

Many Hands Limited - Cornwall Rest Home

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 Central Region's Technical Advisory Services 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:

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| Legal entity: | Many Hands Limited |
| Premises audited: | Cornwall Rest Home |
| Services audited: | Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 25 June 2024 End date: 26 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: | 19 |

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 |
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| | 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 |
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| | 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

Cornwall Rest Home is certified to provide rest home level services for up to 27 residents. The sole director/manager leads the facility.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS8134:2021 and the organisation's agreement with Health New Zealand Te Whatu Ora - Wairarapa.

The audit process included review of policies and procedures, review of resident and staff records, observation of service delivery, and interviews with residents, whānau, management, staff, and a general practitioner.

The area for improvement identified at the previous audit relating to kitchen management, is now closed.

There were no areas of improvement 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.

The Māori Health Plan recognised the principles of Te Tiriti o Waitangi and described how Cornwall Rest Home staff should respond to Māori cultural needs in relation to self-determination, independence, and autonomy. Implemented processes support staff to deliver culturally safe care. The Pacific Health Plan was aligned with Ola Manuia to ensure understanding of Pacific world views, cultural and spiritual beliefs.

Resident rights were respected and upheld in line with the Health and Disability Commission Code of Health and Disability Services Consumers' Rights (the Code). Residents received services in a manner that respected their individuality and upheld their right to dignity, privacy, and independence.

Staff understood their obligation to report any suspected abuse or neglect.

Complaints were managed in line with Right 10 of the Code of Health and Disability Service Consumers Rights.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The business plan included a mission statement and operational objectives. The service had effective quality and risk management systems in place. A risk-based approach was undertaken to meet the needs of residents and staff which included the

implementation of quality systems and processes. Internal audits and meetings were completed as scheduled. Corrective actions were implemented where identified and signed off. Collated data informed meetings. The director/manager is appropriately qualified, clinically experienced and was supported by a registered nurse.

Ngā huarahi ki te oranga | Pathways to wellbeing

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| 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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The service works alongside the residents and their family/whānau to assess, plan and evaluate care. The care plans reviewed evidenced appropriate interventions and individualised care was provided. Medical reviews were undertaken three monthly, and nursing assessments were completed six monthly or sooner as needed. Changes were updated to the care plans.

Medicines were stored appropriately and administered by competent staff. The nutritional service was provided on site with special needs catered for. A current food safety plan was in place. Residents interviewed confirmed satisfaction with the meals provided.

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

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| 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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Equipment was fit for purpose. A preventative and reactive maintenance schedule was implemented. A variety of areas were available for residents to meet with visitors privately and to participate in cultural practices. All buildings meet current building requirements.

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 RN leads the infection prevention programme with support from the director/manager. The programme was implemented, meetings were completed, and surveillance of health care-associated infections was undertaken. Results were shared with staff. Follow-up action was undertaken as and when required. Infection outbreaks reported since the previous audit were managed as per policy.

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 policies and procedures were in place that promoted the elimination of restraint use. Training was provided for all staff on de-escalation techniques and managing challenging behaviour. The director/manager is the restraint coordinator and confirmed the process that would be undertaken should restraint be utilised. No restraint had been used since the last audit. One resident had documented their consent to have a bedside rail used and all related documentation was completed.

Staff confirmed restraint would be used as a last resort when all other options have been explored.

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) |
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| Subsection | 0 | 18 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 50 | 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) |
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| 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 |
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| <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>Cornwall Rest Home has a Māori Health Plan that recognised the principles of Te Tiriti o Waitangi and described how staff responded to Māori cultural needs in relation to self-determination, independence, and autonomy. Staff interviews and review of education records confirmed that staff received training in Te Tiriti o Waitangi and cultural safety at orientation and as part of the mandatory annual education programme. Staff described how cultural safety and tikanga best practice were upheld in the provision of care. There was signage throughout the facility in te reo Māori and the facility celebrated key anniversaries such as Matariki. Residents stated they were involved in decision making, and care provided was respectful of their cultural needs.</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</p> | FA | <p>The services “Pasifika Health and Wellbeing Plan 2024-2026” was aligned to “Ola Manuia the Pacific Health and Wellbeing Action Plan 2020-2025”. It outlined the organisation’s commitment to the principles of Ola Manuia and how staff would work with residents and their families to understand their world views and provide culturally safe care. Cultural and spiritual beliefs were documented for all residents. Staff interviewed confirmed understanding of individual resident cultural needs. More than 25% of staff identified as Pacific peoples and would be available to support the cultural</p> |

