

# Teviot Valley Rest Home Limited - Teviot Valley Rest Home

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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>	Teviot Valley Rest Home Limited	
<b>Premises audited:</b>	Teviot Valley Rest Home	
<b>Services audited:</b>	Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 17 October 2024	End date: 18 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>	11	

# 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
Yellow	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
Red	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

Teviot Valley Rest Home is operated by Teviot Valley Rest Home Limited. The service provides rest home level care for up to 14 residents with 11 residents on the day of audit.

This unannounced surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard and the contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with families/whānau, management, staff, and the general practitioner.

The rest home manager is supported by a registered nurse. Residents and families/whānau spoke positively about the service provided.

There is an established quality and risk programme which is implemented.

The service has addressed all three of the previous shortfalls regarding orientation, neurological observations and first aid certificates.

This surveillance audit identified improvements required in education, care plan interventions, and medication management.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.
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Teviot Valley Rest Home Limited provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan in place. The service aims to provide high-quality and effective services and care for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. The rights of the resident and/or their families/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

## 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 are partially attained and of low risk.
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The business plan 2024 includes a purpose, mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is analysed to identify and manage trends. Internal audits, meetings, and collation of data were documented as taking place with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations. A health and safety system is in place. Health and safety processes are embedded in practice. There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. An orientation programme is implemented. Staff are suitably skilled and experienced.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurse assesses, plans and reviews 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 general 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 general practitioners.

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 haumarū | Person-centred and safe environment

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

Subsections applicable to this service are fully attained.

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 are fully attained.

A suite of infection prevention and control policies and procedures are documented and reviewed. Education is provided to staff at induction to the service and is included in the education planner.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are collected and analysed for trends and the information used to identify opportunities for improvements. There have been no outbreaks since the previous audit. These were well managed and documented.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The restraint coordinator is the registered nurse. The facility is restraint free. Maintaining a restraint-free environment is included as part of the education and training plan. There is board commitment to maintaining a restraint-free environment.

## 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	16	0	3	1	0	0
Criteria	0	46	0	3	2	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	A Māori health plan is documented for the service that acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori. Teviot Valley Rest Home is committed to respecting the self-determination, cultural values, and beliefs of Māori residents (if any) and families/whānau and evidence is documented in resident care plans. Cultural assessments are completed for all residents.
<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. 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.</p>	FA	The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Pacific health plan that is in place and being implemented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families/whānau, and providing high quality caregivers. There were no residents identifying as Pasifika at the time of the audit. Teviot Valley Rest Home partners with Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. The service has a relationship with Pacific services through Health New Zealand, who are available for consultation where required.

<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>	<p>FA</p>	<p>Details relating to The Health and Disability Code of Consumers Rights (the Code) are included in the information that is provided to new residents and their families/whānau. The registered nurse (RN) discusses aspects of the Code with residents and their families/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Three residents and five families/whānau interviewed reported that the service is upholding the residents' rights.</p> <p>Interactions observed between staff and residents during the audit were respectful. Both managers and staff including three caregivers, one registered nurse (RN), one cook, one maintenance person and one laundry person explained how Teviot Valley Rest Home provides a person-centred approach to the delivery of their services.</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>	<p>FA</p>	<p>Teviot Valley Rest Home policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. A staff code of conduct is discussed during the new employee's orientation to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect, last completed in June 2024.</p> <p>Staff are educated on how to value older people, showing them respect and dignity. The residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. 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 the RN and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	<p>FA</p>	<p>The resident files reviewed included signed general informed consent forms.</p>

