

# Homestead Ilam Care & Hospital Limited - Homestead Ilam Care & Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Homestead Ilam Care & Hospital Limited
<b>Premises audited:</b>	Homestead Ilam Care & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 5 November 2024      End date: 6 November 2024
<b>Proposed changes to current services (if any):</b>	The owner requested a change in the premises name from Homestead Ilam Care and Hospital to Homesteadcare Ilam as reflected in business documents, website, Eldernet and associated policies.

**Total beds occupied across all premises included in the audit on the first day of the audit: 37**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Homesteadcare Ilam is certified to provide rest home and hospital levels of care for up to 39 residents. There were 37 residents on the days of audit.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Health New Zealand- Te Whatu Ora. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau management, staff, and a general practitioner. The audit was conducted at a time of a Covid-19 outbreak within the facility that limited visual inspections of the environment.

The facility has implemented a new electronic resident management system since the last audit. The facility manager is also a director and is supported by a facility coordinator (director) that oversee the support services. The two clinical nurse managers are responsible for clinical governance. Residents and family/whānau interviewed responded positively about the care and support, specifically highlighting the cleanliness and spaciousness of the facility.

This audit has identified shortfalls related to the adverse event documentation, care plan interventions and medication management.

The service was awarded a continuous improvement rating related to the use of cue cards to improve resident monitoring.

## Ō tātou motika | Our rights

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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Residents and their family/whānau are informed of their rights according to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld. Homesteadcare Ilam has connections with the local marae, iwi and has a Māori health plan documented. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. The informed consent process is well understood and implemented by staff. Complaint processes are equitable with complaints promptly resolved in collaboration with family/whānau. Residents or their enduring power of attorney can make informed choices for themselves.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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There is a documented business plan 2024 which includes a mission statement, philosophy and operational objectives/goals. Homesteadcare Ilam has implemented quality and risk management systems with internal audits and meetings occurring as scheduled. Human resources policies cover recruitment, selection, orientation, and staff training and development. A thorough induction programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects of care and support, and external training is supported. The staffing policy meets

contractual requirements and ensures appropriate skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet residents' needs. The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents are assessed by the Needs Assessment and Coordination Service prior to entry as needing rest home or hospital level of care. Accurate information is available in an information pack and on the website. Prior to entry, residents and their family/whānau are able to visit the facility and meet with staff.

On the day of admission, the registered nurse undertakes a detailed and holistic assessment to identify residents' needs and preferences. From this, an initial care plan is developed. Within three weeks, a long-term care plan is developed in collaboration with the resident and their family/whānau. Medical care is provided by a contracted general practitioner who sees residents within one week of entry and three-monthly thereafter. A multidisciplinary approach is taken in evaluating care plans and residents and family/whānau have input into care plan evaluation. Clinical notes are fully integrated, with all members of the multidisciplinary team contributing.

Both group and individual activities are planned by a qualified diversional therapist who identifies residents' interests and aspirations. Activities are aimed at enhancing physical strength and balance and mental and social wellbeing. Outings in the facility bus are provided so residents continue to be part of the wider community.

Policies in relation to medication management complies with legislation. All staff responsible for medication administration is assessed as competent to do so. Changes in medications are discussed with residents and their family/whānau.

All meals and baking are cooked on site by a kitchen manager and second cook who have completed food safety training. The menu is reviewed by a registered dietitian and varies according to the season. The kitchen is well organised and clean. Nutritional supplements prescribed by a dietitian or general practitioner are available.

Transfer and discharge are planned processes that are communicated to residents and family/whānau.

## **Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment**

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness. The building and grounds are well maintained. Equipment is checked and maintained. There is an approved evacuation scheme. The physical layout of the building meets the residents needs. Residents were observed to move safely within the building. There is safe access to the outdoors with seating and shade.

Security checks are done to ensure the building is secure at night. There is sufficient drinking water, food, and supplies in the event of a disaster. There is prioritised access for a generator from an external provider if the main supply is down.

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

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

Subsections applicable to this service fully attained.

The infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the directors, and integrated into the quality improvement system. There is a documented pandemic plan and outbreak response plan. The facility has adequate resources and personal protective equipment, and staff are appropriately trained. One of the clinical nurse managers oversee infection surveillance, sharing infection control data with staff, and ensures that general practitioner and external consultant recommendations are implemented.

Policies and processes for managing waste, infectious, and hazardous substances are confirmed through document review and staff interviews. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations. All laundry is laundered on site.

