

Kohatu Homes Limited - Kohatu Homes Limited

Introduction

This report records the results of a Provisional 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:	Kohatu Homes Limited
Premises audited:	Kohatu Homes Limited
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 November 2024 End date: 21 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:	21

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.

General overview of the audit

Kohatu Rest Home is privately owned and operated by two owner/directors, with the support of a nurse manager who is a registered nurse. Kohatu Rest Home is certified to provide rest home level of care for up to 24 residents. There were 21 residents on the day of audit.

This provisional audit was conducted against 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 residents and staff files; observations; and interviews with family/whānau, residents, management, staff, the cultural advisor, the general practitioner, the current owner/director and the prospective purchaser.

The nurse manager has been in the role for 17 years and has broad experience in the aged care industry. They are supported by an experienced team of caregivers and support staff. Feedback from family/whānau and residents was positive about the care and the services provided at Kohatu Rest Home.

This provisional audit identified shortfalls in relation to governance, medication management, and care plan evaluation.

Ō tātou motika | Our rights

Kohatu Rest Home provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. A Māori and Pasifika Health Plan is in place. Spirituality, beliefs, and values are respected. The provider ensures the service is safe for Pacific peoples. Residents receive services in an equal manner that considers their dignity, privacy, and independence. Staff were observed effectively communicating with residents about their choices. Evidence was provided that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. When complaints occur, they are managed appropriately.

Hunga mahi me te hanganga | Workforce and structure

Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic/business plan informs the operational objectives of Kohatu Rest Home. Kohatu Rest Home has implemented the organisational quality and risk management system. Quality data is collated and shared with staff. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme documented that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The staffing policy aligns with contractual requirements and included skill mixes.

Ngā huarahi ki te oranga | Pathways to wellbeing

The registered nurse is responsible for assessment, care planning and evaluations. These processes are completed within the required timeframes. There is a contracted general practitioner who visits once a week and is available on call after hours.

Residents can choose to have their own general practitioner. Care plans are comprehensive and developed on collaboration with residents and their family/whānau.

Medication management is in accordance with best practice guidelines. Staff complete annual medication competency tests. Residents and their family/whānau are consulted when there are changes to medications.

Activities are planned and delivered by a registered diversional therapist. A broad range of group and individual activities are provided including van outings. Residents who identify as Māori have ongoing opportunities to participate in te ao Māori and to maintain their status as Kuia or Kaumātua.

Meals and baking are prepared and cooked on site. Dietary preferences, allergies, intolerances and specific needs are catered for.

There is a process in place for the safe transfer and discharge of residents.

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

There is a current building warrant of fitness. There is a planned and reactive maintenance system implemented. The facility is clean and safe for residents. Residents personalise their rooms to their taste. They have access to safe and pleasant outdoor areas.

There is an approved fire evacuation plan and fire drills are held six-monthly. The facility and staff are prepared for emergencies and civil disasters through training, sufficient supplies and a generator on site. There is always at least one staff member on duty with a current first aid certificate. Call bells are readily available to residents at all times.

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

A suite of infection control policies and procedures are documented and in use. The infection prevention and control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection prevention control programme have been developed externally by the provider's chosen care management software provider. All have been approved by the owner/directors. Surveillance processes are documented to ensure infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. There have been no outbreaks since the previous audit. There are laundry and cleaning processes which are adhered to. Staff have completed chemical training.

Here taratahi | Restraint and seclusion

The policy and procedures for restraint minimisation and safe practice align with the Standard. Staff have ongoing training in alternative strategies to restraint and the least restrictive practice. The registered nurse is the restraint coordinator. The facility has been restraint free for several years.

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	24	0	1	2	0	0
Criteria	0	167	0	1	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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>Kohatu Rest Home has an organisational Māori and Pasifika Health Plan 2022 – 2025 in place. This includes a Māori engagement framework which outlines how the cultural needs of Māori residents are met and how it fulfils its obligation and responsibilities under Te Tiriti o Waitangi to underpin services. Cultural resources are available to staff, which includes the Health and Disability Commissioners Code of Consumer Rights (the Code) in te reo Māori, cultural considerations for care, and guidelines to assist culturally appropriate communication. Other current policies include the code of conduct for staff, which includes the service’s values in both English and te reo Māori.</p> <p>The Māori and Pasifika plan includes links with the cultural advisor, local iwi, and kaumātua. Staff and residents who identify as Māori support and guide the facility as required. There were residents that identified as Māori at the time of the audit. The service employs staff who identify as Māori. Staff who identify as Māori were interviewed and feel their culture is well supported.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	FA	On admission all residents state their ethnicity. There were no

