# M F & B K Coombes - Avon Rest Home

## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** M F & B K Coombes

**Premises audited:** Avon Rest Home

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

**Dates of audit:** Start date: 8 November 2024 End date: 8 November 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:** 12

# Executive summary of the audit

## Introduction

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

* ō tātou motika **│** our rights
* hunga mahi me te hanganga │ workforce and structure
* ngā huarahi ki te oranga │ pathways to wellbeing
* te aro ki te tangata me te taiao haumaru │ person-centred and safe environment
* te kaupare pokenga me te kaitiakitanga patu huakita │ infection prevention and antimicrobial stewardship
* here taratahi │ restraint and seclusion.

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
| --- | --- | --- |
|  | Includes commendable elements above the required levels of performance | All subsections applicable to this service fully attained with some subsections exceeded |
|  | No short falls | Subsections applicable to this service fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some subsections applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some subsections applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Avon Rest Home provides rest home care for up to 18 residents. At the time of the audit there were 12 residents requiring rest home level of care.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures; the review of resident and staff files; observations; and interviews with residents and family/whānau, management, staff, and the general practitioner.

The owner/manager (licensee manager) provides oversight of the facility, with the nurse manager providing clinical oversight.

There are quality systems and processes being implemented. The residents and family/whānau were very satisfied with all aspects of care provided. The general practitioner also commented on the high quality of care provided, especially given the challenges that residents had with their mental health. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

There were no shortfalls identified at the previous audit.

There were no shortfalls identified at this surveillance audit.

## Ō tātou motika │ Our rights

|  |  |  |
| --- | --- | --- |
| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm,and upholds cultural and individual values and beliefs. |  | Subsections applicable to this service fully attained. |

Cultural values and beliefs are understood and respected, with the service providing a unique environment for residents who have high needs at times. There is a Māori health plan in place for the organisation, with policies and processes to ensure Te Tiriti o Waitangi is embedded and enacted. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Avon Rest Home demonstrates their knowledge and understanding of resident’s rights and ensures that residents are well informed in respect of these. There are established systems to facilitate informed consent, and to protect resident’s property and finances. Residents stated that a highlight for them was the respect shown to them by staff and they stated that they did not want to live anywhere else.

The complaints process is documented and includes reference to being responsive, fair, and equitable.

## Hunga mahi me te hanganga │ Workforce and structure

|  |  |  |
| --- | --- | --- |
| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Subsections applicable to this service fully attained. |

The owner/manager is on site most days and is well supported by the nurse manager. The governance body (owner/manager) ensures equity through addressing barriers in service delivery and has incorporated this into their business plan. The service delivery supports diversity, inclusion, and equality for all residents.

The service has quality and risk management systems in place that take a risk-based approach, designed to meet the needs of residents and staff. Internal audits occur as scheduled, with corrective actions as indicated. A health and safety programme is implemented. Hazards are managed appropriately.

There are human resources policies that are well implemented. A role specific orientation programme and regular staff education and training is provided to staff, with the nurse manager facilitating most training. The organisational staffing policy is documented and implemented, with staff trained in management of behaviours that challenge. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents. Staff also stated that they feel safe and well supported by managers.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

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

The nurse manager is responsible for each stage of service provision. The care plans are completed in partnership with residents. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner, with the nurse manager documenting notes at least weekly and as changes occur.

All staff responsible for administration of medication complete education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences, dietary and cultural requirements are identified at admission. There is a current food control plan.

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

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

The service has a current building warrant of fitness. All equipment has been tested, tagged, or calibrated. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Residents are encouraged to access the community.

## 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. |

All policies, procedures, the pandemic plan, and the infection prevention and control programme have been reviewed by the owner/manager and nurse manager. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is documented, including the use of standardised surveillance definitions, and ethnicity data. There is a very low rate of infections at the service. There have not been any outbreaks since the last audit.

## Here taratahi │ Restraint and seclusion

|  |  |  |
| --- | --- | --- |
| Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained. |  | Subsections applicable to this service fully attained. |

The facility is committed to continuing an environment of no restraint use. Annual education takes place and staff have completed extensive training around management of challenging behaviour. On the day of audit, the service had no residents using restraint.

