

# Remuera Gardens Partnership - Kensington House

## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Remuera Gardens Partnership		
<b>Premises audited:</b>	Kensington House		
<b>Services audited:</b>	Rest home care (excluding dementia care)		
<b>Dates of audit:</b>	Start date: 2 July 2024	End date: 2 July 2024	
<b>Proposed changes to current services (if any):</b> None			
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b> 5			

# 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

Kensington House – Remuera Gardens Partnership is part of the Real Living Group. The facility has undergone an extensive rebuild and can currently provide care for up to eight rest home or hospital level care residents in the Pittar wing. A second wing, which is estimated to be completed by the end of 2024, will accommodate another eight care suites, plus an extra room which will be designated for respite care. Construction was underway during this audit.

The five rest home residents on site had moved into their care suites the week before.

This unannounced surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's agreement with Health New Zealand – Te Whatu Ora. The audit process included observations, review of documents including staff and resident files, interviews with four of the five residents, two family members, the clinical manager, village manager and the group clinical manager, another registered nurse, care staff and auxiliary staff, and the service general practitioner (GP) by telephone. A walkthrough of the new care suites was included.

There were no areas requiring improvement identified as a result of 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 service works collaboratively to support and encourage a Māori world view of health in service delivery. There were no Māori residents, but policy and processes are in place which promote equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Similarly, there were no Pacific residents, but Pasifika staff said services would be provided in ways that were culturally safe and recognised Pacific worldviews.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

There had been no complaints received since the previous certification audit in 2022. Processes were in place to resolve complaints promptly, equitably and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents/patients. Staff have the skills, attitudes, qualifications and experience to meet the needs of patients/residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented

## Ngā huarahi ki te ora | 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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The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Medicines are safely managed and administered by staff who were competent to do so.

The food service meets the nutritional and cultural needs of the residents. Food was safely managed and supported by an approved food control plan.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility, plant and equipment meet the needs of residents/patients and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

## 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.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate.

## 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.

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

## Summary of attainment

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

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

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



# Attainment against the Ngā paerewa Health and disability services standard

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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>The provider has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with iwi and Māori organisations to support service integration, planning, equity approaches, and support for Māori. There were no Māori residents at the time of audit, but staff from other cultures said they that they had knowledge and understanding of tikanga Māori and knew how to access support and resources to support residents who identified as Māori if required.</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>Kensington House has policies, processes and Pasifika staff who can provide services in ways that are underpinned by Pacific worldviews. There were no residents who identified as Pasifika, but other residents interviewed felt their worldview, and cultural and spiritual beliefs were embraced.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff have received education on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and ongoing annual training, as verified in staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code pamphlets in English and te reo Māori are provided to residents and whānau on admission. Residents and whānau confirmed being made aware of their rights during the admission process and through explanation provided by staff on admission. Residents and whānau confirmed that services were provided in a manner that complies with their rights</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Residents and whānau stated that they have not witnessed or suspected abuse and neglect, and that staff maintain professional boundaries. The staff orientation process includes education related to professional boundaries, code of conduct, discrimination, and abuse and neglect.</p> <p>Staff have received education on abuse and neglect. Residents reported that they were free to express any concerns either in residents' meetings or individually to the management team when required, and these were responded to promptly.</p> <p>Residents' property was labelled, and photos of their valuables were taken on admission. Residents are responsible for managing their own finances, or they have support from their family as 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,</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code. Signed consent forms and admission agreements were available in residents' electronic files.</p>

<p>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>		
<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>A fair, transparent, responsive and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code and these standards. Residents and their whānau understood their right to make a complaint and knew how to do so.</p> <p>The complaint register showed no complaints had been received from residents, whānau or other parties such as the funder or the office of the Health and Disability Commissioner (HDC) since the last certification audit in 2022.</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>The governing body of Remuera Garden Partnership is The Real Living Group Limited, who have been operating under this entity since 2014. The group owns four large retirement villages, two of which have care facilities on site. The board meets regularly to receive operating reports and ensure that legislative, contractual and regulatory requirements related to residential aged care and retirement villages are met. A legal team monitors changes and implements processes to meet legislative and clinical requirements.</p> <p>The group business plan 2023 – 2025 is focused on changing to the occupational rights agreement (ORA) model of care for older people, which will offer Kensington House residents' continuity of care from rest home, through hospital level of care. Business objectives and values are documented, monitored and reviewed at set times.</p> <p>The board demonstrated commitment to the quality and risk system by authorising expenditure for resources/quality and risk programme/health and safety and receiving monthly reports from the leadership team. These reports contain statistical and narrative reporting of clinical incidents, staff incidents, infection control, restraint, outbreaks, the currency of interRAI</p>