<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>residents who identified as Pasifika; however, the nurse manager stated if there were Pacific residents, then their individual cultural beliefs would be documented in their care plan. Whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>The Māori and Pasifika Health and Wellbeing Plan 2022-2025 is in place and has been developed in a partnership approach with Pasifika. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality health care. There were staff employed who identified as Pasifika at the time of the audit. The facility is supported by a staff member who identifies as Pasifika and has ties with the Pacific community and church. They are available for advice, guidance and support.</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 Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information pack that is provided to new residents and their family/whānau at entry. Management discusses aspects of the Code with residents and family/whānau on admission. Five family/whānau interviewed reported residents rights are being upheld by the service. Further to this, they confirmed residents are treated with respect and their independence is supported and encouraged. Four residents interviewed confirmed that their rights were being met.</p> <p>Information about the Nationwide Health and Disability Advocacy Service, and the resident advocate is available to residents and families/whānau. There are links to spiritual support. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Interactions observed between staff and residents during the audit were respectful. Care plans reflected residents were encouraged to make choices and be as</p>

		<p>independent as possible.</p> <p>Māori mana motuhake is reflected in the Māori Health Strategy and the Māori health care plan. Interviews with one housekeeper, four caregivers, one diversional therapist, one cook, and the nurse manager, identified staff are encouraged to recognise Māori mana motuhake and provided examples of this in relation to their role.</p> <p>The prospective purchaser explained at interview they have a health care (medical and business) background and are familiar with the Code of Rights, and promotion of Māori mana motuhake.</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>The caregivers interviewed described how they provide choice to residents during their daily cares and routines. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Family/whānau members stated staff are patient and encouraging with residents, allowing them as much choice as possible. It was observed residents are treated with dignity and respect. All residents have their own room which is personalised with their photos and possessions. The December 2023 resident's satisfaction survey confirmed that residents and family/whānau are treated with respect. Residents interviewed confirmed they are being treated with dignity and respect, with staff adhering to their cultural values and beliefs. There is a sexuality and intimacy policy in place.</p> <p>Staff interviewed stated they respect each resident's right to have space to manage intimate relationships. Families/whānau interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified. Policies and procedures support tikanga Māori and encourage the use of te reo Māori. Staff interviews verified that cultural training has been provided, and staff are able to describe how they implement this knowledge when engaging in discussions with or providing care to</p>

		residents. Tāngata whaikaha are supported to participate in te ao Māori.
<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>The service has policies and procedures to protect people from abuse, discrimination, and neglect. Staff are provided with ongoing training around their policies and procedures. Cultural days are held to celebrate diversity. The code of conduct is discussed during the new employee's orientation to the service, with evidence of staff signing an acknowledgement. The code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct.</p> <p>Kohatu Rest Home provides a strengths-based and holistic model of care. The service ensures wellbeing outcomes for all residents are prioritised, as evidenced in the resident centred care plans. Staff interviewed reported training around abuse and neglect within the last two years. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The families/whānau interviewed confirmed that the care provided to their family member is of good standard. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, institutional racism, and bias. There are policies in place regarding management of resident's property and finances, which are implemented.</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</p>	FA	<p>Interviews with family/whānau confirmed that the service provides a high level of communication and keeps them well informed. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Family/whānau and residents confirmed they feel informed about things that happen within the facility and the management and staff are available, accessible and</p>

<p>people who use our services and effectively communicate with them about their choices.</p>		<p>collaborate with residents about their wellbeing outcomes.</p> <p>There were no residents who could not speak English at the time of the audit. Interpreters are available if required, with contact details readily accessible for staff. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. There are no premium rooms at the facility, with all rooms provided at an identical cost. The service communicates with other agencies that are involved with the resident, such as Health New Zealand.</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 around informed consent that align with the Code. The service has advance care plans to assist in planning the resident's care and wishes. Separate consent forms for Covid-19 and influenza vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy in place. In the files reviewed, there were appropriately signed resuscitation plans and some advance directives in place. Enduring power of attorneys (EPOA) were appropriately activated and evident where appropriate. Admission agreements had been signed for all the files reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</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>FA</p>	<p>All residents and family/whānau are provided with easy-to-understand information about how to raise concerns/complaints and compliments. Their right to support and advocacy is also clearly outlined. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. The nurse manager maintains records of complaints, actions taken, and resolution, and was knowledgeable around the complaint process. Residents and</p>

<p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>family/whānau making a complaint can involve an independent support person in the process if they choose.</p> <p>A complaints register is in place. There have been no complaints made since the previous audit. Staff are informed of any complaints received in quality/staff meetings. Discussions with families/whānau confirmed they are provided with information on complaints and complaint forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including resident meetings and through annual satisfaction surveys.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>PA Low</p>	<p>Kohatu Rest Home is certified to provide rest home level of care for up to 24 residents. At the time of the audit there were 21 residents. This was inclusive of one resident on respite, and three residents on a younger person with disability (YPD) contract. The remaining residents were under the age-related residential care contract (ARRC). There were no residents sharing a room at time of audit. There were no double/shared rooms.</p> <p>The Kohatu Rest Home governance consists of the two owner/directors. The owner/director interviewed advised they support meaningful inclusion of Māori in governance groups and honouring Te Tiriti, but are yet to complete training and core competencies in Te Tiriti o Waitangi, health equity, and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The cultural advisor provided additional information to evidence how these manifests in day-to-day operations for the facility. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The Kohatu Rest Home business plan for 2024-2025 includes site specific objectives and goals related to business and quality outcomes. The nurse manager collates information pertaining to goals and performance in key areas in the strategic plan, including quality care and service provision, and achievement of financial targets. The two owner directors review this two-yearly, with much guidance from the nurse manager. A clinical governance structure</p>

		<p>appropriate to the size and complexity of the organisation is in place.</p> <p>Working practices at Kohatu Rest Home are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha.</p> <p>The Māori and Pasifika Health Plan provides a framework to identify and address issues to ensure a safe living and working environment is developed and maintained for all. Cultural compliance includes tracking of ethnicity data for residents via established electronic systems.</p> <p>The nurse manager has been in the role for 17 years and has extensive background in health management in different sectors, including aged care and confirmed knowledge of the sector regulatory and reporting requirements and maintains currency within the field. They are supported by an experienced team of caregivers and support staff. The nurse manager has maintained at least eight hours of professional development activities related to managing an aged care facility, including completing cultural safety, Te Tiriti o Waitangi, complaints management, Code of Rights, informed consent training, and attending the managers conference in February 2024.</p> <p>The prospective purchaser is an experienced health business owner. A transition plan with timeframes to implement hand over has been documented. This is to include pre purchase face to face meetings with staff at Kohatu Rest Home and the prospective purchasers, and face to face meetings with all staff post the changeover date for two weeks. The current owners will provide support for three weeks post the sale of the facility, with the prospective purchasers ensuring close support via the phone and video conference for upwards of three months. All policies and procedures, quality systems, and client management systems will remain unchanged.</p> <p>The planned takeover date is 21 January 2025.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe,</p>	<p>FA</p>	<p>Kohatu Rest Home has an established quality and risk management framework and processes to ensure services are delivered to reflect</p>