## Summary of attainment

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

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

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

# Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

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

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futuresTe Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA | A Māori health plan is documented for the service, which Avon Rest Home utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery, including the recognition of mana motuhake. At the time of the audit there were Māori residents. Records for two residents who identified as Māori were reviewed as part of the audit. Both residents had their whakapapa documented and a specific Māori cultural assessment and plan that supported them as Māori to engage in the te ao Māori world. Residents who identified as Māori stated that they were supported in their aspirations and that mana motuhake was recognised.  |
| Subsection 1.2: Ola manuia of Pacific peoples in AotearoaThe people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | FA | A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written by an external provider, with input from a number of staff who identify as Pasifika. Pacific staff interviewed showed an understanding of Pacific models of care and they explained that these underpinned the care provided for residents.  |
| Subsection 1.3: My rights during service deliveryThe People: My rights have meaningful effect through the actions and behaviours of others.Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families/whānau during entry to the service in language that they speak (English, Māori, Pacific languages, and others). The Code is also displayed in English and te reo Māori. The following managers and staff were interviewed during the audit: the owner/manager, nurse manager, four healthcare assistants (HCAs), and the cook. All were able to talk about the Code in relation to the services they provided. They stressed the importance of the Code for all residents and articulated how they would ensure that this was provided. Four residents and one family/whānau stated that staff upheld the rights expressed in the Code. |
| Subsection 1.5: I am protected from abuseThe People: I feel safe and protected from abuse.Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.As service providers: We ensure the people using our services are safe and protected from abuse. | FA | Avon Rest Home has policies that prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are policies, and protocols to respect resident’s property, including an established process to manage and protect resident finances. The managers stated that they did not control or manage any resident’s money. Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. The GP, staff, residents and family/whānau confirmed that there was no evidence of abuse of residents. All staff are trained in, and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff demonstrated an understanding of professional boundaries when interviewed. |
| Subsection 1.7: I am informed and able to make choicesThe people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health,keep well, and live well.As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | FA | Staff and management interviewed have a good understanding of the organisational process to ensure informed consent for all residents. Information related to consent is available in English and te reo Māori. Interviews with family/whānau and residents confirmed their choices regarding decisions around their wellbeing were respected. Residents also stated that they had signed an informed consent form for the provision of care and support from the staff.  |
| Subsection 1.8: I have the right to complainThe people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement. | FA | The complaints procedure is provided to residents and families/whānau during the resident’s entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Complaints can be handed to the owner/manager or nurse manager, or staff who would escalate this to management. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code and information around lodging a complaint is visible. A complaints register is maintained. There were no complaints made in 2023 or 2024 year to date. There have been no external complaints. The managers confirmed knowledge of the complaints policy and were able to describe how complaints would be managed. They also stated that because of the level of behaviours that challenge from residents, that any concerns or complaints were dealt with as soon as they were voiced. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process. Complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori. |
| Subsection 2.1: GovernanceThe people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve. | FA | Avon Rest Home is an aged care facility located in Avondale, Auckland. Avon Rest Home provides care for up to 18 residents at rest home level care. On the day of the audit there were 12 residents. Four were under a long-term support chronic health contract (LTS-CHC) contract and the remaining residents were under the aged related residential care (ARRC) agreement. There were also four boarders living at the service on the day of audit; noting that they did not require support from staff. Avon Rest Home is the trading name of M F & B K Coombes - a privately owned company with one director. The licensee manager/owner (non-clinical) is supported by the nurse manager (registered nurse). The licensee manager has extensive experience, and also owns seven small half-way houses. The owner/manager is on site at Avon Rest Home on an ‘as required’ basis and is available by phone 24/7 if not on site. The nurse manager is also very experienced, having been in the role since May 2013. The nurse manager is an experienced auditor of mental health and aged care services and has extensive experience in mental health nursing.The nurse manager meets weekly with the owner/manager (licensee manager) to facilitate the link between management and governance. The 2023 business plan has been reviewed and the 2024 plan is documented. The business quality and risk management plan is reviewed annually. A mission, philosophy and objectives are documented for the service. The weekly meeting provides an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives. The owner/manager and nurse manager analyse internal processes, business planning and service development, to improve outcomes and achieve equity for Māori, and to identify and address barriers for Māori for equitable service delivery. The owner/manager has access to cultural support related to te ao Māori via established external links to Health New Zealand. Both managers have strong and well-developed relationships with Māori and Pacific cultural services, with most residents having clinical support from mental health services. The working practices at Avon are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori. The owner/manager and nurse manager have maintained at least eight hours annually of professional development relating to their roles at Avon Rest Home. The nurse manager supports the owner/manager in provision of clinical governance, and this is appropriate to the size and complexity of the service provision.  |
| Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers. | FA | Avon Rest Home continues to implement the quality and risk management programme. Leadership for quality and risk is provided jointly by the owner/manager and nurse manager. The quality and risk management systems includes expected performance monitoring through internal audits and through the collection of clinical indicator data. Weekly staff meetings, and one to two monthly management meetings are set up to provide an avenue for discussions in relation to quality data; reports from audits completed as per schedule; health and safety; cultural safety; infection control/pandemic strategies; complaints received; staffing; and education. There was evidence in staff meeting minutes reviewed of discussion around data, use of trend analysis, or of learnings used to improve services. The service has a ‘WhatsApp’ communication stream for all managers and staff and this has enabled quick communication with updates as issues arise. There are quarterly resident meetings held. Annual satisfaction surveys are held which evidenced overall satisfaction. Corrective actions have been implemented for areas where low satisfaction was identified. A health and safety system is in place. Hazard identification forms are completed in hard copy, and an up-to-date hazard and risk register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings, and via the WhatsApp. Entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, as evidenced in 12 accident/incident forms reviewed. Results are stated as being discussed in the monthly meetings and at handover. Most incidents are related to challenging behaviours, with residents able to tell staff if they have had a fall with any injury to their head. Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications completed to notify HealthCERT since the previous audit. The Severity Assessment Code rating and process tool for healing, learning and improving from harm (Te Tāhū Hauora) is used to determine risk and to implement improvements for service delivery. There have not been any outbreaks since the previous audit. |
| Subsection 2.3: Service managementThe people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | The roster provides sufficient and appropriate cover for the effective delivery of care and support. Interviews with staff confirmed that their workload is manageable, and that management are very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. The nurse manager is on site 20 hours a week and on call out of hours. The owner/manager is also on call. Staff stated that both managers are very responsive. There is an annual education and training schedule implemented for 2024, with the nurse manager facilitating most training. The education and training schedule lists compulsory training, which includes cultural safety and discrimination. The nurse manager has access to a wide range of training through Health New Zealand and audit agencies. HCAs are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. One HCA has achieved level 7; five HCAs have achieved level 3; and one HCA is enrolled for level 4. All HCAs are required to complete annual competencies for medication and handwashing. The nurse manager is trained in interRAI.  |
| Subsection 2.4: Health care and support workersThe people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services. | FA | Five staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All staff employed for more than one year had a current appraisal on file. A register of practising certificates is maintained for all health professionals. The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment. Staff interviewed reported that the orientation process prepared new staff for their role and could be extended if required. |
| Subsection 3.2: My pathway to wellbeingThe people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.As service providers: We work in partnership with people and whānau to support wellbeing. | FA | Five resident files were reviewed for this audit, including one resident on a LTS-CHC. The nurse manager (RN) is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in the electronic progress notes. All residents have admission assessment information collected and an interim plan completed at time of admission. All initial assessments and care plans were signed and dated. InterRAI assessments (including the resident on LTS-CHC) were completed within the stated timeframes of the contract and care plans had been evaluated within the required six-month timeframe. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs. The care plan is holistic and aligns with the service’s model of person-centred care. Challenging behaviour is assessed when this occurs. There is specific cultural assessment as part of the social and cultural plan. The initial care plan, assessments, and long-term care plan were completed, and documented support required to maintain physical and medical needs; maintaining of community and family links (if there were any); assistance with communication; and involvement in managing own daily routine. All residents had been assessed by the general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. There are GP visits weekly and more often when required. There are afterhours GP on-call services. The nurse manager is available for clinical on call and advice and the licensee is available for non-clinical after-hours calls and advice. When interviewed, the GP expressed a high level of satisfaction with the standard of care and quality of proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Staff have access to allied health professionals if required (eg, physiotherapist and specialist staff from Health New Zealand). The community mental health teams are actively involved with individual residents, including staff from Loto Fale, Isa Lei, Manawanui etc. HCAs interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery (sighted). Progress notes are written daily by the HCAs. The nurse manager further adds to the progress notes if there are any incidents, GP visits or changes in health status, with a weekly summary of clinical care provided. Residents interviewed reported their needs and expectations were being met. When a resident’s condition alters, the RN manager initiates a review with a GP. The GP confirmed that the nurse manager escalated concerns quickly and any directives or changes in medication etc were followed as per the GP instructions. Family/whānau or EPOA were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes, and any changes to health status. There were no residents with wounds or pressure injuries at the time of the audit. The RN manager could describe the wound management process, should a resident have a wound or pressure injury. HCAs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required through Health New Zealand. Care plans reflect the required health monitoring interventions for individual residents. HCAs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; intentional rounding; and toileting regime as required for individual residents. Neurological observations have been completed for one unwitnessed fall with a suspected head injury; noting that behavioural issues made it difficult to complete all observations.Short-term care plans were well utilised for issues such as infections. Risk assessments and risk management plans were documented, with interventions documented in the care plan. Staff were able to describe interventions that they used to manage risks, including risk of falls, behaviours that challenge, and suicidal ideation.  |
