

Y&P NZ Limited - Deverton House 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity:	Y&P NZ Limited
Premises audited:	Deverton House Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 8 July 2024 End date: 8 July 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:	21

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Deverton House Rest Home (Deverton House) provides rest home level care for up to 23 residents. The service is operated by two owner/directors and is one of four aged residential care facilities owned and operated by the same operator. The rest home is a unique facility and provides services to residents that are all of Chinese ethnicity, and who speak limited or no English. Deverton House is managed by a facility manager, who was unavailable at the time of the audit. In their absence, the assistant manager is the acting facility manager and is supported by two registered nurses who oversee all clinical services. Residents, families and the nurse practitioner spoke positively about the care provided.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's agreement with Health New Zealand – Te Whatu Ora Waitematā (Te Whatu Ora Waitematā). The surveillance audit process included review of policies and procedures, review of residents' and staff records, observations, and interviews with residents, family members, a nurse practitioner and staff. An interpreter was used to conduct interviews and to check written material which was documented in Chinese.

There were no areas requiring improvement from the previous audit. This audit did not identify any areas requiring improvement.

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 are fully attained.

The provider maintains a socially inclusive and person-centred service. Cultural and spiritual needs are identified on admission and considered in daily service delivery.

There are policies that align with Te Tiriti of Waitangi and the principles of mana motuhake (self-determination). Appropriate cultural supports would be obtained for residents who identify as Māori or Pasifika.

Staff understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). The Code is displayed in English, te reo Māori and Chinese.

The service has a policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. Residents' property and finances are respected, and professional boundaries are maintained. The code of conduct guides staff to ensure the environment is safe and free from institutional and/or systemic racism. Informed consent for specific procedures is gained appropriately.

A complaints register is maintained, with complaints resolved promptly and effectively. One Health and Disability Commissioner complaint was received just prior to the last audit, and this has been effectively addressed and signed off in the register.

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 are fully attained.
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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 residents.

Planning ensures the vision, values, direction, scope and objectives 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 any 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. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications are validated prior to employment and annually. Staff felt well supported through the orientation 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 are fully attained.
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Residents are assessed before entry to the service to confirm the level of care required. Registered nurses (RNs) are responsible for assessing, developing and evaluating care plans. Care plans are individualised and based on the resident's assessed needs and routines. Interventions are appropriate and evaluated promptly.

There is a medicine management system in place. The nurse practitioner (NP) reviews all medications every three months, and staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements were met.

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

Te aro ki te tangata me te taiao haumarua | 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 are fully attained.
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The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment and equipment requiring calibration checks are 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 are fully attained.
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The service ensures the safety of the residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The registered nurses coordinate the programme.

Staff orientation and ongoing education are maintained. Sufficient infection prevention resources, including personal protective equipment (PPE), were available and readily accessible to support the plan if activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. The COVID-19 infection outbreak in April 2024 was managed according to Ministry of Health (MoH) guidelines.

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

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	19	0	0	0	0	0
Criteria	0	55	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Deverton House Rest Home has developed policies and procedures to embed and enact Te Tiriti o Waitangi. For Māori residents, if admitted to this rest home, mana motuhake would be respected and support would be provided. There were no residents or staff who identified as Māori.</p> <p>Currently the facility provides a unique service for people of Asian descent.</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>There were no staff or residents who identified as Pasifika. The service does have policies and procedures in place to provide services that are underpinned by Pacific worldviews. Cultural and spiritual beliefs are respected and embraced for the current residents who reside at this facility.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code in Chinese, English, Māori and Pacific languages and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were</p> <p>prominently displayed in the reception area. All staff interviewed at the service understood the requirements of the Code. An interpreter was available (formally arranged through the contracted service provider) to support the residents' interviews on audit day. A group interview was conducted with seven residents. Through interpreter services and whānau, residents confirmed being made aware of their rights and advocacy services during the admission process and the 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>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect is provided to staff annually. Residents and whānau reported that their property and finances were respected, and professional boundaries were maintained.</p> <p>The assistant manager reported that the code of conduct guides staff to ensure the environment is safe and free from institutional or systemic racism. Residents and whānau members stated that they were free from any discrimination, harassment, physical or sexual abuse or neglect, and were safe. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</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</p>	FA	<p>In response to a complaint received September 2023 this subsection is being completed. Deverton House does have access to interpreter services should this be required. An interpreter was present for this audit. Residents,</p>