<p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Staff have received training relating to the understanding of informed consent. Admission agreements were signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated, an activation letter was on file. Residents and families/whānau interviewed could describe what informed consent was and their rights around choice.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints management procedure is provided to residents and families/whānau on entry to the service. The rest home manager is the complaints manager and maintains a record of all complaints, both verbal and written by using a complaint register. One complaint has been received in December 2023 since the last audit. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC). Where improvements were required, these were documented. Staff are informed of complaints (and any subsequent corrective actions) in the quality improvement/management and general staff meetings (minutes sighted). Discussions with residents and families/whānau confirmed they are provided with information on complaints and complaint forms are available at the entrance to the facility.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly and create a platform where concerns can be raised. During interviews with families/whānau, they confirmed the rest home manager and RN is available to listen to concerns and acts promptly on issues raised. Residents and families/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The rest</p>

		home manager and the RN acknowledged the understanding that for Māori, there is a preference for face-to-face communication. Staff completed training in relation to advocacy, complaints management and residents' rights in January 2024
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Teviot Valley Rest Home is owned by a community board and a part time rest home manager providing oversight of the service. Teviot Rest Home Ltd (owner/operating company) comprises of a board of four trustees who meet monthly with the nurse manager. The Teviot Valley Rest Home Incorporated (charitable society) are responsible for governance, operations, fundraising and improvements. Teviot Valley Rest Home provides care for up to 14 residents at rest home level care. On the day of the audit, there were 11 residents. All residents were in the age-related residential care (ARRC) contract.</p> <p>Teviot Valley Rest Home management and board have connections with local iwi. The rest home manager reports monthly to the board on variety of management and operational issues including, key performance indicators (KPI). A board member (previous RN) and RN provides clinical oversight for the service.</p> <p>There is a 2024 business plan developed which aligns with purpose, mission statement and values of the business. The rest home manager and board analyse internal processes, business planning and service development to reduce barriers, improve outcomes and achieve equity for Māori. Business goals are reviewed at the quarterly board meeting.</p> <p>The rest home manager has been in the role for five weeks and the RN has been at Teviot Valley Rest Home since April 2024. The rest home manager is being orientated to the role by a previous manager (board member) and the Health New Zealand Planning and Funding Manager. The rest home manager is an experienced registered teacher and experience in health and safety. The rest home manager has completed eight hours of professional development related to managing a rest home.</p>
Subsection 2.2: Quality and risk	FA	Teviot Valley Rest Home has an established quality and risk management programme. Quality improvement is part of the rest home manager's role

<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>and along with the RN work to complete internal audits and the subsequent corrective actions. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (eg, falls, skin tears, infections and bruising) is collected, analysed and benchmarked against the previous month. Quality improvement/management and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints, compliments, staffing and education.</p> <p>Meetings have been completed as per schedule and the minutes sighted provide evidence of corrective actions having been implemented and signed off. Resident and families/whānau satisfaction surveys are conducted annually. The 2024 satisfaction survey results reflect areas that requirement improvement including tea meals, activities and outings. Areas for improvement have been discussed and reviewed with planned corrective actions being implemented.</p> <p>A health and safety system is being implemented, with the service having a health and safety representative. Hazard identification forms and an up-to-date hazard and risk register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually. Ten accident/incident forms reviewed indicated that the forms are completed in full and are signed off by the RN. Incident and accident data is collated monthly and reviewed by the clinical nurse manager. Any events of concern is discussed, risks are identified, and improvements are made. Results are discussed in the staff meetings which includes quality improvement.</p> <p>A section 31 was completed for the change of manager. Discussions with the rest home manager and RN evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications, section 31s and reporting to the Health Quality Safety Commission. There have been no events since the last audit that have required any notifications. There have been no covid -19 or other outbreaks since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers</p>	<p>PA Low</p>	<p>The roster provides appropriate coverage for the effective delivery of care and support. The facility adjusts staffing levels to meet the changing needs of</p>

