

# Rawhiti Estate Limited Partnership - Rawhiti Estate

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## 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](#).

The specifics of this audit included:

<b>Legal entity:</b>	Rawhiti Estate Limited Partnership
<b>Premises audited:</b>	Rawhiti Estate
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 16 October 2024      End date: 17 October 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	56

# Executive summary of the audit

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## 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

Rawhiti Estate provides rest home, hospital (including medical) and dementia level care. There are a total of 122 beds in the facility including 48 dual purpose beds. Occupancy on the days of audit was 56 residents. All residents were under the age-related care (ARRC) contract.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard and contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, families/whānau, management, staff, and a nurse practitioner.

The general manager is supported by a clinical manager, unit coordinators, and a team of experienced staff.

There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

There were no shortfalls identified at this audit.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

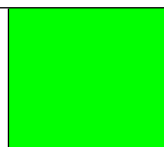


Subsections applicable to this service fully attained.

There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Rawhiti Estate demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances. The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

## 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.

There is an implemented and well-established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori. The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting policy and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting. There is a

staffing and rostering policy. Human resources are managed in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

## 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.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or families/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted nurse practitioners and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the nurse practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals are coordinated with residents and families/whānau.

## 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.
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The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

## **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.
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All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at Board level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There had been no outbreaks recorded and reported on since the last audit.

## **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.
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The restraint coordinator role is held by the clinical manager. The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## Summary of attainment

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

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

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Māori health plan and ethnicity awareness plan include guidelines for the provision of care in line with cultural safety and Te Tiriti o Waitangi expectations. The Māori health plan references cultural awareness and cultural responsiveness to Māori perspective of health. The service recognises Māori mana motuhake and this is reflected in the Māori health plan.</p> <p>During the audit, there were no residents who identified as Māori living in the facility.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples</p>	FA	<p>The organisation's Māori and Pacific Health Plan and Ethnicity Awareness Policy includes information on Pacific Health and refers to the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. At the time of the audit there were Pacific staff but no residents. Pasifika staff stated that resident's cultural needs are embraced.</p>

for improved health outcomes.		
<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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The general manager and clinical manager (interviewed) demonstrated how it is also given in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Interviews with eight families/whānau (four hospital, three dementia and one rest home level), and seven residents (five hospital level and two rest home level) confirmed they are informed of their rights and their choices are respected.</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>Guidelines for professional boundaries, the employment handbook, house rules and code of conduct describe procedures to protect people from abuse, discrimination, and neglect. Staff are provided orientation and ongoing training on these policies and procedures. Professional boundaries are defined in job descriptions. The house rules reflect appropriate measures to ensure resident's finance and property is respected at all times. There are processes in place to manage resident's petty cash.</p> <p>Thirteen staff (three caregivers, seven registered nurses (RNs) including one unit-coordinator, one housekeeper, one head chef, and one chef) and management (general manager and one clinical manager) demonstrated an understanding of professional boundaries when interviewed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant</p>	FA	<p>Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and families/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA and activation is on file. Residents in the secure dementia unit files include approval from</p>

<p>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>the needs assessment service (NASC).</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. 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 is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff.</p> <p>The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken. There have been two complaints made in 2023. Documentation including follow-up letters and resolution, demonstrates complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There has been one external complaint made through the HDC in May 2024, the only complaint for 2024 year to date. The service has conducted an internal investigation, and the requested documentation has been provided to the HDC.</p> <p>Discussions with family/whānau confirmed they are provided with information on complaints and a complaints forms was available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held. The general manager stated that they address concerns as they arise and has an open-door policy to ensure concerns are addressed in person with whānau involvement.</p> <p>Residents and families/whānau making a complaint can involve an independent support person in the process if they choose.</p>
<p>Subsection 2.1: Governance</p>	<p>FA</p>	<p>Rawhiti Estate provides rest home, hospital (including medical) and</p>