## **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 aim of the service and management team is to eliminate restraint. The restraint policy includes objectives for eliminating restraint. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the

restraint coordinator. On the day of the on-site audit, there were two residents using restraints. Restraint is only used as a last resort when all other options have been explored. Restraint documentation processes are robust to include assessments, consent, monitoring, and evaluation processes to minimise associated risks. Quality review of restraint use occurs. All staff complete a restraint competency and receive education in relation to the management of risks associated with 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	26	0	2	1	0	0
Criteria	1	172	0	2	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

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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>	<p>FA</p>	<p>There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to Te Tiriti o Waitangi. There were no residents that identified as Māori at the time of the audit. The facility manager reported during interview that they can access cultural support and guidance from established connections with the local marae, Ngā Hau e Whā and a Māori advisor from the local iwi, Ngai Tahu. The facility manager also stated that he has Māori ancestry. The recruitment policy includes provision of an equitable recruitment process.</p> <p>The facility manager and clinical nurse manager confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. The service had staff who identified as Māori. Staff have received training on Te Tiriti o Waitangi, Māori health plan, tikanga practices and te reo Māori. Interviews with ten staff including two registered nurses (RNs), three caregivers, one diversional therapist (DT), one household assistant, one laundry assistant, one servery assistant and one kitchen manager confirmed that mana motuhake is respected and they are well-equipped to deliver equitable services.</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>	<p>FA</p>	<p>There is a Pacific health plan in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the Fonofale model of care for use with Pacific peoples. Engagement with a local Pacific community group is facilitated by a Pacific staff member. Interviews with the facility manager and clinical nurse manager and staff confirmed that they understood the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for Pasifika. There are equitable recruitment and education processes to recruit and upskill Pacific staff. At the time of the audit there were residents who identified as Pasifika who reported their needs were being met, and staff respected their culture.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters and brochures available in te reo Māori on entry to the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available. Interviews with five residents (three rest home and two hospital level care) and two family/whānau (both hospital level care) confirmed that staff are respectful and considerate of residents' rights in line with the Code. The clinical nurse manager confirmed the involvement of independent advocacy when required. Regular resident meetings provide a valuable platform for residents to voice their preferences regarding various aspects of the home, including food and activities. The meeting minutes evidenced residents' wishes are conveyed to management. Documented evidence shows that the service follows up on raised issues. The service actively supports and encourages family/whānau engagement and welcome visits. Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and were provided with opportunities to discuss and clarify their rights. The facility manager affirmed their commitment to respecting and upholding Māori autonomy and mana motuhake, which was confirmed by staff interviewed.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Resident file reviews and interviews with staff, residents and family/whānau confirmed that Homesteadcare Ilam is inclusive of each resident's identity, including their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristic. Staff were observed to maintain privacy throughout the audit. All residents have a private room. A married couple interviewed stated that their privacy is respected when they visit each other's rooms. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. Residents affirmed that their personal priorities are supported, which was observed during the audit and reflected in individualised care plans. In interviews, staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work.</p> <p>Māori language is prominently featured in the facility's signage and posters, including the activities programme. Management is committed to respecting and upholding Māori autonomy, language, and mana motuhake. Māori cultural days are celebrated and include Matariki and Māori language week. Staff received training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori. Te reo Māori signage was visible throughout the facility, and staff have access to the Māori health plan, which they reference and implement regularly in their daily activities.</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</p>	<p>FA</p>	<p>Staff demonstrated a clear understanding of the service's policy on abuse and neglect, including the appropriate actions to take if any signs were observed. The audit found no instances of discrimination, coercion, or harassment in staff, resident, or family/whānau interviews or in the reviewed documentation. Staff sign a code of conduct upon commencing employment. Staff</p>

<p>safe and protected from abuse.</p>		<p>demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. Residents interviewed reported that their property is respected, and professional boundaries are consistently maintained. The service follows a process of managing residents' finances through invoicing. Residents maintain a comfort account to avoid handling cash.</p> <p>Internal audits of the resident rights and Māori health were conducted to ensure compliance. The results confirmed that residents' needs are being met, with audit reports showing full compliance in these areas. Interviews with staff and management confirmed their commitment to fostering a positive, inclusive, and safe working environment. They are encouraged to address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed. A strengths-based and holistic model of care is implemented, ensuring wellbeing outcomes for Māori is achieved when in care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and family/whānau interviewed provided positive feedback, noting that communication is open and effective, and they felt listened to. They expressed the ability to raise concerns with staff and management and consistently felt heard and understood. Review of eleven incident forms confirmed that family/whānau were notified of any events or incidents. The contact details for family/whānau and the Enduring Power of Attorney (EPOA) were kept current, with a secondary contact noted when the EPOA was unavailable. A general practitioner (GP) interview confirmed timely communication and appropriate follow ups.</p> <p>A review of the monthly residents meeting minutes confirmed that residents can raise issues with staff and management. These concerns are followed up and any issues are addressed promptly. Information is provided to residents and family/whānau on admission. The facility manager and clinical nurse manager described an implemented process around providing residents and family/whānau with time for discussion around care, time to</p>

		<p>consider decisions, and opportunity for further discussion, if required. Homesteadcare Ilam has access to interpreter services and cultural advisors/advocates when required.</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 and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies documented around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. The resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares are included and signed as part of the admission process. Specific consent has been signed by the resident or their EPOA for procedures such as influenza and Covid-19 vaccines, and other clinical consents. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' file and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity is on file.</p> <p>An advance directive policy is in place. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner has made a medically indicated resuscitation decision. There is documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their family/whānau. Discussions with the caregivers and registered nurse confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around the Code, including informed</p>

