

Kumeu Village Aged Care Limited - Kumeu Village

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:

Legal entity:	Kumeu Village Aged Care Limited		
Premises audited:	Kumeu Village		
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care		
Dates of audit:	Start date: 5 December 2024	End date: 6 December 2024	
Proposed changes to current services (if any): The service has reconfigured 10 dual purpose beds to dementia beds as per the letter from HealthCERT dated 15 November 2024. Dual purpose beds have reduced from 83 to 73, and dementia beds have increased from 26 to 35.			

The bed numbers are now two hospital level care beds, 35 dementia beds, and 73 dual purpose beds. The total number of beds are 110. The reconfigured beds were verified as suitable for purpose.

Total beds occupied across all premises included in the audit on the first day of the audit: 88

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Kumeu Village provides hospital (geriatric and medical), dementia, and rest home care for up to 110 residents. At the time of the audit there were 88 residents.

This certification audit was conducted against the Nga Paerewa Health and Disability Services Standards 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, interviews with residents, family, management, staff, and a general practitioner.

The director of nursing is appropriately qualified and experienced and is supported by a clinical manager, memory care manager, and human resources director. There are quality systems and processes being implemented. Feedback from family members interviewed was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified the service meets the standard.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Kumeu Village provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents, their representatives, and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of individuals to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te ora | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

Registered nurses are responsible for assessment, care planning and evaluations. These processes are completed within the required timeframes. There is a contracted general practitioner who visits regularly 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 on 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 team of registered diversional therapists. A broad range of group and individual activities are provided. The service has a philosophy based on 'Resident First' principles that aim for residents to live meaningful lives with activities that are based on normal daily living, including entertainment. Cultural diversity is celebrated.

Meals and baking are prepared and cooked onsite by trained chefs. 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 haumarū | 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.

There is a current building warrant of fitness. There is a planned and reactive maintenance system implemented. The facility is clean, spacious, and safe for residents. Residents personalise their rooms to their taste. They have access to safe and pleasant outdoor areas. The dementia units are safe and well appointed. Residents can easily access the secure and safe grounds.

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. 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

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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type

of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There have been three outbreaks (Covid-19) since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances, there are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The 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 director of nursing is the designated restraint coordinator. Since they have been in the role restraint use is decreasing. Currently four residents use restraints and practice follows the policy and procedures.

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	29	0	0	0	0	0
Criteria	0	178	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori Health Plan is documented for the service which acknowledges the Te Tiriti O Waitangi as a founding document for New Zealand. The service does currently have residents who identify as Māori.</p> <p>As part of staff training, Kumeu Village incorporates the Māori health strategy (He Korowai Oranga), Te Whare Tapa Wha Māori Model of Health and wellbeing. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant Tikanga guidelines.</p> <p>The management team collaborates with mana whenua (staff and whānau contacts), and local Māori healthcare providers, in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery and improve outcomes/achieve equity for tāngata whaikaha.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff members. Staff members interviewed stated that they are supported</p>

		<p>with cultural resources and staff are encouraged to use both te reo and relevant tikanga in their work with the residents as detailed in the Māori health plan and tikanga guidelines.</p> <p>Fifteen staff members interviewed; three registered nurses, three care partners (caregivers), one maintenance, one laundry, one housekeeper, five diversional therapists, and one chef, described how care is based on the resident's individual values, beliefs, and preferences.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Kumeu Village recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and the Fonofale model.</p> <p>On the day of audit there were Pasifika residents living at Kumeu Village. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when developing the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The service is actively recruiting new staff. The human resources (HR) director confirmed the service would encourage and support any potential staff member that identifies as Pasifika beginning at the employment process. Staff interviewed confirmed in interview that all cultures are respected at Kumeu Village.</p> <p>Interviews with staff members, management, three residents (one rest home, two hospital), and seven family/whānau (five hospital, two dementia), identified that the service acknowledges and accommodates cultural preferences and individualised needs. The service can consult with Pacific Island staff to access community links and continue to provide equitable employment opportunities for</p>

		the Pasifika community.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family. The director of nursing or clinical manager discusses aspects of the Code with residents and their whānau on admission.</p> <p>Discussions relating to the Code are also held during the monthly resident/whānau meetings. All residents and whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/ whānau. There are links to spiritual support through the local churches. Church services are held regularly.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management, and staff.</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</p>	FA	<p>Staff members interviewed described how they support residents in their choices. Family/whānau interviewed stated their loved ones had choice and examples were provided.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. This</p>

experiences.		<p>was also confirmed during interviews with families/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their 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. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, in order 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.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Staff and management interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. Residents and whānau interviewed confirmed that staff</p>