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| equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | | needs of any Pacific residents. There were no residents who identified as Pacific peoples in the service at the time of the audit. |
| <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 interviews and review of education records identified that staff received training in the Code of Health and Disability Services Consumers' Rights (the Code) at orientation and as part of the mandatory annual education programme. Staff described how the Code was upheld in care provision including seeking consent for cares and respecting privacy. Residents and their family/whānau were provided written information about the Code on admission. The Code, in English and te reo Māori, was displayed throughout the facility. Residents and their family/whānau stated that staff upheld residents' rights. Staff were observed maintaining residents' privacy during the onsite visit.</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>The abuse and neglect policy defined abuse and provided guidelines for staff in managing and reporting abuse and neglect. Records reviewed confirmed ongoing education/training in abuse and neglect was facilitated and part of mandatory training. Staff confirmed they had received training and reported their obligation to report any suspected abuse. Staff, resident, and family/whānau interviews stated that there was no evidence of abuse or neglect.</p> <p>The admission agreement outlined for residents and family/whānau the organisations expectations regarding the management of personal property. Resident and family/whānau stated that residents' property and possession were treated with respect.</p> <p>Staff interviews and education records confirmed that staff received training in the code of conduct at orientation. A process was in place to ensure staff signed a code of conduct agreement on employment and this was confirmed onsite through file review and interview. Residents and family/whānau stated that staff maintained professional boundaries, and this was observed whilst onsite. There were no abuse related events noted in the documentation, reported incidents and/or complaints received.</p> |

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| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | FA | <p>There was an informed consent policy in place aligned to the Code of Health and Disability Service Consumers Rights (the Code). It included ensuring that a resident who had capacity/competence to consent to treatment or a procedure had been given sufficient information to enable decision making. The policy provided guidance for staff on how to assist residents to make informed choices and give informed consent. Staff interviewed could describe the support routinely provided to residents to ensure the policy requirements were met. Residents interviewed described how information was provided to them to assist their independent decision making.</p> |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | FA | <p>There was an up to date complaints policy and process in place that was in line with Right 10 of the Code. Residents and family/whānau were provided with the complaints process on admission. The complaint process and forms were available throughout the facility and on the website. Residents and family/whānau reported that they were aware of how to make a complaint and would feel comfortable in doing so. Written complaints could be received onsite and/or emailed. Staff confirmed that any verbal complaints received by staff on duty would be considered as formal and managed to meet policy requirements.</p> <p>There were no complaints recorded in the six months prior to audit. The manager confirmed this included Health and Disability complaints or any other external party. Interviews confirmed the process to receive and manage a complaint was known by staff including all aspects of the complaint policy and procedure. Staff confirmed that should a complaint occur that the complainant would be updated throughout the process and informed of the outcome of the investigation as per policy.</p> <p>Advocacy and support for Māori residents throughout the complaint</p> |

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| | | <p>process could be accessed through established links with local Māori. There were Māori staff available to support residents where this was appropriate.</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>Governance of Cornwall Rest Home is provided through the owner director/manager who has a nursing, business, and financial background. The business plan and strategic goals reflect a person centred approach and are implemented with oversight from the director/manager who evaluates progress towards each goal.</p> <p>There were systems and processes in place to monitor and ensure compliance with legislative, contractual, and regulatory requirements and the director/manager confirmed these in interview. The director/manager demonstrated understanding and commitment to the organisation's obligations under Te Tiriti o Waitangi, health equity, and cultural safety and identifies as New Zealand Māori.</p> <p>The services mission and values were displayed in the facility. Systems were in place to monitor performance against key strategic and business goals. The Māori Health Plan described the organisation's focus on reducing barriers to equitable access to service delivery to include targeted employment strategies and Māori advisory support. Staff described how the facility is implementing te reo for staff and residents. Māori tikanga is practiced where possible and staff interviewed, reported they have increasing knowledge around Māori cultural practices.</p> <p>Clinical oversight was provided through the RN and director/manager who form the clinical governance group alongside the GP. Outcomes of clinical governance include reviews undertaken of key clinical events, outbreaks and collate data from the quality system. The facility is certified to provide care for up to 27 residents requiring rest home level care. The facility also holds Health NZ- Te Whatu Ora contracts for long-term support for chronic health conditions (LTS-CHC), respite care and day care. On the first day of audit there were 19 beds occupied. Occupancy included three residents under the LTS-CHC who are under the age of 65. There are no residents with an occupation rights agreement.</p> |

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| <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>There was a service wide quality and risk management system in place, which included a quality and risk management plan. The plan identified a risk based approach, was reviewed annually, and approved by the director/manager. The plan identified internal and external organisational risks, the assessed level of risk and mitigation strategies. Key business plan outcomes were monitored including complaints, health and safety, and financial management.</p> <p>Quality activities were completed including collation of data, review and analyses of resident surveys, internal audits, adverse events, complaints, and surveillance of infections. Required corrective action plans were implemented with sign off when completed. Identified trends were monitored and raised for discussion within the quality meetings.</p> <p>The monthly quality meetings present and discuss a range of quality and clinical data such as falls, infections, wounds, weight loss, and medication errors. Staff received information related to the quality meeting outcomes and this was evidenced in meeting minutes. Staff confirmed their understanding of quality meeting outcomes and the information provided through these meetings were consistently provided.</p> <p>Interview with the director/manager confirmed the service completed National Adverse Event Reporting requirements for any internal and external reporting. Adverse events were reported electronically and monitored by the director/manager. The director/manager interviewed, reported situations which required the organisation to notify statutory authorities and confirmed there had been no notifications (including Section 31's) since the last 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 through the use of health equity and quality improvement tools.</p> | FA | <p>The director/manager confirmed requirements for staff rostering and skill mix to ensure clinically and culturally safe staffing levels were maintained. Interviews with staff, residents, and family/whānau, confirmed that staff cover was appropriate for all shifts. There was one RN onsite Monday to Friday morning duty (1 FTE) who works closely with the director/manager (1 FTE) each weekday. Two caregivers were rostered on in the morning, two in the afternoon and one caregiver overnight. The activities coordinator who is undertaking Diversional Therapy (DT) training works Monday to Friday 0930-1600 hours. Staff rosters were in place and staff were</p> |

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| <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | | <p>replaced in the event of staff absence. After hours support was managed using the RN and director /manager. There were dedicated laundry and cleaning staff seven days a week. Four students were employed for a teatime shift each day to assist staff with the meal service and kitchen duties.</p> <p>Documentation reviewed evidenced that staff had completed the required competencies for their role such as medication administration. There was an implemented annual training programme with records maintained for training completed. Staff confirmed they were provided with opportunities to upskill and maintain competencies.</p> <p>There were three healthcare assistants (HCAs) who had achieved the New Zealand Qualifications Authority Health and Wellbeing level four qualification. One HCA had achieved level 3, four had achieved level 2. There were two nursing students who were employed as HCAs on casual duties. One HCA was an RN with a current practicing certificate who prefers to work as an HCA. The RN is interRAI trained.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | <p>FA</p> | <p>Recruitment processes were implemented and included validation of professional qualifications and confirmation of annual practicing certificates (APCs). The director/manager maintains records. There is only one RN and one EN employed. Both have current APCs.</p> <p>An implemented orientation policy ensured all new staff completed an orientation to the organisation and the facility, as well as role specific components. New staff are buddied with an experienced staff member. Orientation records reviewed of one staff member onboarding at the time of the audit confirmed the process was implemented to meet policy requirements. The new staff member was supported by experienced staff to ensure they were confident and capable of performing their duties.</p> <p>There was a performance review process in place. Staff appraisals were reviewed and confirmed these were undertaken with the director/manager and were up to date. Staff confirmed the process was positive and focussed on future goals and opportunities.</p> |

