

Kapsan Enterprises Limited - Chadderton 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 HealthShare 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: Kapsan Enterprises Limited

Premises audited: Chadderton Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 8 August 2024 End date: 8 August 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: 18

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

Kapsan Enterprises Limited, trading as Chadderton Rest Home, provides rest home level care for up to 23 residents. There were 18 residents at the time of the audit. There have been no significant changes to the service since the previous audit, however the facility has been reroofed due to ongoing leaking issues causing some water damage.

This unannounced surveillance audit was conducted against a sub-set of Ngā paerewa Health and disability services standard NZS 8134:2021 and the service's funding agreement with Health New Zealand -Te Whatu Ora. The audit process included samples of residents' and staff files, observations, and interviews with residents, family/whānau, management and staff. The general practitioner was not available for interview.

There was one area requiring improvement (criterion 3.2.3) which was also identified during the last audit. At the time of this audit there was a second resident who required reassessment for hospital level care. The rest home has previously been approved to have one resident requiring hospital level care. Meetings between management and the Health New Zealand -Te Whatu Ora programme manager to discuss reassessment and placement options for this resident were scheduled to occur as soon as possible. Further details regarding this resident are documented in subsection 3.2. The other previously identified area of improvement (criterion 2.3.5) has been addressed.

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.

All staff have received in-service education on the Code of Health and Disability Services Consumers' Rights (the Code). Residents and their whānau are informed of their rights according to the Code. Residents' property is respected. Consent is obtained as part of the admission process and as required. There was no evidence of abuse, neglect, or discrimination. Residents confirmed that staff maintain professional boundaries. The complaints process works equitably for Māori and aligns with consumer rights legislation.

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.

Both managers continue to demonstrate a commitment to Te Tiriti o Waitangi and the provision of equitable services. Organisation performance is monitored. There is a documented and implemented quality and risk management system. The required policies and procedures are accessible and reflect best current practice, legislation and guidelines. Quality activities are implemented. Quality data is collated and analysed. Improvements are made where required. Risks are identified and monitored. Adverse events are reported, documented, investigated and followed up.

Human resource processes are implemented in line with employment legislation. Professional qualifications are validated and all staff are orientated. On-going staff education is provided. There is a sufficient number of staff on duty at all times. Staff performance is monitored.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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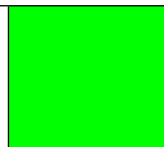
All assessments, care plans and care evaluations were completed in a timely manner in collaboration with residents and whānau where applicable. Care plans are individualised, based on a comprehensive range of information, and accommodate any new problems that might arise. Residents are referred or transferred to other health services as required.

The service uses a pre-packaged medication system and a paper-based medication management system. Medication is administered by staff who are competent to administer medicines. Medication reviews are completed by the general practitioner in a timely manner.

The food service meets the nutritional needs of the residents with special needs and cultural needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

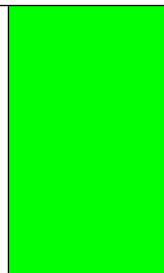


Subsections applicable to this service fully attained.

There is a current building warrant of fitness and an approved evacuation plan. The entire roof requires replacing which was in progress at the time of the audit. Following this, some minor renovations will be needed inside to repair water damage.

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 implemented infection prevention (IP) programme is linked to the quality improvement programme. The clinical nurse manager leads the programme which is reviewed annually.

Specialist infection prevention advice is accessed when needed. Staff understood the principles and practice around infection prevention and control. This is guided by relevant policies and supported through education and training.

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is undertaken as and when required. Infection outbreaks reported since the previous audit were managed effectively.

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 has a no restraint philosophy which is reflected in policies and included in staff education. Staff members received training regarding the management of challenging behaviours.

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	1	0	0
Criteria	0	50	0	0	1	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. 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>Management representatives continue to demonstrate a commitment towards embedding the principles of Te Tiriti o Waitangi into strategic planning and everyday practice. Mana motuhake is recognised and respected as confirmed in interviews with Māori residents. Residents who identified as Māori stated they are supported and encouraged to maintain their cultural values, needs and whānau contacts. These are specifically addressed on the individual Māori health support plans. Related policies and procedures provided detailed content regarding Te Tiriti o Waitangi and equity and are cross referenced to national strategic goals and the principles of Pae Ora -Healthy Futures. The cultural safety policy statement is displayed throughout the facility, as are resources regarding Te Tiriti o Waitangi and equity. Management and some staff members have completed the Ministry of Health on-line training modules regarding Te Tiriti o Waitangi and in-service education has been provided for all staff. The rest home has redeveloped a relationship with the local marae. Members of the marae have visited the rest home and interested residents now visit the marae once per week.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p>	FA	<p>Respect for Pacific people’s views was observed during the audit. There were Pacific residents and staff. A number of Pacific nations were</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>		<p>represented amongst staff and management. National strategy documents and flow-charts were displayed throughout the facility. Policies and procedures reference Ola Manuia: Pacific Health and Wellbeing Action Plan 2020. Individual care plans included specifics regarding cultural needs. Pacific staff were able to provide examples of how they provided culturally safe support to residents, including language and food choices. Staff can speak Pacific language to residents. Staff training has included the Pacific health strategy.</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 of Health and Disability Services Consumers' Rights (the Code) posters in English and te reo Māori were displayed around the facility. Staff have received training on the Code as part of the orientation process as was verified in staff training records and interviews with staff. Staff gave examples of how they incorporate residents' rights in daily practice. Residents were aware of their rights, and they reported 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>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are part of the orientation topics discussed with all new staff. These are documented in the employee handbook. In interview, staff understood professional boundaries and the processes they would follow, should they suspect or witness any form of abuse, neglect or exploitation. Residents stated that they have not witnessed any abuse or neglect, and that they feel safe. There was no evidence of discrimination or abuse observed during the audit. Residents are encouraged to have a petty cash account that is kept safe in the office, and they can access their money as desired. Residents' property is recorded and labelled on admission.</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</p>	FA	<p>Informed consent was obtained as part of the admission documents which the resident or their enduring power of attorney (EPOA) signed on admission. Consent was also obtained for sharing health information, taking</p>

<p>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>		<p>photographs and outings and for specific procedures as required. The required consents were sighted in resident records.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure was accessible, equitable and met consumer rights legislation. Information regarding the complaints process was provided to residents and families/whānau in the admission booklet. Complaints/concerns forms were displayed at the entrance to the facility. Residents confirmed that staff and management were approachable and that they would not hesitate to make a complaint or voice a concern. There was evidence in staff meeting minutes that staff were encouraged to support residents to voice any concerns.</p> <p>The managing director stated that there has been no formal complaints since the last audit, including no complaints to external agencies. Verbal concerns raised in resident meetings were added to a register which included the date, person responsible for follow up, corrective action and close out date. The outcome of concerns raised were discussed at both resident and staff meetings.</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</p>	<p>FA</p>	<p>The directors have owned and managed the rest home service since 2004. Policies and procedures defined governance and management responsibilities including maintaining compliance with legislation, guidelines, contractual requirements and conventions. The organisation was a current member of the NZ Aged Care Association and is in frequent contact with</p>