		<p>are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</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>	FA	<p>Information regarding the services offered is provided to families and whānau on admission. Monthly resident/family meetings identify feedback and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify whānau /next of kin of any accident/incident that occurs. Accident/incident forms (electronic) have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified whānau /next of kin are kept informed, and this was confirmed through the interviews with whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit all residents except one could speak and understand English. Staff and management interviewed described how they assist the resident that does not speak English with interpreters and resources to communicate as needed.</p> <p>Non-subsidised resident's families and whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. They are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand specialist services (e.g., physiotherapist, clinical nurse specialist for</p>

		wound care, older adult mental health service, hospice nurse, and dietitian). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with regarding services involved. The director of nursing gave examples of open communication with family/whānau, including the time and support around discussions and decision making.
<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>	FA	<p>There are policies around informed consent. Resident files reviewed included informed consent forms signed by either the resident, or powers of attorney/welfare guardians. Consent forms for 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.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files reviewed where appropriate. Certificates of mental incapacity and activation of the EPOA documents were also on file for dementia level residents.</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>The complaints procedure is provided on entry to the service. The service maintains a record of all complaints, both verbal and written on a complaint register. There have been fifteen minor complaints received year to date since the previous audit in January 2024. There is one outstanding complaint from 2022 through the Health and Disability Commissioner (HDC) remains open. All information has been sent as requested and the service is waiting for further correspondence from HDC. The management team could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the</p>

		<p>Health and Disability Commissioner.</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the combined staff and quality meetings. Complaints are a standard agenda item in all staff/quality, and senior team meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including monthly meetings. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. On interview residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.</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>	FA	<p>Kumeu Village is owned and operated by Kumeu Village Aged Care Limited. The service provides care for up to 110 residents. Total bed numbers were previously two hospital level care, 26 dementia, and 83 dual purpose. Ten of the dual-purpose beds at the previous audit have reverted to dementia level care as per the HealthCERT letter dated 15 November 2024. There are now 73 dual purpose beds, two dedicated hospital beds, and 35 dementia care beds in two units (Memory Assist House has 20 beds, and Vineyard Villa has 15 beds). There are eight rooms suitable for two residents to share that had single occupancy on the day of the audit.</p> <p>On the day of the audit there were 88 residents in total; seven rest home; 50 hospital, including one resident funded by ACC, one resident on a long-term support chronic health care (LTS-CHC) contract, and three residents on a younger person with a disability (YPD) contract; and 31 dementia level. All residents other than the ACC, LTS-CHC, and YPD were under the age-related residential</p>

		<p>care (ARRC) agreement.</p> <p>Kumeu Village has a current strategic plan in place with clear goals to support their documented vision, mission, and values. The values espouse 'finding joy in the everyday', giving purpose and simple enjoyment to the residents. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Wha, and the 'Residents First' philosophy of care. The director of nursing was able to describe the company's quality goals. The service's philosophy and strategic plan reflect a resident/whānau-centred approach to all services. There is a current business plan that outlines objectives for the period. Objectives are regularly reviewed and signed off when fully attained.</p> <p>The service has extensive iwi links through management, staff, and the local cultural advisor for Health New Zealand. The director of nursing confirmed the strategic plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Management and community Māori links provide advice to the owners in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The working practices at Kumeu Village are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha.</p> <p>The management and directors have completed the Ministry of Health Foundation in Cultural Competency, and locally provided cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed during the monthly combined staff/quality meetings.</p> <p>There are two directors who are available via phone, text, or email when not on site. Clinical governance is facilitated by the director of nursing (not a company director), who has over 16 years' experience in senior nursing, and aged care management roles. The director of nursing and the clinical manager are responsible for the 'day to day'</p>
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		<p>running of the facility. The director of nursing has been in the role for five months and is supported by a clinical manager who has been in the role for a year, and wider team.</p> <p>The management team have completed more than eight hours of training related to managing an aged care facility, including cultural training, business courses, privacy training, and ARC meetings.</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>	FA	<p>Kumeu Village has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits, through the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and new policies or changes to policy are communicated to staff.</p> <p>Weekly management meetings, monthly quality/staff meetings, and director meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The resident and relative satisfaction survey completed in September 2024 showed a high level of satisfaction in all (75%). Survey results analysis resulted in quality improvement plans related to cleaning, activities, and laundry provision. A health and safety system is in place with identified health and safety goals. Health and</p>

		<p>safety is part of all quality/staff meetings. The health and safety officer (interviewed) has undertaken formal health and safety training. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in December 2024 (sighted). Health and safety policies are implemented and monitored by the health and safety officer and management team. A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Well-being programmes include offering one to one assistance, family/whānau support, and shared kai at meetings.</p> <p>All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Opportunities to minimise future risks are identified by the registered nurses, clinical manager, and director of nursing who review every adverse event.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications, including new SAC reporting requirements. There has been a change in the director of nursing which required a section 31 notification to be completed since the previous audit. There have been seven SAC reports submitted. There have been three outbreaks since the previous audit, which were appropriately managed and staff debriefed.</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</p>	FA	<p>There is a staffing policy that describes rostering requirements. There is 24/7 RN cover. The director of nursing, clinical manager, memory care manager, registered nurses, diversional therapists, and a number of care partners hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The clinical manager, and director of nursing are available Monday to Friday,</p>