		<p>consent.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The registered nurse and clinical nurse managers have a good understanding of the organisational processes to ensure Māori residents involve the family/whānau for collective decision making. Support services for Māori are available.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>There is a complaints policy in place. The facility manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The facility manager maintains an up to date complaints register. Two complaints have been made since the last audit. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. There have been no complaints made from external agencies. Concerns and complaints are discussed at relevant meetings.</p> <p>The welcome pack includes comprehensive information on the process for making a complaint. Interviews with residents and family/whānau confirmed they have been provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility. The complaints process is equitable for Māori. The facility manager and clinical nurse managers are aware of the preference for face-to-face communication with people who identify as Māori. Residents and family/whānau interviewed confirm the management are open and transparent in their communications and staff clearly explained the complaint process, ensuring they knew how to raise any concerns.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	FA	<p>Homesteadcare Ilam provides care for up to 39 rest home and hospital level residents. Thirty-seven of thirty-nine beds are dual-</p>

<p>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>purpose (two beds are rest home only). There is one room that is a double room that was being used for single occupancy at the of the audit.</p> <p>At the time of the audit, there were 37 residents in total: 13 rest home level and 24 hospital level including one resident on a younger person with disability contract (YPD), two residents on long term support chronic health condition (LTS-CHC) contracts and one resident on an individual funding agreement (IFA). The remaining residents were funded by the age related residential care (ARRC) agreement.</p> <p>The directors include the facility manager and his wife who is the facility coordinator. They have owned the business since January 2021 and are supported by two Board members, who both have a background in aged care. The Board meet quarterly.</p> <p>Responsibilities and accountabilities are clearly defined. The facility manager confirmed knowledge of the sector, regulatory, Ministry of Health and other mandatory reporting body requirements. The facility manager attends the Board meetings. The Board has access to a Māori advisor with links to a local iwi, Ngāi Tahu. The directors have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is a documented business plan 2024, which includes a mission statement, philosophy and operational objectives/goals. Goals are regularly reviewed, which was last completed in September 2024. The facility manager and facility coordinator analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori.</p> <p>Collaboration with the facility manager, clinical nurse manager, RNs, staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care. The clinical nurse manager and quality coordinator/senior RN provide the facility manager and Board with clinical oversight. The directors have an understanding of health equity and supports meaningful inclusion of Māori and ensures the organisation's values and goals reflect the needs of Māori.</p> <p>Interviews with facility manager confirmed that they focus on improving outcomes for Māori and tāngata whaikaha people with</p>
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		<p>disabilities, ensuring equity in all aspects of the service works. Māori advice can be sought when required through an aged care industry consultant. Residents are encouraged to participate in the planning and evaluation of the service through general feedback, annual satisfaction surveys and monthly resident meetings.</p> <p>The facility manager (non-clinical) has previous experience in senior executive management and is actively involved in the day-to-day operations. He is supported by the facility coordinator, two clinical nurse managers, quality coordinator/senior RN and team of RNs and caregivers.</p> <p>The facility manager has maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility and has open communication with members of the Board at all times.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Homesteadcare Ilam is implementing a quality and risk management programme that includes performance monitoring through internal audits and the collection of clinical indicator data. Internal audits are conducted according to the schedule, and any corrective actions identified are used to enhance service delivery. Resolved issues are signed off and discussed at facility meetings. Meetings include bi-monthly quality, health and safety, infection control meetings and monthly RN/clinical and staff meetings. Quality data on infections, restraint use, incidents, and wounds is collected, analysed, and reviewed at staff meetings. Data is compared to previous months and plans are developed to respond to any areas of concern. The service has been awarded a continuous improvement rating for the implementation related to the use of cue cards to improve intentional rounding and resident monitoring.</p> <p>Resident and family/whānau satisfaction surveys are conducted annually with the September 2024 results indicating positive levels of satisfaction with the service. Corrective actions have been implemented around food dietary, cultural needs and call bell response times. Policies and procedures are up to date and are</p>