<p>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>their Health New Zealand -Te Whatu Ora programme manager. The quality/business/risk plan is reviewed and updated in an ongoing manner and outlines the purpose, values, scope, and direction of the organisation. The managing director is responsible for maintaining and implementing the quality and risk management system.</p> <p>The managing director demonstrated a commitment to Te Tiriti o Waitangi and the provision of equitable services. This had included self-directed learning through a range of national educational resources which were current and based on Pae Ora Health Futures and Te Tiriti O Waitangi. A relationship with the local marae has been redeveloped (refer subsection 1.1).</p> <p>The clinical nurse manager provides clinical governance for the organisation. The clinical nurse manager is a current registered nurse who maintains a nursing portfolio and attends regular education related to care of the older person.</p> <p>The service held contracts with Health New Zealand -Te Whatu Ora for rest home level care. On the day of audit, 18 of the maximum 23 beds were occupied. There were four residents under 65 years old. One of whom was under an ACC contract and one resident with mental health funding. There was also one resident who had been approved as requiring hospital level care. This was approved by the Ministry of Health and the required quarterly reports were provided. At the time of the audit there was also another resident who had recently deteriorated and required reassessment. The managing director had scheduled a meeting with the programme manager regarding this resident. Correspondence between the managing director and the programme manager to confirm discussions was sighted.</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</p>	<p>FA</p>	<p>There was a documented quality and risk management system with policies and procedures that guide best practice. Procedures covered all necessary aspects of the service and legal, contractual requirements. Policies were purchased from an external consultant and amended to suit the rest home where required. There was a risk management programme. The managing director stated that the biggest risk to the organisation was currently the increased cost of living and much needed facility maintenance/renovations.</p>

<p>focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>Strategies were in place to minimise the impact of risks, with risk being discussed at every management meeting. There was a financial management system with accounts audited by a chartered accountant annually. The required insurances were in place including liability, buildings, plant and equipment. Risk management also included the health and safety programme. Health and safety audits occurred regularly and a hazard register was maintained. Review of staff meeting minutes confirmed that health and safety, hazards and management of any other risks is discussed at every meeting. The required quarterly performance monitoring reports were forwarded to the Health New Zealand -Te Whatu Ora programme manager.</p> <p>Service delivery and organisational performance was monitored by internal audits and resident and family/whānau feedback. An internal audit schedule is developed annually, with flexibility to make changes in the schedule based on risk. Internal audits sampled confirmed corrective actions and closure when the improvement has been made. There was a separate folder for documenting corrective actions. This was used to monitor progress and closure following complaints, meetings, audits and incidents. Results of audits and monthly analysis of complaints, adverse events and infections were collated, with comparisons made, and discussed at staff meetings. Meeting minutes sampled confirmed ongoing review and analysis of all quality related data.</p> <p>The managing director was aware of the National Adverse Event policy and the severity assessment code (SAC) ratings, with no events requiring notification to external authorities since the last audit. Staff documented adverse events on accident/incident forms. Adverse event forms sampled were consistent in clearly describing and detailing the incident and recording who had been notified. The managing director and clinical nurse manager reviewed all adverse events and investigated where necessary. Each incident form sampled included a management comment or preventative action for closure or follow-up. All events were categorised and collated, with comparisons made from the previous month and year. Adverse events were discussed at staff meetings.</p>
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<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 are now 12 employees (including the clinical nurse manager). Staffing included health care assistants, the activities coordinator, one cook and two staff members who was responsible for cleaning and laundry and providing some assistance during busy times such as serving meals. Staffing reflected diverse ethnicities including Pasifika, Indian and Filipino. There are three part time staff who covered the weekends, two of whom are current nursing students.</p> <p>The managing director and clinical manager prepared and approved the roster. There is a documented and implemented process for determining staffing levels and skill mix to provide safe service delivery, 24 hours a day, seven days a week. The roster confirmed that there was currently adequate staff cover, with staff replaced in any unplanned absence. There were two health care assistants on every morning and afternoon with one staff member during the night. Monday to Friday day staff also included the cook, domestic staff, management representatives, an activities person and the clinical nurse manager from 9am to 1pm. Staff reported they complete transfers from chair to bed, and bed to chair, for the one approved hospital resident (and the other one waiting for reassessment) during times when there are a sufficient number of staff on duty.</p> <p>The managing director stated that it was preferable that health care assistants had a qualification in health and wellbeing, but this was not mandatory. Four of the health care assistants currently had level three and the activities person has a diversional therapist qualification. All staff had a current first aid certificate and a medication administration competency (with the exception of the domestic staff).</p> <p>Continuing education was planned on an annual basis and occurred each month. There is a documented annual training plan which included the requirements of the funder. Annual training also included Te Tiriti o Waitangi, personal care topics, consumer rights, quality and risk, health and safety, emergency management, challenging behaviour, manual handling and infection prevention. There was a system for identifying and monitoring which staff had attended the required training and who was yet to complete it. There was evidence that additional one-off training was being provided where a gap in knowledge had been identified. The clinical nurse manager was trained to complete interRAI assessments and maintained competency. Records sampled confirmed good staff attendance at training. There were a number of educational resources displayed throughout the facility for</p>
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		<p>residents, families/whānau and visitors. The previously identified area requiring improvement regarding mental health and addictions education for staff (criteria 2.3.2) was closed by the Health New Zealand-Te Whatu Ora programme manager. The rest home currently has only one resident in this category who is well managed and monitored by the Health New Zealand-Te Whatu Ora community mental health team.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>The recruitment process included validation of qualifications and practising certificates (APCs) where required. Staff records sampled confirmed the organisation's human resource policies were being consistently implemented with current and accurate records maintained. The managing director routinely reviewed personnel records to ensure compliance with policy and employment legislation. All staff records included an employment agreement and position description which outlined roles, responsibilities and reporting lines.</p> <p>Staff orientation included the essential components of service delivery. Staff records sampled included evidence of completed orientation and a performance review after a three-month period and then annually. Staff confirmed their involvement in the performance review process and stated they were included in any debrief and corrective action following adverse events.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The clinical nurse manager completes nursing admission assessments, care plans and care evaluations. Initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and their whānau where appropriate. The service uses a range of assessment tools, for example tools that include consideration of residents' lived experiences, oral health, falls risk, continence, cultural needs, values, and beliefs. An assessment plan for Māori residents considers use of traditional healing practitioners, rākau rongoā, mirimiri, and karakia. Staff understood the process to support residents and whānau.</p> <p>InterRAI assessments and long-term care plans were completed within three weeks of an admission. A range of clinical assessment outcomes, including</p>

		<p>interRAI, referral information and observation served as a basis for care planning. Residents, whānau or EPOA were involved in the assessment and care planning processes with resident's consent.</p> <p>The care plans identified residents' strengths, goals and aspirations and aligned with their values and beliefs. Early warning signs and risks that may affect a resident's wellbeing were documented. Challenging behaviour plans were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care.</p> <p>Medical assessments and medical reviews were completed by the general practitioner (GP) in a timely manner. Frequency of reviews is determined by the resident's condition. Service integration with other health providers including medical and allied health professionals was evident in records sampled. Changes in residents' health were escalated to the GP in a timely manner. Records of referrals made to relevant specialist services as indicated were evident in the residents' files. The GP was not available for interview.</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. The evaluations included the residents' degree of progress towards the agreed goals and aspirations as well as whānau goals and aspirations. Changes were made to the care plans in collaboration with residents where progress was different from expected. Residents' care was evaluated on each shift in the progress notes by the care staff.</p> <p>A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents confirmed their involvement in evaluation of progress, and they expressed satisfaction with the care provided. Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations.</p> <p>The previously identified area requiring current needs assessments (criteria 3.2.5) remains, with the rest home needing to make the required referral to the needs assessment agency for a resident who has recently deteriorated.</p>
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<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 complies with relevant legislation and guidelines. Medicines were safely administered using a paper-based system. A health care assistant was observed administering lunchtime medicine. They demonstrated good knowledge and had a clear understanding of their role, and responsibilities related to each stage of medicine management. All staff who administer medicines had current medication administration competencies. Medication errors were documented, and investigations completed with corrective actions implemented as required.</p> <p>The medicine was stored safely in a locked medicine trolley. Controlled drugs were stored securely. The controlled drug register provided evidence of weekly and six-monthly stock checks. Medications were supplied to the facility in a pre-packaged format from a contracted pharmacy. All medications sighted were within current use by dates. There were standing orders in place that were reviewed regularly with appropriate guidance. Allergies were documented on the prescription charts where applicable.</p> <p>There were no residents who were self-administering medicine at the time of audit. Appropriate processes were in place to ensure this is managed in a safe manner when 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' diet requirements are assessed on admission in consultation with the residents and whānau. Residents' personal food preferences, food allergies, intolerances, any special diets, cultural preferences, and modified texture requirements are documented. A diet profile is completed and shared with kitchen staff and any special requirements are accommodated in daily meal plans. The menu follows winter and summer patterns.</p> <p>The service operates with an approved food safety plan. The current food control plan expires in March 2025. Food temperatures were monitored appropriately and recorded as part of the plan.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so</p>	FA	<p>The transfer and discharge policy guides staff practice. Transfers and discharges were managed safely in consultation with the resident, their family/whānau and the EPOA where applicable. A transfer form and checklist</p>