<p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>dementia level care. There are a total of 122 beds in the facility including 48 dual purpose beds (hospital or rest home level of care) in the care centre which is located across two levels. There are 20 dedicated dementia level beds on level two. There are also 54 beds across 27 independent living units that are certified as rest home level care.</p> <p>Occupancy on the days of audit was 56 residents. This included 17 residents in the memory loss unit (dementia care), 12 requiring rest home level of care and 27 requiring hospital level of care. All residents were under the age-related care (ARRC) contract. There were no residents requiring rest home level care in the certified independent living units.</p> <p>The care centre is divided into four neighbourhoods. Care suites are chosen for purchase in any of the dual-purpose neighbourhoods for rest home/hospital level of care and in the memory loss unit for dementia level of care. The resident retains all the rights to the occupation of the care suite under the occupation rights agreement. BeGroup Investment Limited Partnership has three directors and is the governing body that provides operational support.</p> <p>The general manager is supported by a clinical manager, village administrator and wellness and lifestyle manager and assumes accountability for delivering a high-quality service to the residents in the care home and independent living apartments. The governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation.</p> <p>The group philosophy, business plan for 2022-2024 and policies and procedures demonstrate various ways that meaningful inclusion of Māori and honouring Te Tiriti o Waitangi occurs in all aspects of service delivery. The organisation's mission, vision and values are documented. Business objectives include the development of a clinical governance framework across villages and evidence of improvement of resident outcomes within the nurse practitioner (NP) support framework. Quality objectives documented include reduction of falls and the reduction in the use of antipsychotic medication. Service monitoring and review of organisational performance occurs at planned intervals.</p> <p>The leadership team demonstrates a commitment to quality and risk management, ensuring that service delivery is fair and equitable for Māori. A sample of the general manager quarterly reports to the</p>
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		<p>executive team and meeting minutes from the monthly management team minutes, provide extensive information to monitor performance. All information including clinical indicators, complaints, health and safety matters, staff information and financial indicators are reported and discussed. The clinical manager provides a range of reports that are presented at various meetings which the general manager attended.</p> <p>The general manager has been in the role for two months having worked as a general manager at a different, large, elderly care provider for four years prior to this role. The person in this role is supported by an experienced clinical manager and clinical coordinator as well as a supportive national operations manager. The general manager confirmed their knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. The clinical manager, one clinical coordinator, and the other RNs meet regularly to analyse clinical indicators, resident's response to care and adherence to best known nursing practice.</p> <p>There is a documented Māori Health plan and Pasifika plan for the service. Rawhiti Estate has also engaged a cultural consultant to ensure that business planning and service development are planned in a way to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Rawhiti Estate is implementing a quality and risk management programme. Two monthly staff meetings and monthly quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Meetings provide an avenue for discussions in relation to (but not limited to); quality data, health and safety, infection control/pandemic strategies, complaints, staffing, and education. Internal audits, meetings and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements and evidence of progress and sign off when achieved. Quality, health and safety goals, and progress towards attainment are discussed at quality and general staff meetings. Weekly clinical meetings undertake an in-depth review of all clinical issues, changes to resident care, training, new residents, and</p>

		<p>corrective action plans in progress (as examples).</p> <p>Resident and families/whānau satisfaction surveys are managed by head office who rings and surveys families/whānau. An independent contractor is sent to survey residents using direct questioning and an electronic tablet. The most recent July 2024 resident and families/whānau satisfaction surveys had been correlated and analysed and indicate that residents reported high levels of satisfaction in most areas of the service provided. Results have been communicated to residents in the bi-monthly resident and families/whānau meetings and on the noticeboard at the main entrance.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard and risk register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings and via additional training as needed.</p> <p>Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident records reviewed. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and general staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by an RN.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been There have been no section 31 notifications completed. One unstageable pressure injury has been reported to Health Quality and Safety commission.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality</p>	<p>FA</p>	<p>The roster provides sufficient and appropriate coverage for the effective delivery of care and support. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. The general manager, clinical manager and the unit coordinator are available Monday to Friday. On-call cover is provided by the senior RN team.</p> <p>There is an annual education and training schedule completed for 2023 and is being implemented for 2024. The education and training schedule</p>