<p>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>the principle of quality improvement processes. Kohatu Rest Home's policies include a risk management policy; health and safety strategy; and critical incident/accident/sentinel event policy. Kohatu Rest Home has established systems in place to record track and analyse quality data. Systems are in place that ensures service improvement occurs where there are gaps recognised to service delivery. Monthly quality/staff meeting minutes evidence a comprehensive review and discussion around all areas of the service, including clinical, staff, health and safety, and infection control.</p> <p>Monthly quality/staff meetings ensure good communication. Corrective actions are documented where indicated, to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard. The 2023 resident annual satisfaction survey indicated general satisfaction by the residents, and corrective actions were implemented for areas of lower satisfaction. Interviews with the nurse manager and staff confirmed health and safety training begins during staff induction to the service. Actual and potential risks are documented on a hazard and risk register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated by the nurse manager and reported to the owner/directors.</p> <p>A health and safety system is in place. The health and safety team meets monthly. The nurse manager leads health and safety for the facility, supported by a caregiver, activities coordinator and kitchen staff. The nurse manager has completed additional online health and safety training. Hazard identification forms and an up-to-date hazard register were reviewed (last updated 05 November 2024). Health and safety policies are implemented and monitored by the health and safety committee. Staff are kept informed on health and safety issues in handovers, and meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Hard copy reports are completed for each incident/accident, and a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in three accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Staff complete cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori. The</p>
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		<p>service collects ethnicity data during the resident's entry to the service and is reviewing quality data in relation to improving health equity, through critical analysis of data and practices.</p> <p>Discussions with the nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required to be completed and no outbreaks since the previous audit. There has been no requirement for any notifications to the Health Safety Quality Commission since July 2024. The prospective purchaser has confirmed they will maintain the current aged care facility management software and hard copy systems, enabling "a business as usual" approach to the quality programme, analysis and trend monitoring.</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Staffing ratios are described in a policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. The nurse manager confirmed at interview staff needs and weekly hours are included in the eight weekly reports provided to the director/owners. The roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets the contractual requirements with Health New Zealand. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with staff.</p> <p>The nurse manager works full time from Monday to Friday and are on call 24/7 for any non-clinical and clinical issues. Vacant shifts are covered by available caregivers. In the absence of the nurse manager, a casual registered nurse fills in with the support of a senior caregiver. The nurse manager stated turnover had been stable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes.</p> <p>Interviews with residents and families/whānau confirmed staffing overall was satisfactory and residents confirmed their care requirements are attended to in a timely manner. There is an annual education and training schedule implemented. The education and training schedule lists compulsory training which includes cultural</p>

		<p>awareness training. External training opportunities for care staff include training through Health New Zealand. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of Te Tiriti o Waitangi and cultural practices relating to Māori. The service shares health information (including Māori) collated with the quality data at all facility meetings. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 15 caregivers employed. All but three have achieved level two to four, with the remaining staff on the pathway.</p> <p>A competency assessment policy and process is in place and staff are required to complete competency assessments as part of their orientation. Competency assessments include moving and handling and back care, hand hygiene, and donning on and off of personal protective clothing. All have completed medication administration competencies. A record of completion is maintained on hard copy. The nurse manager is interRAI trained and completes all assessments for the residents. Wellbeing support is provided to staff. Staff reported the management team are supportive.</p> <p>The prospective purchaser stated they are not anticipating any staff changes, including management, and they plan to maintain the staffing levels. The training schedule will be maintained.</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>	<p>FA</p>	<p>Human resource policies including recruitment, selection, orientation and staff training and development are in place. Five staff files were reviewed (one activities coordinator and four caregivers). Job descriptions are in place for all positions and includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Staff files reviewed included a signed employment contract, job description, and induction documentation relevant to the role the staff member is in.</p> <p>Practising certificates for all health practitioners are retained (sighted) to provide evidence of their registration. Staff who have been employed for over one year had an annual performance appraisal</p>

		<p>completed. An induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific induction programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the induction programme supports staff to provide a culturally safe environment to Māori.</p> <p>All staff interviewed reported that the orientation process prepared them for their role and could be extended if required. Information held about staff is kept secure, and confidential. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>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>	FA	<p>Clinical records policy and processes are in place. Resident files and the information associated with residents and staff are retained and archived. There is a mix of hard copy and electronic information systems in place. Electronic information is regularly backed-up using cloud-based technology and is password protected. Electronic medication systems are in place. All electronic systems in place are protected from unauthorised access. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. 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.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities</p>	FA	<p>There is a policy for managing inquiries and entry into the service. Entry criteria include a requirement to be needs assessed for rest home or hospital level care. Authority from the needs assessment and coordination service (NASC) were sighted in residents' files. There is accurate information about the facility and services available on the Eldernet website and in an information pack. Entry criteria are</p>

<p>between Māori and non-Māori by ensuring fair access to quality care.</p> <p>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>communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers.</p> <p>Prospective residents and their family/whānau can visit the facility prior to entry, are given a tour and meet the staff working on the day. The nurse manager maintains a book of enquiries that includes ethnicity data. Residents and families/whānau interviewed confirmed the entry process was well explained, went smoothly and feel they are treated with respect and dignity at all times. If the prospective resident does not meet the entry criteria, they are informed of the reason, advised of other options and referred back to the referrer, although the nurse manager could not recall this happening.</p> <p>The service has existing engagements with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau. The nurse manager stated Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</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 Moderate</p>	<p>Five resident files were reviewed, including one resident on a younger person with a disability (YPD) contract. The registered nurse is responsible for all assessments including interRAI assessments and care planning. Residents are assessed by a physiotherapist within the first few weeks of entry and when needed. Resident files have evidence of resident and family/whānau input in assessments and care planning and those interviewed confirmed they are involved at each stage from assessment to care planning to evaluation. Initial assessments, interim care plans, interRAI assessments and long-term care planning are completed within the timeframes required by the age-related residential care contract.</p> <p>Medical assessments are completed by either the contracted general practitioner or the resident's own general practitioner within the required timeframes. Residents then have a three-monthly review by the general practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides on-call services after hours, particularly for residents on palliative care. Otherwise,</p>

	<p>there is a 24-hour medical centre in town or if urgent, the resident can be transferred to hospital. The general practitioner confirmed staff work collaboratively and inform them in a timely manner when there are changes. The diversional therapist completes a detailed lifestyle assessment to identify residents' interests, preferences and family/whānau connections and uses this to develop a plan for meaningful activities. The lifestyle assessment includes cultural assessment and residents and family/whānau interviewed confirmed their extensive input into this. The service facilitates access to traditional Māori health practitioners as needed. For younger residents, staff work closely with family and whānau to identify their goals and aspirations and ensure they maintain connections with their family and wider community. Residents have access to a visiting podiatrist.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system. Where interRAI shows a trigger for a specific need, this is overall included in care plans. Care plans include the goals and aspirations of residents and describe the interventions required to achieve these. Residents who identify as Māori have a care plan based on Te Whare Tapa Whā. Where there is a potential for a risk for a resident, such as a change in mood, challenging behaviour or hypoglycaemia, the early warning signs are documented and communicated to staff. Care plans are recorded on the resident electronic system and printed so caregivers can easily access them.</p> <p>Registered nurses and caregivers described how they involve residents and families/whānau in implementing care plans. Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them and are supported to achieve their own pae ora outcomes. They stated staff are respectful, caring and respond to their needs in a timely manner.</p> <p>Care plans are reviewed routinely every six months following the interRAI reassessment. Care plan reviews include a review of the residents' goals and aspirations and if the supports given are helping to achieve these; however, the care plan evaluations did not always evidence resident's progression towards meeting goals. Where a resident's progress is different from expected, the family/whānau is</p>
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		<p>informed; however, this was not always reflected in the care plan. In the event of a resident having a wound, the registered nurse completes a wound assessment and short-term care plan. At the time of the audit there were no wounds being treated.</p> <p>Staff reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes are completed daily by the caregivers. The registered nurse records in the progress notes when there is a change in a resident and following medical and medication reviews. If there is a change in the condition of a resident, the registered nurse is informed. A multidisciplinary approach promotes continuity in service delivery, including the general practitioner, registered nurse, physiotherapist, caregivers and diversional therapist, residents, and family/whānau.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed: weight (monthly as a routine or more often if indicated); blood glucose; behaviour; positioning; bowels; and food and fluids. Neurological observations are completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up.</p> <p>The Māori health care plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. The registered nurse reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. Residents who identify as Māori confirm their cultural identity is respected and their needs are met. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	<p>FA</p>	<p>Activities are provided by a registered diversional therapist who has worked in the facility for 11 years in total, and three in the diversional therapist role. The diversional therapist works 28 hours per week and</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>a caregiver provides activities one day per week. After hours caregivers can access the resources of the diversional therapist to provide activities for residents. Review of resident files shows activities plans are informed by using information from the lifestyle assessment (significant people and life events for each resident which includes family connections, cultural preferences, previous employment, interests and hobbies), and input from family and whānau. Monthly resident meetings (minutes sighted) provide an opportunity for residents to have a say in the activities programme and the diversional therapist gets ongoing feedback from residents in conversation.</p> <p>Review of the activities schedule shows a broad range of activities are provided, including physical exercises; games that stimulate cognition; social activities including outings to the Returned Services Association; the zoo; Age Concern and another rest home in the region; and entertainment provided by volunteers. Residents are involved in cooking and cake decorating, and during Matariki a hāngi was prepared by all staff and residents who were able and families/whānau were invited. A chaplain visits to offer communion and takes a bingo session weekly. Residents are invited to a local church regularly for morning tea and Christmas party at the end of the year. Individual activities include reminiscing, pampering, reading and conversations.</p> <p>Residents who identify as Māori are encouraged to participate in te ao Māori by maintaining contact with their marae, having waiata, and karakia (observed during the audit), celebrating Te Wiki o Te Reo Māori, and provision of Māori kai, such as hāngi and fried bread, which some residents help to prepare. During te Wiki o Te Reo Māori, the diversional therapist ran the bingo sessions in English and te reo Māori. Residents are encouraged to maintain contact with whānau and hapū and to maintain their role as Kuia or Kaumātua within their whānau.</p> <p>Residents on YPD funding are encouraged to participate in the running of the facility. One resident likes to help mow the lawns and likes to help take the rubbish out for collection. Two male residents on YPD funding were taken out separately for a “guys bonding” session. Families, whānau and friends take residents on YPD funding out</p>
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		regularly.
<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>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in blister packs. The general practitioner completes three-monthly medication reviews. A medication round was observed and seen to be safe. Medications are administered by the registered nurses and caregivers, who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported in the electronic system and appropriate investigation and follow up is done.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. The effectiveness of pro re nata (prn) medications was consistently documented in the electronic medication management system and progress notes. Medicines were seen to be stored in a locked trolley, in locked cupboard and a controlled medication safe. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>Ten medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes. Standing orders are not used.</p> <p>One resident self-administers their medication. They have been competency assessed as safe to do this; however, storage of medications was not always compliant.</p> <p>Over-the-counter medications and supplements are considered by the</p>