	<p>maintained online through Kindly, staff interviewed confirmed they can access these documents as needed. Eleven adverse event forms were reviewed with immediate follow up from an RN; however, not all adverse events had a full investigation completed in a timely manner. The falls management policy was not fully implemented where injuries were sustained (link 3.2.3). Incident and accident data is collated monthly and reported in the monthly staff meetings. Homesteadcare Ilam collects data relating to adverse, unplanned and untoward events. Incident reports are completed for each incident/accident. Results are discussed in the quality, RN/clinical, staff meetings.</p> <p>Health and safety meetings occur bi-monthly as part of the quality meeting. Hazards are documented and addressed in the Kindly online portal. Staff complete education related to hazard management and health and safety annually. There is a hazard and risk register in place which was last reviewed in July 2024. Falls prevention strategies are in place that include the analysis of falls incidents and identification of interventions. The service took steps to understand where the falls risk were happening and made adjustments to reduce the opportunity of falls happening, this resulted in a reduction of resident falls over the past year.</p> <p>There are established connections with a local marae. The facility manager advised that there is access to local iwi to provide essential cultural support and guidance, ensuring culturally appropriate care. Staff undergo comprehensive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, which builds their knowledge and awareness of the importance of addressing accessibility barriers. This training, health literature resources, and cultural connections ensure that all staff are well-equipped to deliver high-quality healthcare for Māori. The complaint processes are equitable, and any complaints are promptly resolved in collaboration with the family/whānau, ensuring that all voices are heard and respected.</p> <p>Discussions with the facility manager and clinical nurse managers confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no events reported that required a Section 31 notification.</p>
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		<p>There was also no SAC reporting required to the Health Safety and Quality Commission. One Covid-19 outbreak in October/November 2024 was recorded and reported to Public Health authorities since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. The facility adjusts staffing levels to meet the changing needs of residents. The facility manager works fulltime from Monday to Friday and is available 24/7 for any operational related issues. There is a fulltime clinical nurse manager, the role is shared by two RNs, one works on Monday/Tuesday and the other works from Wednesday to Friday. They also share the on call 24/7 duties for any clinical matters.</p> <p>The management team are supported by the facility coordinator, RNs including the quality coordinator/senior RN and caregiver team. Staff interviewed reported adequate staffing and support from the clinical nurse manager and RNs. Residents and family/whānau interviewed did not raise staffing issues and confirmed that staff are attentive to resident's needs. There is at least one first aid trained staff member on duty 24/7.</p> <p>There is an annual education and training schedule, this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person.</p> <p>Staff knowledge is checked through quizzes and competency assessments. The level 4 caregivers work as team leaders and have received additional training and competencies to support their clinical decision making with the support of the clinical nurse manager. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification, with 88% of caregivers having achieved either level 3 or higher.</p> <p>All staff are required to complete competency assessments as part of their orientation. Staff who administer medication complete annual medicine competency and a record of completion is maintained. Staff training records showed that they completed training related to Māori health outcomes and disparities and health</p>

		<p>equity. Staff interviewed were knowledgeable around these subjects and confirmed that their cultural training is ongoing, with staff having access to online modules. The clinical nurse manager and RNs are trained and competent in completing interRAI assessments. Staff reported a positive work environment and an employee assistance programme is available to them, when required.</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>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Seven staff files were selected for review, which evidenced recruitment processes are being implemented and includes reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job descriptions, responsibilities, and accountabilities. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>Competencies are completed at orientation and then as part of the ongoing education plan. Homesteadcare llam demonstrated that the orientation programme supports RNs, caregivers, cleaning, and laundry staff to provide a culturally safe environment for Māori. Staff performance appraisals were completed annually. All staff files were kept secure and confidential. Staff ethnicity data is collected and recorded. The results of annual staff satisfaction survey and staff interviews indicate that staff feel supported in their roles and feel comfortable discussing any issues with the clinical nurse manager or facility manager. The clinical nurse managers reported that debrief and discussion occur following any incidents to ensure wellbeing.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	FA	<p>Resident records, including medication management system and staff files, are stored electronically. There is a resident management system and a medication management system that are secure and</p>

<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>require user identification and passwords to access.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Prospective residents are assessed by the needs assessment and coordination service as requiring rest home or hospital level care. Prior to entry, prospective residents and their family/whānau are invited to visit the facility and meet with staff. An information pack is available for them to take away and there is further information available on the internet.</p> <p>The admission, discharge and transfer policy specify the entry criteria and the processes and documentation required on admission. The policy specifies the admission process must comply with legislation, particularly maintaining a person's right to be kept informed and to respect their dignity, beliefs, and values.</p> <p>If a prospective resident does not meet the entry criteria, they and their family/whānau are informed and referred back to needs assessment and coordination. The monthly facility manager's report evidenced the facility manager collects data on admissions and declined entries and this data includes ethnicity. Information, including the Code, is displayed in the entranceway in English and te reo Māori. The service has established links with local Māori to support Māori residents and their whānau when admitted.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Seven resident files were reviewed including three rest home and four hospital residents (including one on individualised funding, LTS-CHC and one YPD). All showed an initial assessment is completed on the day of admission by the registered nurse. The initial assessment includes the use of validated assessment tools. From the initial assessments, an initial care plan is developed that outlines the resident’s needs and supports required. Family/whānau interviewed confirmed they were involved in the initial assessment and care planning process. The registered nurse completes interRAI assessments for residents (except those on the LTS-CHC contracts).</p> <p>Within three weeks of admission, a detailed long-term care plan is developed which covers all medical, social, cultural, and spiritual needs and preferences and care for individual medical conditions. Long-term care plans are reviewed at six-monthly intervals following the interRAI reassessment by the registered nurse. Family/whānau and residents interviewed confirmed they are involved in care plan reviews. The registered nurse consults caregivers and the diversional therapist when reviewing care plans. Where new needs are identified or the condition of a resident changes, the care plan is updated to reflect current needs and goals. Interventions address early warning signs, physical and medical needs. The Māori health and cultural safety policy requires staff to follow tikanga best practice and to consult Māori and their whānau during all stages of service delivery. It specified services are to be free of discrimination and there are to be no barriers for Māori receiving services. The registered nurse interviewed described removing barriers so all residents have access to information and services required, to promote independence and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes. The care planning reflects a holistic approach to care. Between shifts there was handover, and any concerns are communicated. Progress notes are documented by staff on every shift.</p> <p>Medical care is provided by the contracted general practitioner who does an initial assessment within five working days. Reviews occur at least three-monthly or sooner if needed. The GP provides out of</p>
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	<p>hours medical support. The GP visits the facility once a week to undertake three-monthly medical and medication reviews and to see those who needed to be assessed sooner than three months. If there were any changes to medications, the GP stated they would talk to the family/whānau. They were also involved in advanced care planning discussions with family/whānau and residents. They confirmed staff communicate with them in a timely manner if the condition of a resident changes. All resident's files reviewed evidenced six weekly podiatrist visits. A physiotherapist visits fortnightly, there is a physiotherapist assistant that works three times a week to assist with improving mobility and provide exercises. Other Health New Zealand specialists and allied health professionals are consulted for advice and include a dietician, speech and language therapist, wound nurse specialist, older people mental health services.</p> <p>The diversional therapist completes an assessment of hobbies, interests and life experiences and uses this information to develop a care plan for group and individual activities. All files reviewed included information about the residents' life experiences and significant events. This information is obtained from the resident and their family/whānau.</p> <p>At the time of the audit, there was one stage two pressure injury, one chronic wound being treated skin tears and skin lesions being treated. Wound care plans were in place for the wounds sampled, with wound evaluations being done at each dressing change. Short-term care plans are used to address short-term needs such as wounds, weight loss or infections. However, not all skin tears identified as an injury after a fall had a short term care plan completed.</p> <p>Monitoring charts sighted in resident's files include monthly vital signs and weights. Other monitoring charts completed include repositioning charts, intentional rounding, food and fluid monitoring and blood sugar monitoring. Staff interviewed stated they have sufficient equipment to provide cares for the residents.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The diversional therapist (DT) works full time over five days per week. Individual activities assessments and care plans are completed, in consultation with residents and their family/whānau. The DT plans group and individual activities in consultation with residents and their family/whānau and records residents' participation in activities in the progress notes.</p> <p>Monthly activity schedules were sighted and showed a range of activities are available to enhance physical strength and balance, mental stimulation, social engagement, and enjoyment of life. Activities include celebrating events such as the Olympic Games, Daffodil Day, Easter, ANZAC Day, and Matariki. A bus is used to transport residents on regular van outings. For residents who choose not to participate in group activities, individual activities such as card games, puzzles and reminiscing are provided. Group activities occurs within the lounges and there are quiet spaces for one on one activities.</p> <p>Due to the Covid-19 outbreak at the time of the audit, activities could not be observed; however, the DT explained how they ensure residents have resources within their rooms to combat boredom. There are resident lead activities where a resident plans and provides the activities. Te reo Māori is incorporated into activities and participation in te ao Māori is supported. Cultural days are celebrated. External entertainers visit regularly and church services are provided. On weekends, staff provide activities and can access the activities resources and have movies available to play. Residents confirmed they are consulted about their interests and aspirations and can choose if they wish to participate. Residents and family/whānau provided good feedback in relation to the activities. There is a resident and family/ whānau meeting monthly where feedback can be provided to all aspects of service delivery. The residents and family/ whānau survey evidence positive feedback about the activities programme. There are regular newsletters provided to residents and family/ whānau and information is shared on a closed social media group that is monitored by the facility coordinator.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy is in accordance with current legislation and guidelines. An electronic system is in use for documenting photographic identity, prescriptions, administration, and allergies/adverse effects. Staff are required to complete an annual competency assessment by the registered nurse. Completed and current competencies were sighted in staff files. Registered nurses are syringe driver competent.</p> <p>An agreement with a local pharmacy for supply of medicines was sighted. When medicines arrive at the facility, they are checked against the medication chart. Medications are individually packed in a robotic system with all pro re nata (prn) medications packed in blister packs. The GP prescribes all medications and consider over-the-counter supplements and vitamins when prescribing medications. When there are medication changes, the family/whānau and residents are kept informed of the reasons and potential side effects.</p> <p>A medication round could not be observed due to a Covid-19 outbreak on the days of the audit. Staff could explain how they administer medications safely. Staff were observed to explain to residents what medication they were being administered. Medicines are stored appropriately and kept in a locked cupboard. There is a dedicated medication refrigerator, and the temperature is recorded daily and seen to be within an acceptable range. Expired and no-longer used medications are returned to the pharmacy for disposal. The medication register shows two staff sign when controlled drugs arrive from the pharmacy. Weekly stocktakes are done and signed by two staff.</p> <p>The policy covers safe self-administration of medication. At the time of the audit, there were two residents self-administering their medications, however, not all aspects of the policy were fully adhered to. There are no standing orders.</p> <p>The registered nurses works in partnership with residents and the general practitioner to ensure residents have access to their regular medications and over-the-counter supplements. Residents interviewed confirmed they are involved in the review of their medications. At the time of the audit there were no residents who</p>
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		<p>identified as Māori; however, the registered nurses could describe providing support and advice to all residents regarding their medications and side effects.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals and baking are prepared and cooked on site by kitchen manager. Kitchen staff have been orientated to the service and role and have completed food safety training. The servery assistant was seen to be wearing appropriate personal protective clothing. Kitchen manager is experienced in provision of modified meals.</p> <p>Meals are served directly from the kitchen to the adjacent dining room. Food is plated and covered with insulated lids when transported to residents that are enjoying their meals in their rooms. Nutritional snacks are available.</p> <p>Residents are asked on admission about their food preferences, intolerances and cultural needs and this information is communicated to the cook. The menu is seasonal and there is a four-week cycle for each season. The menu was reviewed by a registered external dietitian in September 2023. Residents interviewed confirmed they enjoy the meals. Residents and family/whānau are asked to give feedback on the meals as part of an annual survey and monthly resident and family/ whānau meeting. Residents and family/ whānau stated there has been an improvement in the food service and dining experience.</p> <p>The food control plan expires in April 2025. The kitchen was observed to be clean and well organised. Dry stored pantry and refrigerator items are labelled with the dates they are opened. Refrigerator and freezer temperatures are monitored daily and maintained at an acceptable temperature. Specialised utensils are available when required. Residents were observed to be supported by caregivers with their meals and to maintain their independence. At the time of the audit resident were enjoying their meals in their rooms.</p> <p>Residents are weighed monthly and if there is loss in weight, consultation occurs with the general practitioner, who refers residents to a dietitian. Food supplements are provided where</p>

