

Presbyterian Support Central - Cashmere Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Presbyterian Support Central		
Premises audited:	Cashmere Hospital		
Services audited:	Rest home care (excluding dementia care)		
Dates of audit:	Start date: 5 November 2024	End date: 6 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: 37			

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
	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

Cashmere Hospital is part of the Presbyterian Support Central organisation. The service provides rest home level of care for up to 40 residents. On day of audit there were 37 residents.

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

The manager is supported by a clinical nurse manager, and a team of care and support staff. There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training are in place to provide staff with appropriate knowledge and skills to deliver care.

There has been significant change across all areas of the care and support team since the last audit. This has seen a new manager, clinical nurse manager, registered nurse, activities coordinator, administrator, and healthcare assistants employed since November 2023. The clinical director provided support to the team and auditor for this audit due to the fact so many of the team are only recently employed.

There have been no structural changes to the facility since the previous audit.

The service has addressed three of the four shortfalls identified at the previous audit in relation to staffing, care plan interventions and care plan evaluations. An ongoing shortfall remains for the completion of neurological observations.

This surveillance audit identified improvements around resident and family/whānau meetings.

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.
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There is a Māori health plan in place. The service recognises Māori mana Motuhake, and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples embracing their worldviews, cultural, and spiritual beliefs.

Staff demonstrated an understanding of resident's rights and obligations and ensures residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The Cashmere Hospital business plan includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services are delivered that improve outcomes for Māori.

The service has established quality and risk management systems that take a risk-based approach, to meet the needs of residents and all staff. There is process for following the National Adverse Event reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting. Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective actions as indicated.

Rosters evidence staffing levels are adequate for the resident needs and the management team provide good support. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff appraisals are current.

Ngā huarahi ki te ora | 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The clinical nurse manager takes responsibility to assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident records included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements.

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

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

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

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The infection control programme is implemented and meets the needs of the service. The programme is reviewed annually. Documentation evidenced that relevant infection control education is provided to staff as part of their orientation and as part of ongoing in-service education programme.

Surveillance data is undertaken, including the use of standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements. There has been one (Covid-19) outbreak since the previous audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	1	1	0	0
Criteria	0	47	0	1	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the organisation, which Cashmere Hospital utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The cultural advisor at head office provides additional support as required. At time of audit the service had no residents who identify as Māori residing in the facility. Māori staff provide support and ensure Māori motuhake is encouraged. The staff complete Te Tiriti o Waitangi training which incorporates the principles and their meaning in practice. In particular participation and partnership in care delivery.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Cashmere Hospital uses a model of care that reflects the values and beliefs which underpin the health service provision to Pacific people. At time of audit there were no residents residing in the facility who identified as Pasifika. There were Pacific staff employed who the manager confirmed are supported to ensure that Cashmere Hospital provides cultural safety for Pacific peoples.</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>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The manager demonstrated how the Code is provided in welcome packs in the language most appropriate for the resident to ensure that they are fully informed of their rights. Four residents and two family/whānau report the code of rights are upheld.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Cashmere Hospital policies guide staff to ensure any form of discrimination, harassment, or any other exploitation is prevented. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>Staff at Cashmere Hospital are trained in and are aware of professional boundaries as evidenced in orientation documents and ongoing education records. Staff (three healthcare assistants, one registered nurse, one administrator), and management demonstrated an understanding of professional boundaries when interviewed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights</p>	FA	<p>Staff and management have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Interviews with resident's and their family/whānau confirmed their choices regarding decisions and their wellbeing is respected. Appropriately signed consent forms were sighted.</p>

and their ability to exercise independence, choice, and control.		
<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>	FA	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Complaint forms are located at the entrance and in visible places throughout the facility or on request from staff. 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 of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is maintained which includes all complaints, dates and actions taken. Since November 2023 there have been two internal complaints received. There has been one complaint received through the Health and Disability Commissioner (HDC). The HDC recommended this complaint to be managed by the facility. Discussion with the manager, clinical director and review of documentation evidenced that the complaint has been fully investigated and the outcome has been sent to the complainant. There have been no other complaints from external agencies. The complaints reviewed evidenced complaints are acknowledged, investigated and responded to and resolved in accordance with timeframes set out by HDC.</p> <p>Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The manager acknowledged their understanding that for Māori, there is preference for face-to-face communication and to include whānau in participation</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have</p>	FA	<p>Cashmere Hospital is in Johnsonville in Wellington and is part of Presbyterian Support Central (PSC). The service is certified to provide rest</p>