		<p>general practitioner and where possible, prescribed on the medication chart. Māori residents and whānau confirm they have access to their medications and are aware of the indications and potential 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 food is prepared and cooked on site by a cook and assisted by caregivers. All staff handling food have completed food safety training and their certificates were sighted. There is a four-week seasonal menu that was reviewed by a registered dietitian on 10 September 2024. Dietary needs including food texture, preferences, allergies and intolerances, and cultural preferences are forwarded to the cook, who maintains a folder of dietary profiles and a whiteboard on the wall of the kitchen. Food is fortified as needed and nutritional supplements prescribed are provided. Meetings with residents are held to obtain feedback on the food service. The cook meets with individual residents to discuss their personal preferences and dislikes. If a resident does not like what is on the menu, alternative options are prepared. Staff can access light snacks for residents after hours.</p> <p>Residents are involved in the preparation of food, particularly Māori kai. Māori have traditional food provided regularly, including boil up, hāngi and fried bread. Meals are plated in the kitchen and served directly to the adjacent lounge/dining room. There are four dining tables seating up to four residents each; three of which are in the conservatory. Some residents have a small table set up for them in front of their lounge chair for meals. Residents were seen to be enjoying their meals. Modified utensils and plates are used where needed.</p> <p>The kitchen is spacious and well organised. There are daily, weekly and monthly tasks for the cook to complete to ensure the meal service is safe. The temperature of hot food is recorded. The food control plan is current to 11 April 2025. The refrigerator and freezer temperatures are recorded daily and are maintained within an acceptable range. Dry food storage is well organised, and food containers are labelled with the date of opening. Food in the refrigerator is labelled with the date of preparation.</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>	<p>FA</p>	<p>Transition to a different level of care, transfer to another facility or hospital or discharge is a planned process that includes communication with the resident and their family/whānau. If a resident is transferring to another facility, staff communicate their care needs and potential risks to the ongoing facility. If a resident becomes acutely unwell, the registered nurse can call the general practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Staff confirmed when a resident is transferred to hospital, they send a summary of care needs, medication chart, legal documents and shared goals of care with ambulance staff.</p> <p>Residents and family/whānau interviewed confirmed staff facilitate their access to other healthcare providers including Māori health practitioners as needed. Records were sighted of attendance at clinic appointments at the public hospital, nurse specialist appointments, allied health appointments and dentist appointments. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents.</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>	<p>FA</p>	<p>The building warrant of fitness was issued on 29 February 2024. There is an annual maintenance plan for planned maintenance, including checks and compliance for the building warrant of fitness; testing and tagging of electrical equipment (last completed 24 October 2024); calibration and servicing of clinical equipment and hoists (last completed 24 October 2024); testing of the call bell system; hot water checks; and maintenance of the building and grounds. There is a maintenance logbook for repair and maintenance requests located in the nurses' station. This is checked daily and signed off when repairs have been completed. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Staff interviewed stated they have adequate equipment to safely deliver care for rest home level of care residents.</p> <p>A tour of the facility was conducted. The environment and setting were</p>