		prescribed. Staff demonstrated their knowledge of tikanga in relation to food management.
<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>The admission, discharge and transfer policy specify the process and required documentation for transfer and discharge. Interview with the registered nurse confirmed transfer and discharge is a planned process that includes discussion with the resident and their family/whānau. If they are transferring to a higher level of care, the Needs Assessment and Coordination service completes a re-assessment and family/whānau are informed of their options for entering another aged care facility.</p> <p>Prior to transfer or discharge, the interRAI is updated and handover occurs between the registered nurse and other facility. Medication charts, interRAI documents, enduring power of attorney documents, and resuscitation status are sent with the resident and family/whānau. Where residents wish to be or need to be seen by another health and disability service, including Kaupapa Māori agencies, a referral is made. Staff keep a list of contact details of other health and disability services in the area. At the time of the audit, the service had no residents who identified as Māori.</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 building warrant of fitness is current to June 2025. There is a maintenance schedule in place for regular maintenance of the building, grounds, and equipment. If equipment needs repair or a hazard is identified, this is entered into a maintenance book and remedied as soon as possible. Electrical equipment is tested and tagged annually and was last done in September 2024. Hot water temperatures are monitored and within the acceptable ranges.</p> <p>The facility is well maintained. There were no significant improvements made to the building; however, rooms are refurbished as they become available. It is homely and residents are able to bring their own personal belongings and items for their room. There are handrails in the hallways, stairways, toilets, and showers. There is a stairwell to an office area and staff room.</p>

		<p>All rooms are located on one level with large communal lounges and a dining area. There are other seating areas where residents can sit if they want to be alone or to visit with family/ whānau. There is a centrally located nurses' station and a separate workstation for caregivers.</p> <p>There are eight rooms with full ensuite facilities and the remainder of the rooms have a toilet and hand basin. There are flowing soap and hand towels for use. There are sufficient numbers of toilets and showers. Toilets and shower doorways have clear signage when in use/vacant. Toilets and showers are spacious to ensure safe mobility and/or manoeuvring of mobility and transfer equipment. Flooring is appropriate, non-slip and easy to clean. There are separate toilets for staff and visitors.</p> <p>Bedrooms are spacious enough for residents to move freely and have their own chairs and personal belongings. All bedrooms have an external window, and the facility is warm and comfortable with adequate heating that can be individually dialled within their room.</p> <p>There is safe access to the outdoors, communal courtyard with seating and shade. Outdoor pathways and ramps are well maintained.</p> <p>The service has future plans to expand and to alter the building in stages. The facility manager interviewed was aware of their obligations to consider how designs and the environment reflects the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A site-specific emergency management plan outlines the specific emergency response and evacuation requirements, as well as the duties and responsibilities of staff in the event of an emergency. A fire evacuation scheme is in place and was approved by the New Zealand Fire Service on 8 September 1999. Fire evacuation drills are conducted every six months. The latest fire evacuation drill was last completed on 24 September 2024. The staff orientation programme includes fire and security training. Fire exit doors were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor.</p>

		<p>The facility is well prepared for civil emergencies with sufficient civil defence supplies (checked three monthly) and storage of emergency water (water tank on site, 700 litres and also ceiling header tanks) which is adequate supply for three litres per resident per day for three days. There is a BBQ and gas hobs in the kitchen available for alternative cooking.</p> <p>Emergency food supplies sufficient for at least seven days are kept in the kitchen. The facility does not have a generator on site; however, have an agreement in place with a local contractor for one to be supplied if required. There is a first aid trained staff member on duty 24/7. The service has a call bell system in place that is used by the residents, family/whānau and staff members to summon assistance. Residents and family/whānau confirmed that staff respond to call bells promptly. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The visitors' policy and guidelines were available to ensure resident safety and wellbeing are not compromised by visitors to the service. Appropriate security arrangements are in place. The service utilises security cameras at the main entrance and exit doors throughout the facility. Evening staff go around the facility to make sure that it is secure throughout the night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention and control programme and antimicrobial stewardship programmes are appropriate to the size and complexity of the service, is approved by the directors and is linked to the quality improvement system. The facility manager/owner provides daily input into the facility operations and supports the infection prevention and control activities within the service.</p> <p>The facility manager attends all meetings and receive information related to infection prevention and control data, including the annual review of the programme. This was confirmed in an interview with the facility manager. A registered nurse (quality) undertakes the role of infection control coordinator and oversees infection control and prevention programme and work closely with the facility manager and clinical nurse managers. The job description outlines</p>

