2023; testing and tagging of electrical equipment was also completed in 2023. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level and the care of younger persons with disabilities.</p> <p>There is ongoing construction work which is being completed under a current certificate of public use (CPU); stage six (of eight) has been completed. There is a current building warrant of fitness which expires 29 June 2024. The building consists of a single level, split into four wings. There are 35 rooms; two of which are double. There are curtains for privacy and individual call bells in shared rooms. Seventeen rooms have a basin and toilet; the remaining twenty rooms have basin only. The caregivers confirmed there is enough space in these rooms to provide care. There are sufficient communal bathrooms/showers within the facility with privacy locks and privacy curtains. The rooms are suitable for younger persons with disability with powered mobility equipment.</p> <p>The reception is situated centrally, with a nurse station, treatment room/medication room and office adjacent. The kitchen is adjacent to the dining room and meals are served via a servery.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external decks/courtyards and gardens have seating and shade. Some rooms have opening doors out onto the decks. There are ramps from the</p>

		<p>deck to the garden for safe use of power chairs. There is safe access to all communal areas. The physical environment supports the independence of the residents.</p> <p>Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There are several sluices around the facility. There is sufficient space in the toilet and shower areas to accommodate shower chairs and commodes. There is adequate space for the use of a hoist for resident transfers as required. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit. There are two spacious lounges and a dining room. All bedrooms and communal areas have ample natural light and ventilation. There are heat pumps in all areas, including resident rooms. Residents interviewed stated that the environment was warm and comfortable.</p> <p>The facility manager and operational manager reported that they consulted local Māori during the planned development of the building, to ensure that they reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand 24 July 2006. There is an up to date evacuation list that can be printed off with each resident mobility needs. Fire evacuation drills are held six-monthly, and the last one was completed in April 2024. Civil defence supplies are stored in a cupboard and are checked monthly. In the event of a power outage, there is a generator on site and gas cooking (BBQ).</p> <p>There are adequate supplies in the event of a civil defence emergency, including food supplies for three days and water supplies to provide residents and staff with three litres per day, for a minimum of three days. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. There are call bells</p>

		<p>in the residents' rooms, communal toilets and showers and lounge/dining room areas. Indicator lights are displayed above resident doors. Call bells are tested monthly. The residents were observed to have their call bells in close proximity. Residents and/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours, and staff complete security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>A registered nurse oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the management team, infection prevention and control committee, and infection control audits are conducted. Infection rates are presented and discussed at combined staff/quality meetings. Infection control data is also reviewed by the facility manager and benchmarked. Infection control is part of the business and quality and risk management programme. The owners receive monthly reports on the progress of the quality and business plans relating to infection prevention; surveillance data; outbreak data and outbreak management; infection prevention related audits; resources and costs associated with infection prevention and control and antimicrobial stewardship (AMS); and any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand- Waitematā, and the general practitioner.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19.</p>
Subsection 5.2: The infection prevention programme and implementation	FA	<p>The infection control programme includes an outbreak and pandemic response plan. The infection control programme is reviewed annually</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>by the management team and infection prevention and control committee. The infection control programme links with the quality and risk management programme and business plan. There are clear reporting guidelines for infections of concern to the facility manager and owners.</p> <p>The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility, and positive tests. There are sufficient quantities of PPE available as required.</p> <p>The registered nurse oversees infection control and prevention across the service. The infection control coordinator has completed online education and completed practical sessions in hand hygiene and PPE donning and doffing. There is good external support from the GP, laboratory, and Health New Zealand-Waitemata infection control nurse specialist.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team and all policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring of these through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti. Staff demonstrated tikanga guidelines related to infections prevention through cultural training.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers, and electronic messages.</p>
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		<p>Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated through resident meetings, newsletters, and emails. Posters regarding good infection control practice were displayed in English, and te reo Māori, and are available in other languages.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, PPE, and wound care products, in collaboration with the facility manager. The managers interviewed described infection control input into the environmental upgrades to the facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/ quality meetings. The owners are informed of any infection issues via the facility manager. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Warkworth Hospital infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends. Culturally safe processes for communication between the service and residents who develop or experience a HAI, are practiced.</p> <p>Infection control surveillance is discussed at staff, quality, and</p>

<p>an equity focus.</p>		<p>management meetings. The service has incorporated ethnicity data into surveillance methods, and data captured is easily extracted. Internal benchmarking is completed within the electronic system, meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern and significant events are reported to the owners. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand - Waitematā for any community concerns. There have been no outbreaks since the last audit. There are clear communication pathways with responsibilities, including daily outbreak meetings and communication with residents, family/whānau, and staff should any occur.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a temporary laundry whilst the construction of a new one is in the progress. All laundry is managed on site by dedicated laundry staff. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. There is appropriate sluice and sanitiser equipment available, and the cleaner and laundry assistant interviewed were knowledgeable around systems and processes related to hygiene, and infection prevention and control. The infection control coordinator oversees the cleaning and laundry audits. The infection control coordinator provide support to maintain a safe environment during construction, renovation and maintenance</p>

		activities.
<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 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 facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility had no residents using restraints. Family/whānau approval would be sought should any resident be unable to consent to the use of restraint. Any impact on family/whānau would also be considered. If restraint is considered for any younger person with disabilities, consultation will take place with family/ whanau (with the permission of the resident) through all phases of service provision to ensure the resident has a voice.</p> <p>The facility manager (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint, as documented in the business plan, and quality and risk management programme. The use of restraint is reported in the staff/quality meetings and in a monthly restraint summary which is shared with the managers and owners.</p> <p>Restraint elimination strategies are reviewed as part of the monthly staff/ quality meetings facilitated by the facility manager; minutes of these meetings are reported to the operation manager and owners monthly. All staff have annual restraint and managing behaviours that challenge training and complete competencies. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the orientation programme.</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)
Criterion 1.7.7 My advance directives (written or oral) shall be followed wherever possible.	PA Low	Seven files were reviewed. There is an advanced care plan and resuscitation policy (document OR 2 and reviewed April 2023) in place, with guidelines to complete the advanced directive for resuscitation form (document OR 2A). The policy states` Residents must be given the opportunity to discuss their options with a Medical Practitioner regarding any advance directive prior to its completion` and `if the Resident declined to have a related discussion directly with the Medical Practitioner and was satisfied with the information relayed by the RN regarding this matter, the decline of medical information must be recorded by the RN`. The policy and associated documents were not implemented as required.	The advanced directive for resuscitation forms were not on file to indicate these discussions took place and the resuscitation status was not always recorded on the electronic file.	Ensure that the advanced directive and resuscitation policy is implemented according to the documented guidelines. 90 days

<p>Criterion 2.4.1</p> <p>Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>There is a current recruitment policy that describes the requirements for reference checks and the employee handbook 'Code of Conduct /House Rules' to be signed and the last page put on file to evidence staff have read and received the document. The policy has not been implemented for three newly employed caregivers.</p>	<p>(i). Reference checks from at least two referees were not evident in three newly employed caregivers files.</p> <p>(ii). Employee Handbook – Code of Conduct / House Rules (prior to commencing orientation) was not signed as received in three caregivers` files.</p>	<p>(i)-(ii) Ensure the recruitment policy HR17 is implemented as required.</p> <p>90 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, 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.