		<p>observed to be culturally safe for Māori residents and whānau, with displays of te reo Māori and photographs of the hāngi during Matariki. All rooms are single and there is one room with two beds so that residents can have family/whānau stay over at times. There are sufficient communal toilets and showers for the number of residents. There are handwashing facilities in bathrooms, the kitchen and in most resident rooms. Hand sanitizer is placed on the wall in several places. There is one main lounge with adequate and comfortable seating. A conservatory is attached to this and has dining furniture. There is a separate small lounge for residents to meet with visitors. There is adequate light and ventilation, and all resident rooms have an external window, many with pleasant rural views. Hallways have handrails and residents were seen to be moving freely around their rooms and in communal areas with mobility equipment.</p> <p>Staff interviewed reported that they have plenty of space to provide care to residents. Residents are encouraged to personalise their bedrooms with personal, cultural and spiritual belongings, as viewed on the day of audit. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if required. There are signs on all shower/toilet doors. There is a separate staff toilet. The facility is non-smoking inside.</p> <p>There is easy access to pleasant gardens. There is a courtyard with seating and umbrellas for shade when needed. There has been no recent building or renovations, but staff confirmed consultation with Māori was ongoing in general.</p> <p>The prospective purchaser expressed their commitment to making improvements to the facility.</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</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>by the New Zealand Fire Service, dated 13 March 1995. A fire evacuation drill is repeated six-monthly, with the last one being held on 30 September 2024. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Staff check the civil defence supplies monthly. In the event of a power outage, there is a generator on site and two gas barbeques. There are sufficient food stocks for three days if needed.</p> <p>There are adequate supplies in the event of an emergency, including a 2000-litre water tank and additional bottled water. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. The nurse manager and all activities and care staff hold a current first aid certificate. There is a first aid trained staff member on duty 24/7. The call bell system is monitored for response times. Call bells are in each bedroom and communal toilets and showers. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours, and staff complete security checks at night. There are security cameras installed in communal areas throughout the facility, including the main entrance and in the grounds.</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 Antimicrobial Stewardship Programme is supported by the owner/directors. Evidence was sighted that the programme has been reviewed on an annual basis. The 2023-2024 business plan includes references to infection prevention control. The infection control coordinator (nurse manager) described accessing Health New Zealand - infection control specialist team who provide local support and advice as and when needed.</p> <p>The nurse manager collects infection data monthly on infection rates and presents these at the quality/staff meetings. Data was being gathered monthly and feedback provided to staff as part of their quality programme. This information is included in the eight weekly report and shared with the owner/directors. The infection control</p>

		<p>coordinator reports at the monthly staff meeting and this information is reported through to the director/owners.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The nurse manager is the infection control coordinator overseeing the implementation of the infection control programme. There is a signed job description. As part of this role, the infection control coordinator has completed external training around infection control and anti-microbial stewardship. A suite of infection control policies and procedures are available to staff, including outbreak management; staff vaccination policy; usage of personal protective equipment; communicable diseases; and hand hygiene. Policies and the infection control plan have been approved by the owner/directors. The infection control policies have been updated and reflect the spirit of Te Tiriti o Waitangi and the Nga Paerewa Standard. An adequate pandemic plan is in place.</p> <p>Learning resources are made available through Health New Zealand when required. Personal protective equipment is available, and adequate stock balance is maintained to support any outbreak. Training is part of orientation and ongoing training is led by the infection control coordinator. Input into clinical procedures policy documents is sought from the infection control team at Health New Zealand. Staff are encouraged to provide feedback on new and updated policies/procedures. Policies include single use items which is implemented. Internal audits are completed, and corrective actions are implemented and signed off when completed. The infection control coordinator makes recommendations to the owner/directors regarding equipment and consumables required for the service.</p> <p>Educational resources in te reo Māori can be accessed online if needed and there is a comprehensive hard copy of resources available for staff and residents. The infection control coordinator is able to consult with the cultural advisor to ensure culturally safe practice and to provide educational resources, acknowledging the spirit of Te Tiriti o Waitangi. All staff are required to complete infection control education and are trained in cultural safety. Staff interviewed provided examples of adhering to culturally safe practices around infection control in relation to their roles. The infection control</p>