<p>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>home level care for up to 40 residents. All beds are single occupancy.</p> <p>On the day of audit, there were 37 residents, including one resident receiving respite care who is under accident corporation commission (ACC) funding. All other residents are under the age-related care contract (ARRC).</p> <p>The service is governed by a board of directors who execute the strategic executive plan. The vision and values are posted in visible locations throughout the facility and are reviewed in meetings. The Board receives progress updates on various topics, including (but not limited to) staff and resident incidents, benchmarking, complaints, human resource matters and escalated complaints. The business plan reflects links with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The service has identified external and internal risks and opportunities that include addressing inequities, and how these inequities plan to be addressed. Goals are regularly reviewed with evidence of sign off when met.</p> <p>Clinical governance is led by the clinical director with support from the clinical services team. There are weekly updates given at handover and these talks focus on current clinical focus areas and the implementation of core values within the service. Staff have regular "huddles" to share information regarding residents of concern, staffing changes and to have opportunities for all the team to check in with each other. Monthly reports to the Board reflect evidence of communicating quality and risk activities.</p> <p>The manager is nonclinical and has experience in managing a broad range of allied health services. The manager has been in the role since February 2024. The clinical nurse manager has extensive background in aged care and has been in this role since February 2024, having held a senior clinical role with Presbyterian Support Central prior to this appointment.</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</p>	<p>PA Low</p>	<p>Cashmere Hospital is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through collection of clinical indicator data. The manager and clinical nurse manager lead and implement the quality programme. The programme involves all staff with every staff member expected to be active in implementing a quality</p>

<p>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>approach when at work and participating in the quality programme.</p> <p>The service is implementing the organisations internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Reports are completed for each incident or accident with immediate action noted and any follow up actions(s) required, evidenced in the accident/incident forms reviewed. There were 20 incidents documented that occurred between September 2024 and day of audit. These included falls with injury, near miss events, pharmacy error, skin tears, bruising and unwitnessed falls. The content of incident/accidents reviewed confirmed the facility has a low threshold for incident reporting. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Opportunities to minimise future risks are identified by the clinical nurse manager. The clinical nurse manager collates all the data and completes a monthly and annual analysis of results which is provided to staff. Results are discussed in staff meetings with meeting minutes displayed on staff noticeboards.</p> <p>Monthly staff meetings provide an avenue for discussions in relation to quality data; health and safety; infection control; complaints received; staff updates and education. Discussion with the clinical nurse manager and review of documentation evidenced that the provider is developing the plan, do, study, act (PDSA) framework to guide staff to implement and evaluate improvements made to service delivery. The outcomes of which are shared within the staff meetings. Meeting minutes sighted evidenced that staff meetings are occurring as scheduled. Resident and family/whānau meetings have not occurred as per schedule. Satisfaction surveys are held annually, and results are shared with residents and family/whānau. The 2024 survey results were being collated at the time of the audit.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and an up-to-date register was reviewed. Health and safety is discussed at staff meetings. Staff have completed training related to health and safety. Staff are kept informed on health and safety issues through the handover process and staff meetings. Discussion with the manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been Section 31 notifications required for management appointments only. There has been no SAC reporting required to the Health and Safety Quality Commission. There has</p>
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		been one outbreak since the previous audit which was evidenced as being notified.
<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>	FA	<p>Rosters implement the staffing rationale. The manager and clinical nurse manager work full time from Monday to Friday. There is a weekly on call roster between the clinical nurse manager and registered nurses from neighbouring Presbyterian Support Central facilities. The manager provides after hours support for all operational issues. The manager and clinical nurse manager create the roster and distribute the senior healthcare assistants over the morning, afternoon and night shifts. As the facility only provides care for rest home residents now, the previous finding relating to registered nurse cover (2.3.1) has been met. The manager, clinical nurse manager and some of the healthcare assistants work across Cashmere Hospital and Cashmere Heights (sister facility) that opened in May of this year and is located in the same street.</p> <p>Separate cleaning and laundry staff are rostered. Staff on duty on days of audit were visible and were attending to call bells in a timely manner. Residents and family/whānau interviewed confirmed if they do use the call bell the staff response is prompt. Staff interviewed stated that staffing levels are adequate for the resident needs and the management team provide good support.</p> <p>There is an annual education and training schedule that has been reinstated since the new staff members have come on board for 2024. The education programme exceeds eight hours annually. The education programme lists compulsory training which includes code of rights, informed consent, restraint, challenging behaviour, Pacific values, Māori health values and beliefs, and medication management. There is an attendance register for each training session and an individual staff member record of training electronically.</p> <p>Educational courses offered include in-services, online and competency questionnaires. All care staff that administer medications have current medication competencies on record. All healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Seventeen healthcare assistants have completed level two, three or four with remaining staff on different stages of the pathway. Staff</p>

		<p>employed more recently are supported to commence their training.</p> <p>The clinical nurse manager and registered nurses are supported to maintain their professional competency. The clinical nurse manager has current competency for syringe driver management and is interRAI trained. The newly employed registered nurse will commence training shortly.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>The staff records reviewed included evidence of completed orientation, training, competencies, and professional qualifications on record where required. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports care staff to provide a culturally safe environment for Māori. Staff interviewed confirmed the orientation programme was adequate to familiarise themselves with their role, the facility, and the organisation. Review of staff records, discussion with the manager and review of the staff appraisal schedule plus discussion with staff evidenced that all staff who have been employed for a year or more have a current performance appraisal on record.</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>	PA Moderate	<p>Six resident records were reviewed: (including one respite with ACC funding). The clinical nurse manager is responsible for all resident's assessments, care planning and evaluation of care.</p> <p>Apart from the respite resident initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised electronic long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs (EWS) meet the</p>