<p>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>and are on-call out of hours.</p> <p>Interviews with staff, and management team confirmed that their workload is manageable. Staff and resident's family/whānau are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident/family meetings.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness, dementia, de-escalation, and challenging behaviours. Competencies are completed by staff, which are linked to the education and training programme. All care partners are required to complete annual competencies for restraint, handwashing, cultural safety and moving and handling. A record of completion is maintained.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information. Māori staff also share information and whakapapa experiences to support learning about and address inequities.</p> <p>The service supports and encourages care partners to obtain a New Zealand Qualification Authority (NZQA) qualification. Currently fifty-three staff members have attained an NZQA level 3 or above qualification. Of the twenty-eight care partners who work in the dementia units, twenty-four have attained their dementia standards, and four are in progress.</p> <p>Registered nurses complete competencies, including restraint, and medication management (including controlled drug management, insulin administration and syringe driver training). Additional RN specific competencies include interRAI assessment competencies. There are 15 RNs, and one enrolled nurse (memory care manager), and eleven RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete critical thinking and problem solving, and infection prevention and control training (including pandemic and outbreak management</p> <p>Staff wellness is encouraged through participation in health and</p>
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		wellbeing activities.
<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 resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Twelve staff files reviewed evidence implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values., responsibilities and any additional functions (e.g., restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals. All staff who had been employed have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment to Māori.</p> <p>Volunteers are used (particularly with activities) and an orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
Subsection 2.5: Information	FA	Resident files and the information associated with residents and staff

<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>		<p>are retained in hard copy (kept in locked cabinets when not in use), and electronically. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</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 are 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. An initial care plan is also developed in this time. 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.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities 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>	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, hospital, or secure dementia 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 Kumeu Village Rest Home website and in an information pack. Entry criteria are 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 or call any time and the staff will complete an enquiry form and discuss their needs. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty. 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. Where there are delays to entry such as waiting for an available bed, they are kept updated. If the prospective</p>

		<p>resident does not meet the entry criteria, they are informed of the reason, advised of other options, and referred back to the referrer. The director of nursing collates enquiry forms and reports to the board on decline rates. This data includes ethnicity.</p> <p>The service has existing engagements with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau. The clinical 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>	FA	<p>Ten resident files were reviewed including two rest home level, four hospital level (including one on ACC funding and was younger than 65 years) and four dementia level (including one on respite care). Registered nurses are responsible for all assessments including interRAI assessments and care planning. The physiotherapist has input into mobility and falls prevention and the diversional therapists have input into the activities plan. 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 24-hour and seven day per week on call services. The general practitioner confirmed staff work collaboratively and inform them in a timely manner when there are changes. The diversional therapist completes a map of life to identify residents' interests, preferences, previous occupation, and significant people and events and uses this to develop a plan for meaningful activities. Residents who have a diagnosis of dementia have a 24-hour activity plan whether they</p>

		<p>are in the secure dementia unit or hospital. The map of life 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. There is a contracted physiotherapist onsite one day per week. 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 included in care plans. Care plans are comprehensive and cover all medical, social, spiritual and cultural needs. Staff communicate with one resident who is deaf by using a white board, pictures, and hand gestures. Care plans include the goals and aspirations of residents and describe the interventions required to achieve these. 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 electronic system.</p> <p>Registered nurses and care partners 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, genuinely caring and respond to their needs in a timely manner.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of residents change. 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. Care plan reviews include a review of the residents' goals and aspirations and if the supports given are helping to achieve these. When care plans are updated, they are communicated to care partners. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated. Short-term care plans are developed for short-term needs such as wounds and</p>
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		<p>infections. At the time of the audit there were 27 wounds being treated for 21 residents and no pressure injuries. Wound assessments, plans and evaluations were documented for each wound evidencing progression or deterioration. Wound assessments and plans are updated at each dressing change and reflect the current treatment needs.</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. At the midpoint of each shift, staff have a "safety pause" where they communicate any concerns or issues so these are dealt with in a timely manner. Progress notes are completed each shift by the care partners. The registered nurse documents progress notes each shift for hospital level residents and weekly for other residents but more frequently if there are issues or concerns. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment, and updates the care plan if needed. A multidisciplinary approach promotes continuity in service delivery, including the general practitioner, registered nurses, physiotherapist, activities staff, kitchen staff, and other allied health team members, 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; food and fluids; and hourly safety checks. Neurological observations are completed at accepted timeframes and duration for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up.</p> <p>Residents who identify as Māori have a care plan based on Te Whare Tapa Whā. 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 clinical manager 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</p>
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		and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance.
<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>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>	FA	<p>The activities programme is delivered by three diversional therapists, an activities coordinator, and a life enhancement manager. