# Scovan Healthcare Limited - Taurima 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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Scovan Healthcare Limited

**Premises audited:** Taurima Resthome

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 25 September 2024 End date: 26 September 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:** 27

# 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 haumaru │ 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 |
|  | 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

Taurima Rest Home is privately owned and is located in New Plymouth. There are two directors/owners (one is referred to as the general manager and one is responsible for finances). The service is certified to provide rest home level of care for up to 30 residents. On the day of audit there were 27 residents.

This unannounced surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand Te Whatu Ora - Taranaki. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, the managers, and the nurse practitioner.

The facility nurse manager (registered nurse) provides leadership and operational management and is supported by the clinical nurse manager (registered nurse) who provides clinical oversight for the service.

The service has addressed the two previous shortfalls in relation to wound care and medicine management.

This audit has identified shortfalls related to the business plan, the organisational risk management plan, hazard and risk register, and annual performance appraisals.

## 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. |

Taurima Rest Home provides an environment that supports resident rights and safe care. Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. Staff demonstrate an understanding of resident’s rights and obligations. A Māori health plan is documented for the service. This service supports culturally safe care delivery to all residents. Residents receive services in a manner that considers their dignity, privacy, and independence. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented. A complaints management policy includes information on access to advocacy and complaint support systems.

## Hunga mahi me te hanganga │ Workforce and structure

|  |  |  |
| --- | --- | --- |
| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |

The service has documented quality and risk management systems in place that take a risk-based approach. The management and staff meetings service to involve all in the quality and risk management programme. Key performance indicator data is reported to and discussed at the management meetings.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

|  |  |  |
| --- | --- | --- |
| Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. |  | Subsections applicable to this service fully attained. |

The CNM assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the nurse practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Medication policies reflect legislative requirements and guidelines. The clinical nurse manager, facility nurse manager and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the nurse practitioner.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

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

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

A current warrant of fitness is in place and displayed. The facility is culturally appropriate to the residents who live there.

## 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 infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation.

## 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 restraint coordinator is clinical nurse manager. At the time of the audit there was no restraint in use. Strategies to eliminate restraints and managing distressed behaviour and associated risks are included as part of the mandatory training plan and orientation programme.