		<p>assessments and care plans, multidisciplinary reviews and any other operational matters.</p> <p>Kensington House is undergoing a major building reconstruction which has decommissioned 32 rest home beds and is creating 17 dual purpose care suites, one of which will be a dedicated respite room. Priority for respite care will be for existing village residents.</p> <p>The village manager (VM), the group clinical manager (GCM) and the clinical manager (CM) were present at the audit. Each of these senior managers confirmed knowledge of the sector, regulatory and reporting requirements and maintained currency within the aged residential care sector. The CM is well supported by the VM and the GCM. Input from residents and family members is encouraged. The CM and the GCM are experienced registered nurses who work full time. The GCM reports directly to the CEO and board. A clinical governance structure which involves internal and external expertise is appropriate to the size and complexity of the service provided.</p> <p>The service currently holds contracts with Health New Zealand – Te Whatu Ora for rest home and hospital level care ( dual Purpose) . There five rest home residents on site at the time of audit. Management understand that having an RN on site 24 hours a day, seven days a week is a requirement for hospital level care residents and recruitment and appointment is underway. The GCM said they would most likely use RNs from their other service initially when a hospital resident was admitted.</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</p>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, internal audit activities and monitoring of outcomes, six-monthly resident satisfaction surveys, review of policies and procedures, and analysis of staff and resident incidents including infections, falls, skin tears, bruises, wounds/pressure injuries, medicine errors and transfers to public hospital. Incidents/clinical indicators are being benchmarked with similar aged care services nationwide. The CM and GCM attend regular meetings with other local aged care providers to share quality improvement ideas and outcomes. The most recent satisfaction survey of residents in May 2024 revealed a high level of satisfaction with no concerns expressed.</p>

<p>health care and support workers.</p>		<p>Where service monitoring, incident or feedback identify shortfalls, relevant corrective actions are developed and implemented to address these. Progress against quality outcomes is evaluated monthly in the reports submitted to the board. Kensington House is continuing to measure and monitor achievement of targets related to prevention of falls, reduction of urinary tract infections and early identification and resolution of wounds.</p> <p>Policies and processes that covered all necessary aspects of service delivery and of contractual requirements were current.</p> <p>The CM and GCM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Adverse events are aggregated monthly and corrective actions (at facility and organisational level) are implemented where required. The service processes adhere to the requirements of the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The CM and GCM understood essential notification reporting requirements. There have been no events that require reporting under Section 31 or to the Health, Quality and Safety Commission/Te Tāhū Hauora, or the funder, 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 through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mix to provide culturally and clinically safe care 24 hours a day, seven days a week (24/7). There has been no change to the number of staff employed since the partial provisional audit in May 2024. For the five residents currently on site, there is a full-time employed clinical manager and one other registered nurse, 12 care givers, a casual administrator, three cleaners, and a part time diversional therapist. Additional registered nurses will be employed to cover 24/7 as and when hospital level care residents are admitted. RNs are also available from the other Real Living site if required. Both the CM and the RN are maintaining competencies with interRAI.</p> <p>Laundry services have been outsourced and food services have continued to be provided from the onsite kitchen at the retirement village.</p>

		<p>The CM can adjust staffing levels to meet the changing needs of residents as more care suites are completed and more people are admitted. All staff members have a current first aid certificate, and there is planned 24-hour registered nurse coverage.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>The management team are committed to ensuring education is provided to staff. Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. All 12 employed caregivers are trained in New Zealand Qualification Authority (NZQA) education courses, to meet the agreement requirements. Eleven have attained Level 4 and one is progressing Level 3, as confirmed by review of staff records and interviews. A number of the care givers are internationally qualified nurses who are working toward NZ nursing registration.</p> <p>The annual staff training plan was reviewed and includes mandatory training requirements. A lot of staff training has occurred during reconstruction of the buildings and with low resident numbers. Training on Te Tiriti o Waitangi and health equity has been provided to all staff. Advice with Māori health issues or practices is available within the organisation and/or from other aged care providers.</p> <p>Additional training for the new care suites has included ceiling hoist training on the 25 May 2024, and fire safety training on 30 June 2024. The RN has completed code of conduct and professional boundaries and syringe driver training. All care staff have completed medication competencies, which includes two care givers being authorised as second checkers for controlled drugs. Staff said they felt well supported with development opportunities.</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</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The CM explained the employment processes used by the organisation and reported that the policies and procedures are monitored and reviewed by the organisation's</p>