<p>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 them about their choices.</p>		<p>family and those with ensuring power of attorney (EPOA) are given the opportunity to discuss any concerns they may have to make informed decisions either on admission or whenever required. The nurse practitioner, acting facility manager and the owner/director interviewed understood the principals of effective and open communication. This is described in policies and procedures that meet the requirements of the Code.</p> <p>Residents and family expressed satisfaction with communication and response to requests. An independent interpreter was present during all resident and family interviews. Appropriate written information was available in the languages appropriate to the residents and family.</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 to exercise independence, choice, and control.</p>	FA	<p>The sampled residents' records evidenced signed admission agreements. Informed consent for specific procedures had been gained appropriately. Resuscitation and care plans were signed by residents who were competent and able to consent, and the nurse practitioner (NP) made a medical decision for residents who were unable to provide consent.</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</p>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. The residents interviewed with the support of an interpreter understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of any findings following investigations. Two verbal complaints were</p>

<p>equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>addressed and signed and dated by the manager as being closed out. A Health and Disability Commission complaint (HDC) had been received on 5 August 2021. An advocacy process commenced on 27 August 2021. There were four follow-up emails. A provisional decision was received on 23 August 2023 with some recommendations provided. A review of the responses to the recommendations was undertaken on 24 January 2024 and the complaint officially closed out on 26 February 2024. The recommendations provided were followed through in subsection 1.6, subsection 2.2 and 2.3 and subsection 3.2. No other complaints have been received from external agencies since the previous audit. The service assures the process in place works equitably for Māori if needed.</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>	<p>FA</p>	<p>The owner/directors assume accountability for delivering a high-quality service to users of the service and their family. Compliance with legislative, contractual and regulatory requirements is overseen by the two owner/directors. Both were present for the audit. The service is managed by a manager who has been in the role for approximately eight years (the manager was not available at the time of the audit). The assistant manager covers in the manager's absence. The assistant manager has worked in senior roles since 2015 in the aged residential care sector in administration and has competed Level 5 NZQA health care and leadership training and Te Tiriti o Waitangi and other relevant training.</p> <p>The mission statement/philosophy, values, direction and objectives are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying any barriers to access and improving outcomes was evident in the business plan 2024 reviewed on 10 January 2024. The service is identified as being a unique aged residential care service for Asian people. A commitment to the quality and risk management system was evident. The owner interviewed felt well informed of the progress and any risks identified. This was confirmed in the reports provided to the owners and at the staff meetings.</p> <p>Two registered nurses cover this service 20 hours a week and currently report to the assistant manager. The clinical governance is appropriate to the size and complexity of this service, with reporting and monitoring of resident safety and clinical cares.</p>

		<p>The service holds contracts with Te Whatu Ora Waitematā for aged residential care rest home level care and respite. The service has a total of 23 beds and 21 beds were occupied on the day of the audit. Twenty-one (21) residents were receiving rest home level care, no residents were receiving respite care.</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>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of complaints, incidents, audit activities, an annual satisfaction survey, monitoring of any outcomes, policies and procedures (this is managed by a contracted quality consultant), and clinical incidents including infection preventions. Relevant corrective actions reviewed are developed and implemented to address any shortfalls after the audits are completed. The family/resident survey in May 2024 provided positive comments about service delivery. Policies reviewed covered all necessary aspects of service delivery and of contractual requirements and were current at the time of the audit. This included documents related to pressure injury prevention and management and wound care management.</p> <p>The assistant manager 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>Staff document adverse events and any near-miss events in line with the National Adverse Events Reporting Policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. The assistant manager interviewed understood essential notification reporting. No Section 31 notifications had been completed since the previous audit. On the day of the onsite audit, the assistant manager completed a Section 31 notification to HealthCERT to advise that the manager role will be covered by the assistant manager for approximately two months in the absence of the manager.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours</p>

<p>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>a day, seven days a week (124/7). The facility adjusts staffing levels to meet the changing needs of residents/patients. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and families supported this, and feedback was sought with the interpreter contracted for this audit. At least one staff member on duty has a current first aid certificate. All staff have completed first aid training and certificates were sighted in the staff personal records reviewed. The residents are taken to a podiatrist six-weekly. A physiotherapist can be contracted as needed. A dietitian is available for this service, and this ensures a multidisciplinary approach to service delivery occurs.</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. The nurse practitioner is contracted to provide medical services and was interviewed by telephone.</p> <p>The two registered nurses are both interRAI competent. The seven care staff employed, have completed a New Zealand Qualification Authority education programme. All have attained Level 4. This meets the requirements of the provider's agreement with Te Whatu Ora Waitematā. In-service education is also provided by the registered staff and the manager as applicable, and records are maintained for all staff. The in-service education programme included pressure injuries (June 2023 and November 2023) and skin care and wound management in (August 2023) and records were sighted. Staff interviewed understood the organisations policies and required processes.</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</p>	FA	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies and procedures are being consistently implemented, including evidence of qualifications and registrations. All annual practising certificates for all health professionals employed and contracted were validated.</p> <p>Staff interviewed reported that the orientation they received prepared them well for the role, and evidence of this was seen in the records reviewed. Opportunities to discuss and review performance occur three months after employment and annually thereafter, as confirmed in records reviewed.</p>