<p>listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>residents. The rest home manager works two to three days, and the RN works four to five days a week between Monday to Friday. The RN is on call 24/7 for any clinical matters and able to attend in the case of a clinical emergency and provides management support in the absence of the rest home manager. Out of hours support for emergencies are provided by calling the ambulance. The rest home manager is on call 24/7 for any operational related issues. There are a sufficient number of caregivers employed to cover all the shifts. Short notice absences are back filled with Teviot Valley Rest Home's own staff. Caregivers interviewed stated the workload is manageable and reported that during the outbreaks they were supported with a flexible roster. Residents interviewed confirmed their care requirements are attended to in a timely manner.</p> <p>The annual education and training plan has been completed for 2023. The 2024 education plan is documented; however, while there have been lots of training sessions held, not all compulsory training has been completed as scheduled. The education and training schedule lists compulsory training, which includes cultural awareness training. External training opportunities for care staff include training through Health New Zealand, Hospice, Age Concern and New Zealand Age Care Association.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Seven of the eight caregivers (including two relief staff members) have a NZQA certificate. Two caregivers have achieved level four, three caregivers have level three, two caregivers have achieved level two, and are working on level three and one is working on level two. The orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All staff are required to complete competency assessments as part of their orientation and annual competencies for restraint, hand hygiene, medication management/administration, cultural competency, use of personal protective equipment; and moving and handling. A record of completion is maintained.</p> <p>The RN is new to age care and has completed interRAI training, and they are encouraged to attend external training where available; however, has not yet completed all required training.</p>
Subsection 2.4: Health care and support workers	FA	There are human resources policies in place, including recruitment,

<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. 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>selection, orientation and staff training and development. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, reference checks, police checks and completed orientation. The orientation programme is role specific to ensure staff are equipped to provide clinical and culturally safe care. The previous manager (Board member) completed the RN orientation and is supporting the current rest home manager with orientation to their role. The previous shortfall (2.4.4) around orientation has been addressed.</p> <p>Teviot Valley Rest Home have a number of caregivers that have been employed for more than five years. All staff who have been employed for over one year have an annual appraisal completed. A register of practising certificates is maintained for health professionals (eg, RNs, GPs, pharmacy, physiotherapy, and dietitian).</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Five resident files were reviewed. The RN is 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. All residents had an interRAI assessment completed.</p> <p>Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences within 24 hours of admission. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCPs and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. A range of interventions and early warning signs are included in the LTCPs; however, these are not always sufficiently detailed enough to support the caregivers in meeting the residents' assessed needs or provide guidance to all caregivers in the delivery of care. The LTCPs have a completed cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is available to develop the resident's individual activity care plan; however, activity care plans in place were not always individualised evaluated as planned (link 3.3.1).</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</p>

	<p>and reported at handover and in the electronic 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 the RN and includes 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 that families/whānau 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 general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. There are GP visits as required. Medical documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. A GP from the contracted medical service is available during business hours. Out of hours the service can contact the ambulance service for assistance. A physiotherapy service is available if required. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist, and medical specialists are available as required through Health New Zealand.</p> <p>The caregivers confirmed adequate supplies 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. Photographs were taken where this was required. Where wounds required additional specialist input, this was initiated, and the District Nurse (wound nurse specialist) was consulted. At the time of the audit, there were three active wounds including one externally acquired stage one pressure injury.</p> <p>The progress notes are recorded and maintained in the integrated electronic</p>
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		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. The previous finding (3.2.4) has been addressed. A range of electronic 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 toileting regimen. 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 a handover at the beginning of their shift.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	PA Low	The activities coordinator works Monday to Friday 1pm – 4pm and develops a monthly plan of activities in consultation with the residents and staff. The monthly schedule reflected the interests of the residents, this was confirmed at interviews with residents and family/whānau. The LTCP has a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is available to develop the resident’s individual activity care plan; however, not all activity assessments or activity plans were in place, and not all information gathered was utilised to tailor the care plan to the residents needs.
<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>	PA Moderate	<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. Syringe driver assistance is available when required through Hospice Otago and the RN is updating their syringe driver competency.</p> <p>Staff were observed to be safely administering medications. The RN and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular medication, blister packs for controlled drugs and short course medications, and ‘as required’ medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Controlled drugs are prescribed by the GP and</p>