<p>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>contracted quality consultant. The sample of five staff records confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration.</p> <p>All employed and contracted health professionals' annual practising certificates (APCs) were sighted. All were current and up to date. All orientation records were documented when completed for each individual staff member. Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in their personnel records. New staff performance reviews occur three months after employment and annually thereafter. Staff are provided with the opportunity to be involved in a debrief and discussion following any incidents. Support is always available to maintain staff wellbeing.</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>	FA	<p>The registered nurses (RNs) complete admission assessments, care plans and evaluation of care plans in a timely manner. The admission assessments and care plans sampled were developed in consultation with the residents and whānau where appropriate. Appropriate cultural safety training has been completed by the RNs. Residents' lived experiences, oral health, cultural needs, values, and beliefs are assessed.</p> <p>There were no residents who identified as Māori at the time of the audit. The need for Māori healing methodologies, such as karakia, mirimiri and rongoā is assessed for residents who identify as Māori when required. The care planning process supports residents who identify as Māori and whānau to identify their pae ora outcomes in their care.</p> <p>The care plans included identified residents' strengths, goals and aspirations aligned with their values and beliefs. Strategies to maintain and promote residents' independence, wellbeing, and, where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented. Behaviour assessments and management plans that included identified triggers were completed for any identified behaviours of concern. Whānau goals and aspirations identified were documented in the care plans, where applicable. Residents and whānau stated that staff were very supportive, and they maintain a good balance enhancing independence and providing the support required.</p> <p>Medical assessments were completed by the general practitioners (GPs)</p>

		<p>within two to five working days of an admission. Routine medical reviews were completed three-monthly. More frequent reviews were completed as determined by the resident's condition, where required. Changes in residents' health were escalated to the GPs. Referrals were sent to relevant specialist services as indicated. The GP expressed satisfaction with the care provided to residents.</p> <p>The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions. Short-term care plans were reviewed weekly or earlier if clinically indicated and closed off when acute conditions resolved. The evaluations included the residents' degree of progress towards achievement of the agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. Residents and whānau confirmed being involved in evaluating progress and any resulting changes.</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 implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is utilised. A caregiver was observed administering medicine in an appropriate manner. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicine were competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicine allergies and sensitivities were documented on the electronic chart where applicable. Standing orders were not used. The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the RNs when regular medicine packs were received from the pharmacy and when a</p>



		<p>resident was transferred back to the service. All medicine in the medication cupboard and trolley were within current use-by dates. Registered pharmacist input was provided on request. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug registers provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Appropriate processes were in place to ensure self-medication administration was managed in a safe manner and staff understood the requirements.</p> <p>Regular medication audits were completed with corrective action plans implemented, as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and whānau. The diet profiles identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A nutritional requirement form is shared with the kitchen staff and any requirements are accommodated in daily meal plans.</p> <p>The menu follows summer and winter patterns in a six-weekly cycle and was reviewed by a qualified dietitian on 11 November 2023. The service operates with a current food control plan that expires on 19 May 2025.</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</p>	FA	<p>A documented transfer and discharge policy is in place to guide staff practice. Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau or legal representative. Residents' current needs and risk management strategies are documented, where applicable. Residents' whānau reported being kept well informed during the transfer of their relative.</p>

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>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>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This includes a current building warrant of fitness (expiry 22 July 2024) plus a Certificate of Public Use (CPU) approved on 15 May 2024. Checking and testing of electrical and bio-medical equipment is planned to be conducted at regular intervals by external agencies. This includes the electric beds, ceiling hoists, thermometers, sphygmomanometers and weigh scales, although all equipment is new and under warranty.</p> <p>Residents and whānau were very happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The building is new, and appropriate systems are in place to ensure the residents' environment and facilities, both internally and externally, are safe and that they meet the building code and other legislative requirements. The care suites are fit for purpose and easily accommodate hospital level care residents.</p> <p>The environment is comfortable and accessible to promote independence and safe mobility for residents. Personalised equipment is available for residents with disabilities to meet their needs, as appropriate. Residents have personalised their own environments with pictures, furniture and ornaments.</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</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with the support of the clinical manager. The IP programme has been developed by those with IP expertise and approved by the governance body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the IPCC and review of the programme documentation. The IP programme was last reviewed on 16 May 2024.</p>

<p>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>Staff have received relevant education in IP at orientation and through ongoing annual education sessions. Education with residents was on an individual basis when an infection was identified, and through group education in residents' meetings.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Surveillance methods, tools, documentation, and analysis are described and documented using standardised surveillance definitions. Infection data is collected, monitored, and reviewed monthly. The data is collated, trends analysed, and action plans are implemented. Surveillance records included ethnicity data.</p> <p>Infection prevention audits were completed six-monthly. Relevant corrective actions were implemented where required. Results of the surveillance programme are shared with staff and reported back to the governance body regularly.</p> <p>Residents were advised of identified infections in a culturally safe manner. This was verified in interviews with residents and whānau. There were no infection outbreaks reported since the previous audit.</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>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this, supported by a member of the executive leadership at operational level. At the time of audit there was no restraint used, and this has been the case for more than three years. Any use of restraint is reported to the governing body.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternatives and culturally specific interventions.</p>

# Specific results for criterion where corrective actions are required

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

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

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

No data to display
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# Specific results for criterion where a continuous improvement has been recorded

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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.