## 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 | 15 | 0 | 2 | 1 | 0 | 0 |
| **Criteria** | 0 | 46 | 0 | 2 | 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  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. | FA | The Māori Plan is documented to guide practice and service provided to residents at Taurima Rest Home. At the time of the audit there were residents who identified as Māori with support from staff who also identify as Māori. Interviews with the facility nurse manager (FNM), and the clinical nurse manager (CNM); and staff interviewed (four caregivers and the cook) confirmed the service and organisation is focused on delivering person-centred care which includes operating in ways that are culturally safe.  The service has provided training sessions on cultural safety in 2024. The care staff interviewed described their commitment to supporting tāngata and future Māori residents and their whānau by identifying what is important to them, respecting their individual values and beliefs and enabling self-determination and authority in decision-making. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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. | FA | The Pacific People’s Culture and General ethnicity Awareness Policy is documented and commits to treating residents equitably so as to ensure that their rights are acknowledged and promoted in all aspects of service delivery. The service does not have any residents or staff who identify as Pasifika; however, staff interviewed were knowledgeable around cultural preferences of residents who identify as Pasifika. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers’ Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The CNM and/or FNM discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in Taurima Rest Home in English and te reo Māori. Seven residents and one family/whānau interviewed reported that the service is upholding the residents’ rights. Interactions observed between staff and residents during the audit were respectful. Staff received training around the Code in July 2024. |
| Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse. | FA | Taurima Rest Home policies guide expectations around ensuring that the service is free from any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct/house rules is discussed during the new employee’s induction to the service, with staff interviewed confirming that they have read and understood the document. A review of staff files confirmed that staff and the FNM have signed the document. Police checks are completed as part of the employment process.  The service implements a process to manage residents’ comfort funds. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. |
| Subsection 1.7: I am informed and able to make choices  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. 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. 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. | FA | The resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Specific consent had been signed by resident or activated power of attorneys (EPOA) for procedures such as influenza and Covid-19 vaccines. Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. Residents and the family member interviewed could describe what informed consent was and their rights around choice. All documentation regarding enduring powers of attorney were on file. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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. | FA | The complaints procedure is provided to residents and family/whānau during the resident’s entry to the service. Complaint forms are in a visible location at the entrance to the facility. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) and complaints process is visible, and available.  A complaints register is being maintained by the facility nurse manager. There has been one complaint from Health New Zealand in April 2024. The investigation was signed off as completed with no actions required. There have not been any complaints from residents or family/whānau since the last audit. Residents and family/whānau interviewed stated that the service was excellent, and no one had any recommendations for improvement. A satisfaction survey was last completed in 2023 with no consistent areas for improvement identified.  Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family/whānau meeting. Interviews with the general manager, FNM and CNM confirmed their understanding of the complaints process. The FNM reported the complaints process works equitably for Māori and guidelines are provided in the complaints policy, support is available when required, and there is an understanding that face to face meetings with whānau are preferred in resolving issues for Māori. The FNM identifies as Māori and can support any residents or family/whānau if they require face to face meetings. Staff are informed of complaints (and any subsequent corrective actions) in the monthly staff meeting (minutes sighted). |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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. | PA Low | Taurima Rest Home is certified for 30 residents requiring rest home level of care. On the day of the audit, there were 27 residents requiring rest home level of care and all were under the Age-Related Residential Care contract.  The directors/owners own three aged care facilities. One is the general manager who provides operational support for the service and the other is responsible for financial management. The facility nurse manager documents a monthly report, which includes commentary on all aspects of the quality programme and operations/clinical aspects of the service. This is discussed in the three-monthly meetings which includes a full report against key performance indicators. The business management plan for 2024 was sighted and goals are documented; however, there was no evidence goals are reviewed at regular intervals, and there was no evidence of a review of the 2023 business plan.  The FNM can contact the general manager at any time and stated that they were responsive. The FNM identifies as Māori and brings an equity and focus on improving outcomes for Māori to the meetings. and can support implementation of tikanga in all aspects of the service. The directors were away on leave at the time of audit and not able to be contacted; however, the FNM has access to a consultant who is able to provide support if required.  The general manager is a registered nurse, as are the FNM and CNM. The general manager has a background in brain injury rehabilitation. The facility nurse manager has over 10 years’ experience in aged care nursing; and the CNM has over 25 years’ experience in aged care. The facility and clinical nurse managers each have at least eight hours training relevant to their roles.  Interviews with the FNM and CNM and review of the Māori health plan confirmed the management team are committed to supporting the Ministry of Health’s Whāia Te Ao Mārama Māori health strategies. The managers are able to collaborate with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori and to identify and address barriers for Māori for equitable service delivery.  There is a clinical governance structure in place that is appropriate to the size and complexity of the service provision. This includes oversight of the service by the general manager (RN/director). |
| Subsection 2.2: Quality and risk  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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a 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. | PA Moderate | Taurima Rest Home has a quality and risk management programme. There was reporting of key performance indicators on a monthly basis and evidence of improvements occurring throughout the year. The business risk plan 2024 and quality and risk framework guides quality improvement; however, the business and risk plan has not been reviewed in 2023 and is not in place for 2024. The quality and risk management system includes performance monitoring through internal audits and through the collection of clinical indicator data (including medication errors, falls, falls resulting in fractures, bruising, unintentional weight loss, weight loss, skin tears, infections, and restraint).  There is a management meeting quarterly with the FNM and the directors attending. The FNM provides a written summary report monthly and a full report quarterly that updates the directors on all aspects of the quality and risk management programme. There are monthly staff meetings and monthly resident/family/whānau meetings. Staff meetings include discussion around quality data, health and safety, infection control, complaints received (if any), staffing and education and cultural safety. Internal audits take place as per schedule and data is collated with corrective actions documented and resolved in a timely manner.  Policies are available to all staff and changes to policies are communicated.  A health and safety system is in place. A hazard register is documented with the last review in September 2023; however, the register was not updated with risks identified as occurring during the audit. Health and safety policies are implemented and monitored monthly at the staff meetings. There are regular manual handling training sessions for staff with these last offered in 2023 as part of the training schedule. The internal audit schedule includes health and safety, maintenance, and environmental audits.  All resident’s incidents and accidents are recorded, with data collated and analysed through the electronic system. Ten electronic resident incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Resident and family/whānau interviewed confirmed they are informed, and this was also evident in the resident files reviewed.  Discussions with the CNM and FNM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have not been any Section 31 notification required to be completed since the last audit. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The clinical nurse manager and caregivers hold current first aid certificates. Agency staff are available if required; however, none have been used since the last audit.  Interviews with the clinical nurse manager and caregivers confirmed that overall staffing is adequate to meet the needs of the residents. A review of rosters and interviews with caregivers confirmed that staff were replaced when on leave. The clinical nurse manager and facility nurse manager are available Monday to Friday each week and they alternate on call when not on site. Each relieves for the other if on leave. The CNM and FNM are trained to complete interRAI assessments.  There is an annual education and training schedule being implemented. Staff attended mandatory cultural training with evidence of high staff participation. There are at least monthly training sessions including hoist training; chemical safety; emergency management, including (six-monthly) fire drills; and personal protective equipment (PPE) training. If staff cannot attend a face-to-face training, then the facility or clinical nurse manager follows up with one-to-one training. Staff (registered nurses and medication competent caregivers) completes medication competencies. Competencies also include hand hygiene, restraint, manual handling and infection prevention and control. A record of completion is maintained in each staff members files. The caregivers are encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification (Careerforce). There are five staff with level four NZQA (New Zealand Qualifications Authority) certificate including the diversional therapist; four with level three and one with level two.  Training for the clinical nurse manager has been provided by Health New Zealand in-services and online training. The clinical nurse manager provides oversight of the caregivers. |