		<p>coordinator interviewed described infection control input would be required in any environmental upgrades to the facility.</p> <p>The prospective purchaser plans to maintain the established infection control and microbial programmes, which are linked to the electronic quality system.</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 antimicrobial stewardship programme is documented in the antimicrobial policy. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly, collated and the information reported to the staff meetings. The infection control coordinator monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, resident infection summary forms, and medical notes. Prophylactic use of antibiotics is not considered to be appropriate and is 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-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection prevention control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. All infections (including organisms) are entered into a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Ethnicity data is included in infection data. Infection control surveillance is discussed at staff meetings. A review of resident records includes communication and reporting of infections and treatment. There have been no outbreaks since the last audit.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Ministry of Health information and Covid-19 information is available to all visitors to the facility. The nurse manager on interview discussed the appropriate management and reporting of outbreaks.</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>The facility implements waste and hazardous management policies that conform to legislative and local council requirements. Policies include considerations of staff orientation and education; incident/accident and hazards reporting; use of personal protective equipment (PPE); and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the laundry. There is no dedicated sluice room; however, an area which locates the sanitiser provides adequate bench space. Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, masks, and visors. Observation confirmed that PPE was used in high-risk areas. Staff receive training and education in waste management, chemical safety, and infection control as a component of the mandatory training.</p> <p>There are cleaning staff seven days a week. Laundry management is part of the daily tasks for the caregivers. The laundry operates seven days a week and processes all linen and residents' personal clothing. There is a dirty to clean workflow in the laundry. There are locked cleaners' cupboards. Chemical bottles are labelled with manufacturer labels. Residents and family/whānau interviewed reported satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes which is managed by the infection control coordinator.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The service has a current restraint policy in place that specifies the organisations commitment to maintain a restraint-free environment. The facility has been restraint free for several years.</p> <p>The registered nurse is the restraint coordinator. They provide support and oversight should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the education programme.</p>

		<p>The approval for any use of restraint in the first instance would be put forward to the family/whānau, registered nurse and general practitioner. The team would consider approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations and evaluation, and they would ensure that the correct equipment was used.</p> <p>Restraint protocols are covered in the facility's orientation programme and the education programme. The commitment to staff training is ongoing. In the last year, all staff have completed annual training on de-escalation and managing challenging behaviour, ensuring they are prepared for any situation that may arise.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.10</p> <p>Governance bodies shall have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies.</p>	PA Low	The director/owners have welcomed the engagement of the cultural advisor, iwi, kaumātua to ensure Kohatu Rest Home has appropriate guidance, support and knowledge to inform cultural safety across all aspects of the facility. However, they are yet to complete training that broadens their knowledge and contributes to the expertise at governance level.	The owner/directors are yet to complete training and core competencies in Te Tiriti o Waitangi, health equity, and cultural safety.	<p>Ensure the owner/directors complete training and core competencies in Te Tiriti o Waitangi, health equity, and cultural safety.</p> <p>60 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p>	PA Moderate	Care plans are reviewed routinely every six months. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Families and whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend.	<p>i). Of the five files reviewed, there is evidence the care plan is reviewed; however, the care plan is not changed to reflect new issues identified in the interRAI assessment.</p> <p>ii). There was no clear</p>	<p>i). & ii). Ensure care plan reviews reflect changes identified in the interRAI assessment and evidence resident progression towards meeting goals.</p>

<p>(b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>Care plan reviews include a review of the residents' goals and aspirations; however, the evaluations do not always evidence progression towards meeting goals. When care plans are updated, they are printed and communicated to caregivers. Where a resident's progress is different from expected, the family/whānau is informed; however, changes are not always reflected in the care plan.</p>	<p>progression towards residents meeting their goals documented in the care plan reviews.</p>	<p>60 days</p>
<p>Criterion 3.4.6 Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA Moderate</p>	<p>There is a policy and procedure documented to guide staff around the management of residents self-administering their medications. One resident self-administers their medication. They have been competency assessed as safe to do this. Medications are not always stored securely in the resident's room, and not all medications kept in the locked box.</p>	<p>i). On the day of the audit an unlabelled bottle of tablets was sighted in the resident's room on their bedside table. ii). Within the locked box, there were loose tablets which the resident had removed from the original packaging and stored in a plastic container.</p>	<p>i). & ii). Ensure storage of medications for residents who self-administer medications meets the requirements of the manufacturer and policy. 30 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.