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| <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>The RN completed admission assessments, ongoing interRAI assessments, care plans and care plan evaluations. Initial care plans were developed with the resident's/EPOA consent and completed within the required timeframes. The plans were generated from data collected during the initial nursing assessments, which included dietary needs; pressure injury; falls risk and social history and information from pre-entry assessments completed by referral agencies. A resident was admitted on day one of the audit and confirmed the process required for admission was undertaken as required.</p> <p>Resident plans were maintained and stored electronically. Relevant interRAI outcome scores supported care plan goals and interventions. The care plans reviewed reflected residents' strengths, goals, aspirations, and aligned with their individual values and beliefs. Cultural assessments completed as part of the care plan. Early warning signs and risks that may affect a resident's wellbeing, were documented where applicable.</p> <p>The initial medical assessment was undertaken by the GP within the required timeframe following admission. Regular reviews were confirmed as completed within required timeframes or sooner if needed. If residents' health needs were considered stable, three monthly reviews were documented appropriately.</p> <p>The GP visits the facility weekly, and the service has access to afterhours medical care. Documentation and records reviewed were current. The GP confirmed that there was good communication with the service.</p> <p>Residents' care was evaluated each shift and reported in the progress notes. Changes noted were reported to the RN as evidenced onsite through documentation and interviews with staff and the RN. Long-term care plans were reviewed six monthly following the interRAI reassessments or sooner if needed. Short-term care plans (STCP) were completed for acute conditions. The RN monitors the STCP for completion/resolution and evaluates the plan.</p> <p>Care plans were regularly evaluated and documented the degree of progress towards achieving their agreed goals including any family/whānau goals where applicable. When progress differed from expected, the service, in collaboration with the resident, family/whānau, responded by initiating changes to the care plan. The GP completed three-monthly medical reviews for all residents in a timely manner. Medical reviews</p> |
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| | | <p>occurred sooner if needed and these were documented with the rationale for review.</p> <p>Residents' records, observations, interviews evidenced that care provided to residents was consistent with their assessed needs, goals, and aspirations. Residents and family/whānau confirmed being involved in the evaluation process. Staff confirmed their understanding of the processes and responsibilities to support residents and whānau when required, and to document progress made towards the resident's care plan goals in the progress notes and to the RN.</p> <p>Ethnicity was recorded prior to admission, on the needs assessment referral form and recorded for each resident. There were systems in place to identify and assess each resident's individual cultural needs and their own pae ora outcomes within a support plan. However, at the time of the audit there were no residents who identified as Māori.</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>The medication management system was safely implemented, effective, and appropriate to the scope of the service. An electronic medication management system was in place and all staff who administered medicines had a current medication administration competency. A senior HCA was observed administering medicines according to best practice.</p> <p>Medicine allergies and sensitivities were documented on the resident's electronic medication chart where applicable. No standing orders were in use at the service.</p> <p>The service used pre-packaged medication packs. The medication and associated documentation were stored safely in a locked environment. Medication reconciliation occurred as required by the GP. Expired medication or medication no longer in use was stored safely and returned to the pharmacy via an established process. Records were maintained for temperatures for the medicine fridge and the medication room. These were within the required range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff when administering. Weekly and six-monthly stock checks were recorded appropriately in the controlled drug book.</p> <p>There were no residents self-administering medication. However,</p> |