clinically and culturally safe, respectful, quality care and services.		
<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>A total of five residents' files were reviewed. The local Needs Assessment and Service Coordination (NASC) agency confirmed the levels of care required and these were sighted in all files reviewed. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. The RNs completed cultural assessments in consultation with the residents and whānau/Enduring Power of Attorney (EPOA). All InterRAI assessments reviewed were current, including all in the InterRAI database. Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. Long-term care plans were also developed, and routine six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs. All routine care plan evaluations were completed in a timely manner. Resident, whānau/EPOA, and NP involvement is encouraged in the plan of care.</p> <p>The NP has completed the residents' medical admissions within the required timeframes and conducted medical reviews promptly. Completed medical records were sighted in all files sampled. The NP reported that communication was transparent, medical input was sought in a timely manner, medical orders were followed, and care was resident centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The assistant manager reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the</p>

		<p>condition did not resolve within three weeks. Any change in condition is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau are included and informed of all changes.</p> <p>All care plans were developed in a timely manner, with needs and risk assessments undertaken using recognised risk assessment tools and individual resident care needs identified and changes documented by the RNs and implemented by clinical staff as appropriate. There were six active wounds, mainly skin tears, and no pressure injuries on the audit day. Wound assessments and wound care plans were developed, and these were evaluated. Appropriate dressing products were in stock, and the assistant manager reported that expert advice is sought from the wound care nurse specialists if required. Staff had undergone wound care management, pressure injury, and pressure care training. Communication with the residents, EPOA/whānau, NP and staff was open and transparent about their care planning and daily needs.</p> <p>A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau and residents interviewed confirmed their involvement 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 medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Medications are supplied to the facility from a contracted pharmacy. The NP completes three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Medication competencies were current and completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Medicine fridge and medication</p>

		<p>room temperatures were monitored regularly, and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The caregiver was observed administering medications safely and correctly. The medications were stored safely and securely in the trolley, locked treatment room, and cupboards. No residents self-administered medication on the audit day. A self-medication policy is in place if required, and this was sighted.</p> <p>There were no standing orders in use.</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>The kitchen service complies with current food safety legislation and guidelines. All food and baking were prepared and cooked onsite. An approved food control plan expires on 14 June 2025.</p> <p>Diets are modified as required, and the kitchen staff confirmed awareness of the residents' dietary needs. Residents are given the option of choosing a menu they want. On admission, a nutrition profile is developed that identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required.</p> <p>Whānau and residents interviewed indicated satisfaction with the food service.</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>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan reviewed confirmed that, where required, a referral to other allied health providers was completed to ensure the resident's safety.</p>

Subsection 4.1: The facility	FA	Building plant and equipment are fit for purpose, inclusive of peoples' cultures, and comply with legislation. This includes the building warrant of fitness, and electrical and bio-electrical testing. The building warrant of fitness expires on 27 July 2024. The tag and testing of electrical equipment is due again on 15 August 2024. Calibration of equipment is due to be completed on 27 July 2024.
<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>		<p>Residents and families interviewed were pleased with the environment, including heating and ventilation, natural light, privacy and maintenance.</p>
Subsection 5.2: The infection prevention programme and implementation	FA	<p>The service has a clearly defined and documented infection prevention and control (IPC) programme implemented with input from external IPC services. Management has approved the IPC programme, which is linked to the quality improvement programme. Evidence of the reviewed IPC programme was sighted. The IPC policies were developed by suitably qualified personnel and complied with relevant legislation and accepted best practices. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Residents were educated individually and as a group at residents' meetings. This included reminders about handwashing and advice about remaining in their room if they were unwell, which was confirmed in interviews with residents.</p>
Subsection 5.4: Surveillance of health care-associated infection (HAI)	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated, and action plans are implemented. The health care-associated infections (HAIs)</p>
<p>The people: My health and progress are monitored as part of the surveillance programme.</p>		

<p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>being monitored included infections of the urinary tract, skin, eyes, respiratory tract, and wounds. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. All infection data is reported to the governing body.</p> <p>Infection prevention audits were completed, which included cleaning, laundry, personal protective equipment (PPE), donning and doffing of PPE, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data confirmed minimal numbers of infections, compared with the previous month, and the reason for the increase or decrease and action was advised. Any new infections are discussed during shift handovers for the implementation of early interventions. Benchmarking is completed internally.</p> <p>Since the previous audit, there was a COVID-19 infection outbreak in April 2024. This was managed in accordance with the pandemic plan, and appropriate notification was completed.</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 body demonstrated commitment to this as documented in the restraint elimination policy and by interview. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, these 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.