

Portwell Care Limited - Cook St Nursing Care Centre

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity:	Portwell Care Limited
Premises audited:	Cook St Nursing Care Centre
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 October 2024 End date: 29 October 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	27

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao 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

Cook St Nursing Care Centre provides rest home and hospital level care for up to 30 residents. The service is privately owned and operated by Portwell Care Limited. There have been no significant changes to the service since the last (certification) audit. Residents and whānau interviewed were complimentary about the service and stated that the care provided was to a high standard.

This surveillance audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service's contracts held with Te Whatu Ora – Health New Zealand. It included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, the owners of the facility, staff, a general practitioner and physiotherapist. One of the owners of the service is a registered nurse; they manage the facility alongside a facility manager and a clinical nurse leader, both of whom are also registered nurses.

No areas were identified as requiring improvement in the previous (certification) audit. Improvements required from this audit related to aspects of the quality system and accessible recording of staff education.

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.

Cook St Nursing Care Centre (Cook St) provides an environment that supports residents' rights and culturally safe care. Staff observed and interviewed demonstrated an understanding of residents' rights and obligations. There is a health plan that encapsulates individualised care specifically directed at Māori, and other ethnicities. Cook St works collaboratively with internal and external Māori supports to encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake, and this was confirmed by Māori staff and residents/whānau interviewed.

There were no Pasifika residents residing in Cook St Nursing Care Centre at the time of the audit; however, systems and processes and models of care relevant to Pasifika were in place to enable Pacific people to be provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents were safe from abuse. Resident's property and finances are respected and protected. Staff were observed to maintain professional boundaries.

Complaints were resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori. No complaints had been received from Māori in the service.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The owners of the service assume accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori, Pasifika, and tāngata whaikaha (people with disabilities). Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. The clinical governance structure in place is appropriate to the size and complexity of the services organisation.

The quality and risk management systems are focused on improving service delivery and care and these are supported at governance level. Residents and whānau are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data. Actual and potential risks are identified and mitigated. Adverse events were documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. Planning for ongoing competency and learning is in place. Staff are orientated to the service and performance was monitored.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The service works in partnership with residents and whānau to assess, plan and evaluate care. Care plans are individualised, based on in-depth information and accommodate any problems that may arise. Files reviewed demonstrated that the care needs of residents and whānau are met and are evaluated on a regular and timely basis.

Medicines were safely managed and administrated by staff who were competent to performance the task.

The food service at Cook St Nursing Care Centre met the nutritional needs of the residents with special preferences and cultural needs were catered for. Food was safely managed in line with the food control plan.

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

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 facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required. External areas are accessible, safe, provide shade and seating, and meet the needs of residents, including tāngata whaikaha.

There have been no changes to the building or evacuation planning since the previous audit.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

The service has a clearly defined and documented infection prevention programme that has been approved by the governing body and linked to the quality improvement programme.

Aged care-specific infection surveillance is undertaken, with follow-up action taken as required.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should restraint use be required in the future. A suitably qualified restraint coordinator manages the process.

Restraint education/training is included at orientation, with competencies assessed. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

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	2	0	0	0
Criteria	0	47	0	3	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. 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>Cook St Nursing Care Centre had developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in its values. Residents and whānau interviewed reported that staff respected their right to self-determination (mana motuhake), and residents identifying as Māori reported feeling culturally safe. Te Whare Tapa Whā care model is used across the organisation.</p> <p>The service has links with a Māori liaison person who is kaitiaki for the facility; they can access support through their personal networks within te ao Māori and the facility can also access support through Te Whatu Ora – Health New Zealand (Te Whatu Ora) as required.</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. 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</p>	FA	<p>Cook St has a Pacific health plan in place, developed with input from cultural advisers, which describes how the organisation will respond to the cultural and spiritual needs of Pasifika residents. The plan documents care requirements for Pacific peoples to ensure equitable and culturally appropriate services and a culturally appropriate model of care (Fonofale) to guide culturally safe services.</p> <p>There were no residents who identified as Pasifika in the facility during the audit. There is access to external Pacific communities through staff,</p>

<p>Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>chaplains, and through Te Whatu Ora should this be required in the future.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Residents and their whānau reported being informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported.</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>Staff interviewed understood the service's policy on abuse and neglect, including what action to take should this become evident. Residents' and whānau interviewed reported that residents' personal property and finances are protected. Staff were observed to maintain professional boundaries.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our</p>	<p>FA</p>	<p>Residents and/or legal representatives are provided with the necessary information to make informed decisions. Residents interviewed felt empowered to actively participate in decision-making. This was also verified in interviews with whānau. Nursing and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing and documenting the Enduring Power of Attorney (EPOA) requirements and processes for residents who are unable to consent are documented as relevant in the resident's record.</p>

<p>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>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>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. There has been only one complaint received by the service since the last (certification) audit. Documentation sighted for this complaint showed that the complaint had been addressed in a timely manner and that the complainant had been informed of the outcome of their complaint.</p> <p>There have been no complaints from Māori in the service, but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., through the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There have been no other complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The owners of Cook St assume accountability for the delivery of a high-quality service. The 'Vision for Cook St Plan' identifies the purpose, values, direction, and goals for the organisation, with monitoring and review of performance at planned intervals. The Cook St owners monitor changes to legislative and clinical requirements and have access to domestic and international legal advice as needed. The service's organisational philosophy and strategic plan reflect a person/whānau-centred approach to the services being delivered.</p> <p>Governance documentation sighted demonstrated commitment to quality and risk management. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights,</p>

		<p>infection prevention and control). The owners of Cook St utilise the skills of staff to support them in making sure barriers to equitable service delivery are surmounted. A kaitiaki employed by the service is available to support Māori residents in the service.</p> <p>There is a defined governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the organisation. One of the owners of the service is a registered nurse (RN); they, along with a facility manager (FM) and a clinical nurse leader (CNL), are responsible for the overall management of the service and for clinical service delivery.</p> <p>The service holds contracts with Te Whatu Ora for the provision of age-related residential care (ARRC) services at rest home and hospital level, short-term residential care (respite) and health recovery. Contracts are also held with Whaikaha (for residents under the age of 65). During the audit, 10 residents were receiving rest home care, 15 hospital level care, and one resident was receiving services under the Whaikaha contract. No residents were receiving services under the health recovery contract and there was one resident in the facility receiving rest home services privately.</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>PA Low</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Whilst a quality and risk system is in place, not all activities are fully completed to contribute to improvement (refer criterion 2.2.3). A Māori health plan guides care for Māori.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, the actions required to minimise these events were recorded in the residents' progress notes, and strategies to minimise recurrence were included in the residents' ongoing plan of care.</p> <p>The FM and CNL understood and have complied with essential notification reporting requirements. There have been no Section 31 notifications completed to HealthCERT (Manatū Hauora) since the last (certification) audit.</p>

		The FM and CNL were aware of the reporting requirement to Te Tātū Hauora – Health Quality and Safety Commission (Te Tātū Hauora) for all severity assessment code (SAC) reporting at SAC1 and SAC2 as well as pressure injury at stage 3 and above. No notifications have been made to Te Tātū Hauora.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	PA Low	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents, but normally staffs to bed capacity. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the facility.</p> <p>Position descriptions reflected the role of the respective position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Continuing education is planned on an annual basis and outlines mandatory requirements, including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Whilst there is a programme in place for education, the electronic reporting system in place did not allow for monitoring and recording of all education completed by staff (refer criterion 2.3.4). Competencies requirements are documented but not all competencies (which are required annually) have been completed (refer criterion 2.3.3).</p> <p>The service supports and encourages health care assistants (HCAs) to obtain a New Zealand Qualification Authority (NZQA) qualification and registered nurses to maintain competency with the Nursing Council of New Zealand (NCNZ).</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</p>	FA	Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. Staff entering the

<p>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>service do so following interview, reference checking, and police vetting.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs, and associated health contractors (the general practitioner (GP), pharmacists, physiotherapist, podiatrist, and dietitian).</p> <p>A sample of seven staff records were reviewed and these evidenced completed induction and orientation. Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</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>FA</p>	<p>The multidisciplinary team at Cook St worked in partnership with the residents and their whānau to support the residents' wellbeing. Five residents' files were reviewed: two from the hospital and three from the rest home. Files included residents under 65 years, residents receiving respite care and residents being cared for under the ARRC contracts. File reviews included residents with a pressure injury, residents with behaviours that challenged, residents with high risk of falls and residents who identified as Māori. Files reviewed verified a care plan is developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required.</p> <p>Assessment was based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, interRAI, short-term care plans and review/evaluation timeframes met contractual requirements. The multidisciplinary team at Cook St understood Māori constructs of oranga and implemented a process to identify and support Māori and whānau to identify their own pae ora outcomes in the care plan. This was verified by sampling residents' records, from interviews with residents and whānau, staff, GP, physiotherapist, and from observations.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care provided in collaboration with the resident and their whānau.</p>

		Residents and their whānau confirmed active involvement in the process, including residents with a disability.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administered medicines were competent to perform all medication management functions.</p> <p>There was a process in place to identify, record and communicate residents' medicine-related allergies or sensitivities.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Prescribing practices met requirements. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>Cook St have a self-medication policy in place. Staff interviewed knew the process should any resident wish/be competent to self-administer their medication even though none were doing so during the audit. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Standing orders are used at Cook St for two medications. The relevant guidelines were consulted to guide practice.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service four-week rotational menu is in line with recognised guidelines for older people. The menu was reviewed on 1 October 2024, by a qualified dietitian. Recommendations in the report are currently being implemented by management and food service staff.</p> <p>All aspects of food management at Cook St comply with current legislation and guidelines. The service operates with an approved food control plan (FCP). Current registration is for 12 months, from 27 September 2024 through to 4 October 2025.</p> <p>Each resident has a nutritional assessment on admission to the facility. Residents' personal preferences, special diets and modified texture requirements are accommodated in the daily meal plan. Cultural preferences are also supported and accommodated, including menu options culturally</p>

		specific to te ao Māori.
<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	Transfer or discharge from Cook St was planned and managed safely, with coordination between services and in collaboration with the resident and whānau. This was evident through interviews with residents and whānau, staff interviews and resident records.
<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>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained, culturally appropriate, and that they meet legislative requirements. The building has a warrant of fitness which expires on 23 February 2025. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within acceptable limits. Tempering valves are in place to manage deviations should these occur.</p> <p>There have been no changes to the service since the previous audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to</p>	FA	The infection prevention and control policies were developed by a person with infection prevention (IP) expertise and approved by governance. The policy reflected the requirements of the standard and are based on current accepted