		<p>residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The previous shortfall (3.2.3) has been addressed.</p> <p>The residents on ACC and respite contracts had appropriate risk assessments and a detailed care plan in place.</p> <p>Short term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the clinical nurse manager or registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the clinical nurse manager and include the degree of achievement towards meeting the desired goals and outcomes. Reassessment of key risks occurs as residents needs change and this is reflected in the resident's care plans. The previous shortfall 3.2.5 has been addressed. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. Medical documentation and records reviewed were current. When interviewed the GP stated the standard of care has improved markedly as the new staff members have settled in. They advised that plans they make for resident's care are updated, shared with appropriate staff and followed through. After hours care is provided by the contracted medical practice and the local public hospital when needed. If a physiotherapist is required a referral is completed. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. The clinical nurse manager has completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse and medication competent healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses robotics packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in locked cupboards in the medication room. The medication fridge temperatures are monitored daily, and all stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Twelve medication charts were reviewed. Each chart sampled had photo identification and allergy status identified. Indications for use were documented for pro re nata (PRN) medications, and the effectiveness of PRN medication was consistently documented in the electronic medication</p>

		<p>system and progress notes. There were no residents self-administering medications; however, there are policies and procedures to guide staff in the event a resident wish to do so. Staff were aware of the process. There are no standing orders in use.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up.</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>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents' requests.</p> <p>There is a verified food control plan current to 23 January 2025. The residents and family/whānau interviewed were complimentary regarding the standard of the meals served.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs, and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident, family/whānau and other service providers to ensure continuity of care.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Cashmere Hospital and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's culture and supports cultural practices.</p> <p>The current building warrant of fitness expires 23 December 2024. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours per day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an infection, prevention, and antimicrobial policies and procedures that includes the pandemic plan. The infection control programme is reviewed, evaluated and reported on annually. The programme is linked to the quality improvement programme and approved by the governing body. The infection control policies were developed with input from infection control specialists, and these comply with relevant legislation and accepted best practice.</p> <p>Staff education includes standard precautions; isolation procedures; hand washing competencies; and donning and doffing of personal protective equipment (PPE).</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</p>	FA	<p>Infection surveillance is the responsibility of the infection control coordinator. All infections are entered into the electronic resident system, with a monthly collation and analysis of infections completed by the infection control coordinator. Any trends are identified, and corrective actions implemented. The service incorporates ethnicity data into surveillance methods and data captured around infections. Outcomes are discussed at handovers and staff meetings when residents have infections.</p> <p>Internal infection control audits are completed with corrective actions for</p>

and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.		<p>areas of improvement. The service receives regular notifications from Health New Zealand.</p> <p>There has been one Covid-19 outbreak since the previous audit which was documented and managed according to policy.</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>Maintaining a restraint free environment is the aim of the organisation and facility. Policies and procedures meet the requirements of the standards. Restraint is discussed at clinical governance level.</p> <p>The designated restraint coordinator is a registered nurse. Systems are in place to ensure restraint use would be reported appropriately to all staff and the senior clinical team. Restraint policy confirms that restraint consideration and application must be done in partnership with residents and family/whānau and the choice of device must be the least restrictive possible. There are currently no residents using restraint. Restraint is included as part of the orientation for staff and completed annually through the education plan.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>Discussion with the manager, healthcare assistants, residents and family/whānau plus review of documentation evidenced that the provider encourages ad hoc opportunities for feedback from all people receiving care; however, the resident's meeting schedule is yet to be implemented. The last resident and family/whānau meeting was held in February 2024.</p>	<p>There is currently no opportunity for residents to give feedback and be updated regarding facility matters within the resident meeting forum.</p>	<p>Ensure resident and family/whānau meetings are reintroduced and are held as per schedule.</p> <p>60 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to,</p>	PA Moderate	<p>Staff had followed policy and procedure in all incident accidents reviewed for residents having had an unwitnessed fall. Including head to toe assessments, informing next of kin and the clinical manager and providing reassurance to the resident. The event forms reviewed evidenced that neurological</p>	<p>Four of four event forms where neurological observations had been commenced, were not completed according to policy.</p>	<p>Ensure all neurological observations are monitored and recorded as per policy and procedure post a resident having an unwitnessed fall.</p>

<p>meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>observations were commenced for all residents post an unwitnessed fall or when a head injury was suspected. However, all monitoring was inconsistently recorded.</p>		<p>60 days</p>
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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.

No data to display

End of the report.