| Subsection 2.4: Health care and support workers  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. 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. 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. | PA Low | Five staff files (one CNM, three caregivers and the cook) reviewed evidenced completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.  The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Medication competencies are completed at orientation and annually thereafter. The service demonstrates that the orientation programme supports caregivers to provide a culturally safe environment for Māori. The caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. All staff files reviewed confirmed that staff are expected to have an annual appraisal; however, this was not always evident in the staff files reviewed. |
| Subsection 3.2: My pathway to wellbeing  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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | FA | Five resident files were reviewed. The CNM is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes and all communication is linked to the electronic system.  All residents have admission assessment information collected, and an initial care plan completed within required timeframes. InterRAI assessments, re-assessments, care plan development and reviews have been completed within the required timeframes.  The electronic long-term care plan is holistic and aligns with the organisational model of care. A specific cultural assessment has been implemented for Māori residents. The outcomes from assessments are reflected in care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with the resident or family/whānau form the basis of the long-term care plans.  All residents had been assessed by a nurse practitioner (NP) within five working days of admission. The NP reviews the residents at least three-monthly or earlier if required. The NP interviewed provides after-hours support when needed and commented positively on the care, communication, and the quality of the service provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Older persons mental health specialists and wound care specialist nurse is available as required through Health New Zealand. The physiotherapist is contracted to attend to residents when needed.  The caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. The CNM documents as required for residents. There was evidence the CNM has added to the progress notes when there was an incident or changes in health status or to complete regular CNM reviews of the care provided.  The family/whānau member interviewed reported their needs and expectations were being met. When a resident’s condition alters, the CNM or FNM initiates a review with the NP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, NP visit, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau.  There were three residents with wounds including skin tears and one with a rash. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurs as planned in the sample of wounds reviewed (the previous shortfall #3.2.4) has been addressed. The caregivers and CNM interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.  Care plans reflect the required health monitoring interventions for individual residents. The caregivers complete monitoring charts, including observations, behaviour charts; bowel chart, blood pressure; weight, food, and fluid; turning charts, blood sugar levels, and toileting regime. There were two residents on neurological observations on the day of audit and the monitoring was completed as per timeframes identified in policy. Resident incidents are entered onto the electronic system and closed out in a timely manner by the CNM.  Evaluations are scheduled and completed at the time of the interRAI re-assessment. Written evaluations reviewed identify if the resident goals have been met or unmet. Long-term care plans had been updated with any changes to health status. Short term issues such as infections, weight loss, and wounds are incorporated into the long-term care plan if they are not resolved in a timely manner. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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. | FA | Policies and procedures are in place for safe medicine management. Medications are stored safely in a locked treatment room. There was secure storage for controlled drugs with checks and documentation completed as per policy. The previous shortfall (3.4.1) has been addressed. Caregivers and managers are responsible for medication administration complete medication competencies annually. The FNM is syringe driver competent. Staff have received training in medication management and pain management as part of their two-yearly scheduled training programme.  Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status notified. The previous shortfall relating to documentation of allergies (3.4.1) has been addressed The NP has reviewed the medication charts three-monthly and discussion and consultation with residents and family/whānau takes place during these reviews.  Standing orders are not in use. All medications are charted either regular doses or ‘as required.’ All ‘as required’ medications had prescribed indications for use. The effectiveness of ‘as required’ medication had been documented in the medication system. Regular medications and ‘as required’ medications are delivered in blister packs. The care staff check the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are reported back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. There were no residents self-administering medications noting that systems and secure storage areas in each bedroom are in place to be implemented when required. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | A resident nutritional profile is developed for each resident, and this is provided to the kitchen staff with any updates to dietary needs communicated to kitchen staff. The menu can be substituted to accommodate cultural meals in line with the theme and supporting residents to have culturally appropriate meals.  There is a current food control plan in place. |
| Subsection 3.6: Transition, transfer, and discharge  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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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. | FA | Discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. Documented policies and procedures are in place to ensure discharge or transfer of residents are undertaken in a timely and safe manner. The residents and their family/whānau were involved for discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. |
| Subsection 4.1: The facility  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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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. | FA | There is a current building warrant of fitness that expires 29 September 2024. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home and can personalise their room. This was observed to occur on the days of audit. The planned maintenance schedule includes testing and tagging of electrical equipment, resident’s equipment checks, and calibrations of clinical equipment. Hot water temperatures were monitored at regular intervals, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the maintenance team and certified tradespeople where required. The service has completed environmental upgrades to the facility with new curtains, interior painting and carpets all cleaned on the day of audit. |
| Subsection 5.2: The infection prevention programme and implementation  The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The infection control programme links to the quality programme, infections are collated, analysed and reported on in meetings. Any infections of concerns are escalated to the CNM or FNM. The infection control programme is reviewed annually as part of the review of the quality improvement plan and occurred at the end of 2023.  The CNM is the infection control coordinator, and they are responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Two yearly infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 24 months. The CNM has access to an online training system with resources, guidelines, and best practice.  The CNM has completed infection prevention and control training online. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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. | FA | Infection surveillance is an integral part of the infection control programme and is described in the infection control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register on the electronic system. Surveillance of all infections (including organisms) occurs. The staff meeting services as the infection control committee with the surveillance data tabled and discussed. There have not been any outbreaks since the last audit. Ethnicity data is documented and discussed.  The FNM documents any information around infections in the monthly management report with this discussed at the quarterly meetings. The general manager and FNM discuss surveillance data and results of key performance indicators related to infections. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to 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. | FA | The restraint policy confirms governance commitment to aim for a restraint free environment and when restraints are used; that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. There were no residents using restraint at the time of the audit. The facility records reviewed the service to be restraint free since the last audit with restraint minimisation still discussed annually as part of a restraint review. The NP, CNM and FNM attend the review.  The restraint coordinator (CNM) confirmed the service is committed to providing services to residents without the use of restraint. |