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| | | appropriate processes were in place to support self-administration for competent residents should they wish to do so. Staff interviewed understood the requirements in relation to self-administration. |
| <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>There was a Food Control Plan in place, that was current until July 2024.</p> <p>On admission residents' nutritional needs were assessed in consultation with the residents and family/whānau. Personal food preferences, allergies, special diets, cultural preferences, and food and fluid textures required (for example puree diet) were documented and provided to the kitchen staff. If preferences or required diets changed, information related to that change was documented and provided to the kitchen. Preferences and any special diet information was maintained by kitchen staff and used to inform all staff supporting the food service across the week.</p> <p>The temperatures of the fridges in the kitchen were recorded daily by the cook. The finding from the previous audit is now closed.</p> <p>Meal plans reviewed were seasonally influenced and included a range of meals and snacks available reflecting resident preferences. Residents interviewed reported they could ask for anything they desired, and it was generally catered for. Culturally specific food was available routinely and on request or for special occasions. Examples of culturally specific food were discussed with kitchen staff and confirmed culturally specific food is available and had been provided the day before the audit. Residents confirmed they had enjoyed the food which had also been offered on previous occasions. The food/snacks/fluids provided during the audit appeared well presented and were of sufficient size and variety to promote choice and meet a range of preferences. Residents and family/whānau interviewed expressed a high level of satisfaction with the meals, snacks and drinks provided.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> | FA | <p>There was a system and process in place to guide staff in relation to transfer and/or discharge which meets the services policy requirements. Information is provided to the receiving service via an established public hospital system (yellow envelope). Documentation is maintained for residents entering secondary services for treatment and updated upon their</p> |

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| <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>return.</p> <p>Discharges and transfers were planned and managed between services in a safe and coordinated way with documentation reviewed and confirmed in interview with the RN. The resident and family/whānau/ EPOA were part of the process and informed around options and plans to maintain safe care provision including medical emergencies. Residents' family/whānau interviewed confirmed they were kept well informed.</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 was a Building warrant of fitness in place, current until 11 November 2024.</p> <p>The director/manager is responsible for the maintenance programme. The service has an annual test and tag programme, and this is up to date, with checking and calibrating of clinical equipment annually. Hot water temperatures were assessed three monthly in areas accessed by residents and there was a process in place to respond to any changes/variances. There were quiet spaces that could accommodate family/ whānau and provide privacy to all visitors and residents if needed.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | FA | <p>The RN leads the infection prevention (IP) programme 2023 – 2024 and delivers the onsite education. The director/manager supports the RN to deliver and review the programme. Expertise can be sought from regional experts when needed. Minutes of quality meetings confirmed IP data and information was included. Any staff requirements or issues related to infections are addressed through regular updates, handovers and through regular monthly staff meetings.</p> <p>Staff had received IP education and were informed of IP policy requirements at orientation and through the annual education/training programme. Staff supported residents with IP practice when required to ensure infections related to cross contamination were minimised. Hand hygiene competencies were completed and up to date and IP information</p> |

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| | | was available throughout the facility, for example posters were displayed throughout the facility. |
| <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> | FA | <p>Surveillance of health care-associated infections (HAIs) was appropriate for the size and complexity of the service and in keeping with priorities defined in the infection prevention surveillance programme. Ethnicity data was included.</p> <p>The internal audit system includes monitoring of IP processes. Areas requiring improvement identified through the system, resulted in corrective actions being implemented by either the RN or director/manager. This was confirmed in interview and records that had actions signed as completed.</p> <p>Staff were informed of infection rates and regular audit outcomes at staff meetings, as verified by meeting minutes which were also displayed on notice boards.</p> <p>Handovers provided staff opportunity to discuss any new infections and then implement actions required across each duty.</p> <p>The most recent infection in June 2024 was related to COVID-19. Policy and processes for an outbreak had been followed. Staff interviewed confirmed there had been regular communication to guide practice. The director/manager and the RN provided oversight of the outbreak practice.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | FA | <p>Interview with the director/manager and RN confirmed the aims of the restraint policy aims were to eliminate and maintain a no restraint environment. Staff confirmed they understood the policy and worked in ways that avoided the use of restraint. Orientation and the annual training programme included restraint education. New staff confirmed they had been involved in discussions and training regarding the no restraint environment and how to achieve this.</p> <p>The director/manager was the restraint coordinator and maintained the restraint register. There were no residents using a restraint on the day of the audit. One resident was using a bedrail at night and their consent was documented and sighted. The resident independently decided when to use the bedrails and self-managed the process. Regular monitoring of the</p> |

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| | | <p>bedrail when in use was documented and this was verified onsite. De-escalation and managing challenging behaviour training was offered annually. Staff training records showed information was provided at orientation and ongoing training was attended by staff.</p> |
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Specific results for criterion where corrective actions are required

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

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

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

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Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.