| Subsection 3.4: My medicationThe people: I receive my medication and blood products in a safe and timely manner.Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The facility uses pharmacy generated blister packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in a medication room and locked trolley. The medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications that have a short shelf life have been dated on opening. Ten medication charts were reviewed. The medication charts reviewed identified that resident medications had been reviewed at least three-monthly, have photo identification and allergy status identified. No standing orders are used at the service. There were no residents self-administering medication; however, the service does have robust policies and processes to ensure safe management of self-administration, should this be required. There is a fridge specifically kept to store medications. The temperatures of the fridge are monitored weekly. The temperature of the room where medications are stored is also taken weekly and temperatures were seen to be within normal parameters documented in policy. There are policies documented around safe medicine management that meet legislative requirements. The nurse manager and HCAs who administer medications have annual medication competencies and education around safe medication practices. An HCA was observed to give pro re nata (PRN) medication to a resident. The HCA demonstrated that they followed policies and procedures related to administration and good practice. As required (PRN) medication is prescribed correctly and the effectiveness of medication when given was documented in the resident record reviewed. Documentation of other PRN medication was also completed as per policy.  |
| Subsection 3.5: Nutrition to support wellbeingThe people: Service providers meet my nutritional needs and consider my food preferences.Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs. Food preferences, dietary needs, intolerances and allergies are all assessed and documented. The food control plan expires 4 March 2026. Residents enjoyed the meals and stated that their cultural needs were catered for as much as possible. Family/whānau were seen to bring special food to meet their family members needs, with the cook and the family/whānau stating that they always cooked special food for residents if it was brought in.  |
| Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support. | FA | There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. |
| Subsection 4.1: The facilityThe people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function. | FA | The buildings, plant, and equipment were fit for use, relevant to the health and disability services being provided. There is a current building warrant of fitness that expires in June 2025. All equipment has been tagged, tested, and calibrated annually as scheduled. Hot water temperatures are tested regularly, with corrective actions carried out for any temperatures outside the accepted range. Essential services are on call 24 hours a day. The environment is inclusive of peoples’ cultures and supports cultural practices.  |
| Subsection 5.2: The infection prevention programme and implementationThe people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | There is an infection, prevention, and antimicrobial programme and procedure that includes the pandemic plan. This links to the overarching quality programme and staff state that they review, evaluate, and report annually. Policies and the infection prevention and control (IP&C) and antimicrobial programme have been developed by an external consultant, with the owner/manager and nurse manager providing input and monitoring of the programme. The programme is reviewed at staff meetings and annually. The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes standard precautions; isolation procedures; hand washing competencies; and donning and doffing of personal protective equipment (PPE). The nurse manager has had training around IP&C and facilitates training for all staff at least annually. Training records and records of attendance confirmed that this had occurred.  |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)The people: My health and progress are monitored as part of the surveillance programme.Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | Infection surveillance is an integral part of the infection control programme and is described in the IP&C manual. Monthly infection control data is presented at the staff meetings, and to the owner/manager on a daily and monthly basis. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register. Surveillance of all infections (including organisms) are monitored and analysed for trends, monthly and annually. Staff are informed of infection surveillance data through meeting minutes and notices. Residents and family/whānau are informed of infections, and this is recorded in the progress notes.The nurse manager stated that infections are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). There have been very few infections, with only two noted in 2024 to date. Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There have not been any outbreaks since the previous audit. The service captures ethnicity data and incorporates this into surveillance methods and data captured around infections.  |
| Subsection 6.1: A process of restraintThe people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | Avon Rest Home is committed to not using any restraint. This is actively monitored by the owner/manager and nurse manager. There were no restraints in use during the audit. Staff manage any behaviours that challenge in a proactive way and as per interventions described in care plans. The community clinical mental health teams support management of challenging behaviour through frequent review and prescribing of medication as required. The designated restraint coordinator is the nurse manager, who ensures staff have annual training around least restrictive practices, safe use of restraint, alternative cultural-specific interventions, and de-escalation techniques. Restraint is also part of the orientation package. Staff complete annual restraint competencies. |

# Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

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End of the report.