<p>they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>are completed to facilitate the sharing of relevant documents for continuity of care. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in sampled records included risk mitigation.</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>The building is leased from a private landlord. The current building warrant of fitness expires in June 2025. The roof had been leaking for some time and is being replaced, however, the leaking has resulted in some interior water damage. Ongoing maintenance to repair the roof and water damage is documented in business/risk plan. The required testing and tagging of electrical equipment is current, as is the maintenance of equipment and calibration of medical devices.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The approved fire evacuation plan was sighted, dated 1993. There had been no structural changes to the building since then. Emergency evacuation drills are completed every six months with the last trial evacuation completed in July 2024.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The implemented infection prevention (IP) programme is clearly documented and was developed with input from external specialist infection prevention and control services. The IP programme was approved by the managing director and the clinical nurse manager and is linked to the quality improvement programme. The IP programme was last reviewed on 25 May 2024.</p> <p>Staff have received education in IP at orientation and through ongoing annual education sessions. Care staff were observed following appropriate infection control practices such as use of hand-sanitisers, effective hand-washing techniques and use of disposable aprons and gloves.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance are applied when required. The infection surveillance policy includes surveillance methods, tools used to collect infection data, assignment of responsibilities and standardised surveillance definitions used. Infection data is collected, monitored, and reviewed monthly. The data is collated for trend analysis, and action plans are implemented. All healthcare-associated infections (HAIs) are monitored by the infection control coordinator and discussed with staff and the managing director regularly in meetings. Surveillance information include ethnicity data.</p> <p>Residents and whānau were advised of identified infections where required in a culturally safe manner. This was verified in interviews with residents. The COVID-19 infection outbreak reported since the previous audit was managed effectively.</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</p>	<p>FA</p>	<p>The rest home has a no restraint philosophy. There had been no episodes of restraint for many years. Residents were able to come and go as they pleased and were not restricted by the secure gate entry. There were policies and procedures regarding restraint minimisation including the management and reporting in the event of an emergency restraint. Policies</p>

<p>ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>also provide details regarding the management of challenging behaviours, which were documented as an adverse event and reported to management. Staff were observed managing challenging behaviours through effective calming and de-escalation techniques. Triggers were documented in care plans, which included early warning signs and techniques to avoid the behaviour escalating. The management of challenging behaviour was included in staff education. Training also included the philosophy and rationale for a no restraint environment. It was reported that in the unlikely event a behaviour escalates and becomes unmanageable, emergency services would be called, and the other residents moved to safety.</p> <p>The restraint programme is reviewed every three months by managing director, the clinical nurse manager and the GP.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This</p>	<p>PA</p> <p>Moderate</p>	<p>The rest home has approval for one resident who requires hospital level care, however there was a second resident who required reassessment from the needs assessment agency (NASC). This resident had deteriorated and now required two staff to complete all transfers. The resident is non-verbal. Care planning was appropriate and safe care was being provided. Staff confirmed they had the required resources to support the resident, however reassessment had not been scheduled at the time of the audit. The provider had a similar area requiring improvement identified at the last audit.</p>	<p>Not all residents had a current needs (NASC) assessment.</p>	<p>Ensure that a current NASC assessment is completed to reflect the resident’s needs.</p> <p>30 days</p>

<p>includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.