# Specific results for criterion where corrective actions are required

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

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

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

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 2.1.2  Governance bodies shall ensure service providers’ structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals. | PA Low | A business plan for 2024 is documented. There was no evidence that the previous business plan has been reviewed prior to the documentation of the new plan or that the 2024 plan is reviewed at regular intervals. The management meeting minutes reviewed for 2024 did not confirm review of the 2023 business plan. | (i). An evaluation of the previous business plan has not been documented prior to the development of the current business plan.  (ii). The 2024 business plan has not been reviewed at regular intervals. | (i). Ensure an evaluation of the previous business plan is evidenced.  (ii). Ensure a regular review of the 2024 business plan is evidenced.  90 days |
| Criterion 2.2.2  Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care. | PA Moderate | The service has implemented an electronic resident management system which holds all policies and procedures, plans and registers eg of risk and hazards. There is a quality and risk management framework documented. There is a business risk management plan has not been evidenced as reviewed in 2023, and a current plan was not evidenced for 2024.  A hazard register is documented with this last reviewed in September 2023. This was not updated with hazards that occurred during the audit i.e. full facility carpet cleaning or when new curtains were being put in place across the facility. It was noted that staff managed the risks well with constant monitoring of whereabouts of residents and residents interviewed confirmed that they had been informed of the contractors on site. | (i). The organisational business and risk management plan was not evidenced as being reviewed in 2023, and a current plan was not evidenced for 2024.  (ii). The hazard and risk register was not evidenced as being routinely updated when new hazards are identified. | (i). Ensure the organisational risk management plan evidences a review at regular intervals.  (ii). Ensure the hazard and risk register evidenced updates when new hazards are identified and include strategies to mitigate risk.  90 days |
| Criterion 2.4.5  Health care and support workers shall have the opportunity to discuss and review performance at defined intervals. | PA Low | Five staff files were reviewed. There is a policy on place that guides management around appraisals; however not all staff files reviewed evidenced a completed annual appraisal. | The FNM, CNM and one caregiver did not have an annual performance appraisal completed. | Ensure that all managers and staff have an annual performance appraisal completed as per policy.  90 days |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.