		<p>the responsibility of the role and a signed copy sighted in her file.</p> <p>Infection rates are presented and discussed at quality and staff meetings. Documented evidence showed infections were reviewed with the GP.</p> <p>The service has access to an infection prevention and control clinical nurse specialist from the local Health New Zealand. Residents and staff are offered influenza and Covid-19 vaccinations.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme and antimicrobial stewardship programmes is linked to the quality improvement system and reported on annually. The registered nurse is the infection prevention and control coordinator. The infection prevention and control coordinator has completed an external training around infection prevention and control and has appropriate skills, knowledge, and qualifications for the role. There is a signed position description for the infection prevention and control role.</p> <p>The infection prevention and control policies have been developed by an external consultant. The procedures and policies reflect the requirements of the standard and are based on current accepted good practice. The infection prevention and control coordinator has input into clinical policies that may impact on HAI risk.</p> <p>Staff became thoroughly familiar with policies through comprehensive training provided during orientation and ongoing education sessions, consistently demonstrating adherence to these policies. Residents and their family/whānau receive infection prevention and control education tailored to their needs, particularly rest home level care residents who independently undertake community visits and are informed about respiratory illnesses.</p> <p>Single use medical devices were not reused and were safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment which is used in line with manufacturers'</p>

		<p>guidelines, and which was audited to ensure its safe working state and regular decontamination.</p> <p>There is a pandemic plan. An outbreak response plan is documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly.</p> <p>The service provides te reo Māori information around infection prevention and control for Māori residents. The policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection prevention and control.</p> <p>The facility manager understands the process of involvement should there be plans for development and ongoing refurbishments of the building. The clinical nurse managers and infection prevention and control coordinator procure all equipment and consumables with support from the facility manager.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial use policy and procedure suitable for the size, scope, and complexity of the resident cohort. The registered nurse and the general practitioner monitor compliance with antibiotic and antimicrobial use by evaluating medication prescribing charts, prescriptions, and medical notes, adhering to recognised New Zealand Antimicrobial Stewardship Guidelines. Infection rates are monitored monthly and presented at meetings. Prophylactic use of antibiotics is deemed inappropriate and is actively discouraged.</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-</p>	FA	<p>Surveillance of infections is appropriate for the size and complexity of the service. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary.</p>

<p>drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>This data includes ethnicity, and is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at the integrated quality/staff meetings.</p> <p>The registered nurse oversees the infection surveillance programme. Infection prevention and control data is shared with the facility's staff, and any recommendations from the GP and external consultants are followed up. Infection prevention and control data along with any relevant issues are communicated to residents and family/whānau as needed.</p> <p>There have been no outbreaks since the previous audit; however, at the time of the audit there were 14 residents in isolation with Covid-19. Staff were observed to adhere to the guidelines set within the outbreak management plan. Clear communication pathways, including daily outbreak meetings and updates to residents, family/whānau and staff, were implemented. There was sufficient PPE stored, and extensive debriefing and training sessions were conducted during the outbreak.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies and processes for the management of waste and infectious and hazardous substances and interview with staff confirmed that policies and procedures are implemented. Laundry and cleaning processes are monitored for effectiveness via the internal audit system and ongoing observations by the management. Staff involved in laundry and cleaning services have completed relevant training. Chemicals were stored securely, and closed chemical dispensing system is used. Material safety and data sheets are available. A household assistant and laundry assistant interviewed could describe their responsibilities and safe practice.</p> <p>All laundry is done on site seven days a week by two laundry assistants. Linen cupboards had sufficient linen and towels. The laundry has a dirty to clean flow. There is sluicing facility with appropriate PPE.</p> <p>Caregivers stated that they received training on operating the washing machines and knew how to manage personal laundry.</p>

		<p>Staff were aware of prevention of cross contamination and use of PPE. Both residents and their family/whānau reported no issues with the laundry and cleaning services, noting that the facility is consistently very clean. Any concerns raised in the residents' meetings are promptly followed up, and actions are taken to address them. The infection prevention and control coordinator provide support to maintain a safe environment during construction, renovation and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of the device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is a registered nurse (care centre), who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. At the time of the audit the facility had two residents using two types of restraints (lap belt and bedrail). An interview with the restraint coordinator (a clinical nurse manager) described the organisation's commitment to restraint minimisation and implementation across the service.</p> <p>The reporting process to the facility manager includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. The restraint coordinator reported that any resident requiring restraint, included an assessment, consent, restraint care plan monitoring, and evaluation. Restraint review meetings occur monthly as part of the quality meeting. The restraint committee is responsible for the approval of the use of restraints and the restraint processes. Restraint is used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of eliminating restraint use. Training for all staff occurs at orientation and annually. Training includes cultural considerations and de-escalation techniques to manage challenging behaviour. Staff completes a restraint competency annually.</p>