		<p>recorded on the electronic medication management system; however controlled drug processes were not evidenced to be managed on accordance with policy.</p> <p>Medications were appropriately stored in the medication room. The medication fridge and medication room temperatures are monitored daily and were within expected ranges. All stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photograph identification and allergy status identified; however the photograph identification was not always current. Indications for use were noted for 'as required' medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of 'as required' medications was not consistently documented in the electronic medication management system and progress notes. There were three residents' self-administering inhaler medications; however, not all residents had evidence of a current competency and not all medications were stored securely in residents' rooms. 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>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>FA</p>	<p>All food is prepared and cooked on site in a well-equipped kitchen. The cook was interviewed and confirmed residents food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook interviewed stated they consult directly with residents to gain feedback of the food service, and they accommodate individual residents' requests.</p> <p>There is a verified food control plan, expiring 31 December 2025. The residents and families/whānau interviewed were complimentary regarding</p>

		the standard of food provided.
<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>Documented policies and procedures are in place to ensure the discharging or transferring of residents includes a documented transition, transfer, or discharge plan, to include 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 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. The current building warrant of fitness expires 25 June 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. The maintenance schedule is implemented as required. Refurbishment of resident rooms is completed when they become vacant. The lounge, dining and communal areas have been refurbished since the last audit.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</p>	FA	<p>There are current fire and emergency plans in place. The facility is secure after hours. Staff completed security checks. All staff have a current first aid certificate ensuring there is at least one member of staff on duty with a current first aid certificate. The previous shortfall 4.2.4 has been addressed.</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		
<p>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.</p>	FA	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are reviewed annually and is linked to the quality and business plan. The online infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by an external consultant, in consultation with the infection control prevention and coordinator (registered nurse). Policies are available to staff.</p> <p>Staff demonstrated knowledge on the requirements of standard precautions. The infection prevention control coordinator oversees infection prevention and control and the antimicrobial stewardship programme across the facility and is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection prevention and control training is included in the mandatory in-services that are held for all staff and training videos are also available electronically. Staff have completed infection prevention and control related education in the last 12 months. The infection prevention control coordinator has completed an online workshop on hand hygiene but has yet to complete external training (link 2.3.2).</p>
<p>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</p>	FA	<p>The infection prevention and control coordinator uses the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions, signs, symptoms, and reporting criteria. Infection control data is entered into the infection register on the electronic risk management system and includes ethnicity data. Any trends identified are analysed, and</p>

<p>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>corrective actions are established. There is benchmarking of infection rates that occurs monthly. Trends, benchmarking, along with actions and outcomes, are discussed at the combined quality improvement/management and general staff meetings. Meeting minutes are available for staff to review and is included in the report that is presented to the board.</p> <p>There have been no outbreaks since the previous audit. The infection control coordinator and staff interviewed were knowledgeable around isolation processes, reporting and declaration and management of an outbreak.</p> <p>There is adequate personal protective equipment and appropriate communication channels to residents, families/whānau and staff.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The board receives restraint data monthly and the board is committed to support the leadership team to eliminate restraint across Teviot Valley Rest Home. There were no residents using restraint. The restraint policy confirms that restraint 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 restraint elimination. In the event of a resident requiring restraint, the resident would be reassessed to for a higher level of care.</p> <p>Restraint elimination is included as part of the mandatory training plan, orientation programme and discussed at staff meetings (June 2024). Staff have received training in challenging behaviour. All staff are required to read the restraint policy and complete a restraint competency annually.</p>

# Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	<p>The education and training plan has been completed for 2023 and is being implemented 2024 year to date. The education and training schedule lists compulsory training, which includes cultural awareness training. The education schedule has been transitioning to the new education system; however, a number of 2024 topics for caregivers have not been completed (skin management, wound care, spirituality, intimacy and sexuality). Further to this education for the RN has yet to complete required training sessions.</p>	<p>i). Topics including skin management, wound care, spirituality, intimacy and sexuality have not been completed as per the training plan.</p> <p>ii). The RN has yet to complete aged care management, cultural training, external infection prevention and control.</p>	<p>i). Ensure the training plan is completed as scheduled and includes all compulsory training sessions.</p> <p>ii). Ensure the RN completes all required training.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or</p>	PA Low	<p>The individualised LTCPs are developed with information gathered during the initial assessments and the interRAI</p>	<p>(i). One care plan had no information to guide caregivers regarding the ‘as required’ self-medication process for</p>	<p>(i). - (iv). Ensure interventions are sufficiently detailed</p>

<p>support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>assessment. A range of interventions and early warning signs are included in the LTCPs; however, these are not always sufficiently detailed enough to support the caregivers in meeting the residents' assessed needs or provide guidance to all caregivers in the delivery of care</p>	<p>the residents.</p> <p>(ii). One file had limited information to guide caregivers regarding the requirements for the resident whose spouse is also at the facility in regard to privacy.</p> <p>(iii). One file had insufficient information to guide caregivers regarding diversion for a resident with behaviours that are challenging.</p> <p>(iv). One file had insufficient information to guide caregivers regarding skin management for a resident who has a history of pressure injuries.</p>	<p>to provide guidance and support for caregivers</p> <p>90 days</p>
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<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>PA Low</p>	<p>A monthly plan of activities has been developed in consultation with the residents and staff. The monthly schedule reflected the interests of the residents, this was confirmed at interviews with residents and families/whānau. The LTCP has a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments the resident's individual activity care plan can be developed. However, there was no evidence of input by the activities coordinator, and not all activity care plan or evaluations had been completed.</p>	<p>(i). The activities care plan did not evidence input by the activities coordinator.</p> <p>(ii). Individualised activity care plans are not in place for three of five residents.</p> <p>(iii). Activity care plan evaluations have not been completed for two resident files reviewed.</p>	<p>(i). Ensure resident activity plans evidence input from the activities coordinator.</p> <p>(ii). Ensure activity plans are individualised and in place for all residents.</p> <p>(iii). Ensure activity care plans are evaluated as scheduled.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There are a suite of medication policies that are current and align with legislation and best practice. The service has implemented an electronic medication system. All medications have been prescribed by the GP and have been reviewed at least three monthly; however, not all medication charts had current photographic identification in place. As required medications have indications for use documented and have been administered appropriately; however, efficacy has not always been recorded.</p> <p>Controlled drugs are stored securely and are signed out of the controlled drug register by two medication competent staff (one of whom is the RN); however,</p>	<p>(i). Three out of five medication charts did not have current photographs.</p> <p>(ii). Efficacy of "as required" medications was not recorded in six of the ten medication charts reviewed.</p> <p>(iii). Controlled drugs are checked by two medication competent staff, one of these was the RN. The controlled drug once checked is left in the locked drug trolley for the caregivers to re-check, sign on the electronic medication management system and then administer to the resident as required.</p>	<p>(i). Ensure all medication files have current photographic identification.</p> <p>(ii). Ensure efficacy of 'as required' medications is evidenced.</p> <p>(iii). Ensure controlled drugs are administered as per policy.</p> <p>60 days</p>

		administration of controlled drugs was not evidenced as being managed according to policy.		
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA</p> <p>Moderate</p>	<p>Teviot Valley Rest Home has policies and procedures for self-medication management; however, this was not evidenced as being managed according to policy/.</p>	<p>(i). Three residents were self-administering medications, only one of whom had been appropriately assessed for competence.</p> <p>(ii). The rooms of self-medicating residents did not have safe storage available in their rooms.</p> <p>(iii). Medications and creams are stored in rooms of residents who have not been assessed as competent.</p>	<p>(i). Ensure all residents who self-administer their medications are assessed as competent.</p> <p>(ii). Ensure all medications residents are self-administering are stored securely in resident rooms.</p> <p>(iii). Ensure only residents with self-medicating competencies have medications stored in their rooms.</p> <p>60 days</p>

## 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.