<p>improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>lists compulsory training and is available through online training and face to face training. Training to care for residents in the dementia unit (and all areas), behaviours of concern, and de-escalation. Additional training has been provided for resident specific care needs including hoisting, food allergies, resident management, and positioning in the recently purchased new chairs.</p> <p>External training opportunities for care staff include training through Health New Zealand and hospice including the positive outcome initiative and through an on-line platform.</p> <p>Caregivers are encouraged to attain Careerforce training NZQA levels and 80% caregivers have attained a level four. All caregivers who work in secure dementia unit have attained the relevant unit standards.</p> <p>All staff are required to complete competency assessments as part of their orientation.</p> <p>Annual competencies include (but are not limited to) hand hygiene, moving and handling, and correct use of personal protective equipment. Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency.</p> <p>There are 14 RNs and all are interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Six staff files (one clinical manager, one unit-coordinator, two RNs, and two caregivers) reviewed included evidence of 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.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. All staff who have been employed for a year or more have a</p>

		current performance appraisal on file.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Five resident files were reviewed: two hospital resident files, one rest home, and two dementia level residents. The RNs are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies. All residents had an interRAI assessment, in addition to a full suite of assessments completed on the electronic resident management system, which incorporate, skin integrity, pressure injury risk, dietary requirements, communication needs, emotional, psychological, and behavioural support needs.</p> <p>Initial assessments and long-term care plans (LTCPs) were completed for residents, detailing needs, and preferences within 24 hours of admission. The individualised LTCPs are developed with information gathered during the initial assessments and the interRAI assessment. All LTCPs and interRAIs sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs, and are sufficiently detailed to provide guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan, including 24- hour activity plans for dementia level residents.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>

	<p>There was evidence of families/whānau involvement in care planning and documented ongoing communication of health status updates. Families/whānau interviews and resident records evidenced they are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the NP within the required timeframe following admission. Residents have ongoing reviews by the NP within required timeframes and when their health status changes. There are two NPs visit three times weekly and as required. The NPs are also on-call for the facility out of hours. Medical documentation and records reviewed were current. The NP was very complimentary regarding the high standard of care and communication when interviewed. A physiotherapist visits the facility weekly and on request to review residents referred by the RNs. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, dietician, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were thirteen active wounds including two stage 1, and one stage 2, pressure injury.</p> <p>The progress notes are recorded and maintained in the integrated clinical records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include, but are not limited to, monthly blood pressure and weight monitoring, bowel records and repositioning records. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</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>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The RNs and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses an electronic medication management system and pre-packaged medication sachets. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly, and have a six-monthly pharmacy check. Eyedrops are dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the NP had reviewed all resident medication charts three-monthly, and each drug chart has photographic identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications; however, policy and procedures facilitate assessment for competence, and safe storage should this be required. No vaccines are kept on site, and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and families/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</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>FA</p>	<p>The four - week seasonal menu is reviewed by a registered dietitian. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any</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>		<p>dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The head chef, and chef interviewed reported they accommodate residents’ requests.</p> <p>There is a verified food control plan expiring 6 July 2025. The residents and families/whānau interviewed were complimentary regarding the standard of food provided. There are nutritious snacks available 24/7.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), families/whānau and other service providers to ensure continuity of care.</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 buildings, plant, and equipment are fit for purpose at Rawhiti Estate and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people’s cultures and supports cultural practices. Residents are encouraged to bring their own possessions including those with cultural or spiritual significance into the home and can personalise their room. The memory care unit is secure. The current building warrant of fitness expires 3 April 2025. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures.</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>There is an infection, prevention, and antimicrobial programme and procedure that has been developed by an external consultant, which includes the pandemic plan. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; donning and doffing personal protective equipment (PPE); monitoring of antimicrobial medication; infection control and cultural safety aseptic technique, and transmission-based precautions.</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>Infection surveillance is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at clinical, quality and staff meetings and included as part of the monthly report to the leadership team. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand.</p> <p>Infections, including outbreaks, are reported, and reviewed, no outbreaks documented since the previous audit, year to date. Infection control is included as part of annual education.</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint</p>

<p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. The restraint coordinator interviewed described the focus on maintaining a restraint free environment. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. Restraint is discussed at clinical governance and exception reporting provided to the Board level.</p> <p>At the time of the audit, there were no residents utilising restraint. The restraint group would meet as part of the clinical meeting. There are detailed assessments, an approval process, and monitoring requirements available should these be required.</p> <p>Restraint elimination is included as part of the mandatory training plan and orientation programme.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

If, instead of a table, there 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.