<p>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>good practice. Cultural advice is sought where appropriate.</p> <p>While staff were familiar with the policies through education at orientation, there was no evidence of ongoing infection prevention (IP) education and staff competencies being undertaken since the previous audit (refer criteria 2.3.3 and 2.3.4). Staff however, were knowledgeable around infection prevention and control (IPC) activities and reported that education had been completed at regular intervals.</p> <p>Infection prevention activities are linked to the quality programme with the IP coordinator undertaking regular reviews and reporting to management.</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>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the IP programme. Monthly surveillance data is collated and analysed to identify trends, possible causative factors, and required actions. Results of the surveillance are shared with governance. Ethnicity data is collected, but this is not used to support equity (refer criterion 2.2.3).</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Cook St is committed to a restraint-free environment, and this is documented in the policy and procedure in place to guide restraint. There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., use of high/low beds and sensor mats). Any use of restraint is reported through the quality and risk reporting systems. No restraint was in use at Cook Street on the day of audit.</p> <p>The FM and CNL advised that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring, but this was difficult to evidence due to the non-availability of staff education records (refer criterion 2.3.4). Staff interviewed were knowledgeable about the restraint process and</p>

		confirmed that training had been received.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>The service collects information through the adverse events system, through complaints/compliments, and through internal audit, including ethnicity information. The intent is that such information will be disseminated to staff and residents in the service, but this is not occurring in all instances.</p> <p>Adverse events and complaints/compliments are handled well, with outcomes documented, managed, and used to improve quality outcomes for residents.</p> <p>There is an internal audit schedule in place which was recently moved from a paper-based system to an electronic system. The electronic system processes findings from the internal audit that has been conducted, into a corrective actions list which maintains the corrective action until it has been</p>	<p>Progress against quality outcomes is not always being completed and reported throughout the facility; ethnicity data has not been reported to support equity. Residents, their whānau, and staff have not been given adequate opportunity to fully contribute to the service's quality activities.</p>	<p>Ensure that all aspects of the quality system are completed and reported throughout the facility and that ethnicity is included to support equity. Provide evidence that residents and staff have been given adequate opportunity to contribute to quality activities through meetings as laid out in the service's meetings policy.</p> <p>90 days</p>

		<p>completed. Internal audits conducted in the electronic system were not all fully completed (three), which meant that, if these were in deficit, they would not be picked up as findings in the system for correction.</p> <p>The intention of the quality management system is to also make sure that quality data is communicated and discussed. The meetings policy requires regular meetings to make sure that staff and residents (and their whānau) are connected to quality activities; however, there was only evidence of one general staff meeting and one RN meeting for 2024. Of note, the RN meeting minutes did not contain enough information to show that items from the quality programme (including infection control, antimicrobial stewardship and restraint) had been discussed in any detail and no reporting of quality activities through an ethnicity lens to support health equity. Staff at interview reported that they did not feel fully informed in relation to outcomes from the quality activities of the facility. There have also been no resident meetings held in 2024, meaning that there have been no opportunities for residents and their whānau to participate in the service's quality activities, beyond care planning and evaluation processes.</p>		
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of</p>	PA Low	<p>Competencies requirements are documented and reported through an electronic system. Staff are required to obtain competency in relation to medication management, first aid, donning and doffing (of personal protective equipment) and hand</p>	<p>Not all competencies have been recorded as completed as per the documented annual schedule for competency for staff.</p>	<p>Provide evidence that all staff have completed the required competencies and that there is a process in place to ensure all staff complete competencies dependent of their role</p>

<p>health care and support workers to meet the needs of people equitably.</p>		<p>hygiene (for infection prevention and control purposes), emergency management (including fire evacuation), hoist use and moving and transferring of residents, restraint use and management of behaviours of concern.</p> <p>Of these, emergency medication management, first aid, emergency management, hoist use and moving and transferring of residents had been completed. Of the remainder, no competencies for donning and doffing were sighted, with eight staff completing hand hygiene, 15 staff restraint, and eight staff management of behaviours of concern competency in 2024.</p>		<p>annually.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Low</p>	<p>Continuing education is planned on an annual basis. The FM and CNL reported that education had taken place as per the education programme for the year (this was confirmed by staff at interview), but completion of education by staff could not be evidenced. This is due, in part, to the fact that the service was using an electronic online education programme that it no longer has access to (it is no longer available). The service is now beginning to record education in a different electronic programme that is also used as a resident management system, but not all information has been captured and the process to do so has not been fully established.</p>	<p>The process to record information in relation to completed staff education has not been established in the service.</p>	<p>Provide evidence to show that a process to record information in relation to completed staff education has been established in the service.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.