<p><b>Subsection 6.2: Safe restraint</b></p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>A restraint register is maintained by the restraint coordinator. The files of the residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). Written consent was obtained from their EPOA.</p> <p>The use of restraint is approved by the GP and reviewed three monthly. Homesteadcare Ilam do not approve emergency restraints use; however, there is a documented debrief process available for the restraint coordinator. Monitoring forms are completed for each type of restraint and is monitored as part of the two hourly intentional rounding. Each episode of restraint is documented. The care plans included guidance and interventions to maintain safe use of restraint. Monitoring includes resident's cultural, physical, psychological, and psychosocial needs, and addresses Wairuatanga. No accidents or incidents have occurred as a result of restraint use. Restraints are regularly reviewed and discussed in the staff and quality meetings. The formal and documented review of restraint use takes place three-monthly.</p>
<p><b>Subsection 6.3: Quality review of restraint</b></p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit, review of restraint use, restraint incidents (should they occur) and education needs are provided by the restraint coordinator and discussed at staff/quality meetings. The resident utilising restraint and/or their EPOA has input into the review process. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.</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 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Low	<p>There is an Adverse Event or Incident Reporting policy and Falls Management policy documented. Eleven adverse event forms were reviewed. Adverse events are reported through the incident management system. Immediate follow up by a RN was evident in all the adverse event forms and next of kin were notified in a timely manner. Falls were not always correctly classified or investigated in a timely manner. Adverse events are collated each month and compared with other months. Where risks are identified, opportunities for improvement are documented.</p>	<p>(i). Five of eleven adverse event investigations were not completed in a timely manner.</p> <p>(ii). Four of four falls documented for one rest home resident were incorrectly classified as falls ‘without injury’; however, minor injuries occurred at each fall.</p>	<p>(i). -(ii). Ensure adverse events are managed according to policy requirements.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development</p>	PA Low	<p>All long term care plans evidenced sufficient individualised interventions to guide care.</p>	<p>There were no interventions documented in care plan for</p>	<p>Ensure interventions are documented for all</p>

<p>of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>Short-term care plans are used to address short-term needs such as weight loss or infections as reviewed. Incident reports were completed following adverse events; however, not all injuries had associated care plan interventions documented.</p>	<p>two residents who had sustained a skin tear.</p>	<p>injuries sustained.</p> <p>90 days</p>
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<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA Moderate</p>	<p>There is a medication management policy that guides the requirements to manage residents who wish to administer their medications themselves. There were two residents that administer their inhalers as needed, both were visually short of breath. The inhalers were within their possession at time of visual inspection or securely locked in a container. Both residents interviewed stated they used their inhalers as needed and both has an initial competency completed. Medication charts were reviewed three monthly; however, the GP has not verified the competency assessment three monthly nor indicated which medications are for self-administration. The fact that the residents self-administer their medication is documented in the LTCP; however, there was no clear process documented around recording how often these residents are using their inhalers.</p>	<p>(i). The policy requires the GP to verify the competency three monthly; however, this has not been completed for both residents.</p> <p>(ii). The medication charts reviewed did not indicate/identified which medications are for self-administration.</p> <p>(iii). There was no clear process documented in the LTCP how staff monitor and document the use of the inhalers for residents who self administer.</p>	<p>(i)-(iii). Ensure all aspects of the medication policy related to residents that wish to self-administer their medications are adhered to.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	<p>CI</p>	<p>The service had a finding at a previous audit related to monitoring of care. Understanding that staff learn differently, the registered nurses (one previously a clinical lecturer) in collaboration with the clinical nurse managers developed cue cards to improve the quality of intentional rounding. The aim of the intentional rounding includes promoting resident safety, encouraging team communication, improving staff ability to provide efficient resident care, decreasing resident anxiety, increasing quality of care and resident satisfaction. Cue cards are carried on person by the caregivers on each shift. The cue cards evolved over a period of three months to include feedback from the registered nurses and caregivers. One of the measurements the service uses to see if the quality of intentional rounding has improved was the use of falls data. The feedback on the falls data was monitored to measure improved quality of care.</p>	<p>The cue cards were initially intended for clinical staff but proved to be successful for support staff (non clinical) to use it as well in relation to the environment (safety of communal areas). The cue cards include intentional observation of the resident environment and personal needs to ensure a proactive approach where residents are continuously observed. The staff received training in intentional rounding, and the cue cards were introduced as part of orientation. Staff interviewed could explain the impact the cue cards has made to their practice and were observed to have the cue cards with them.</p> <p>The facility manager stated the feedback to the service from visiting polytechnic nursing students evidence it was helpful to provide them with a structured interaction to the cohort of residents that they did not know well. The falls data reported a</p>

			<p>significant reduction in falls. For the year preceding year (November to October 2023) the average falls rate were documented at 11.16 /1000 bed days and decreased to an average of 7.3 per 1000 bed days in 2024.</p> <p>Residents and family/whānau interviewed stated staff are always visible and attended to residents` needs in a timely manner and this was confirmed by the 100 percent resident and family/whānau satisfaction survey of 2024.</p>
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End of the report.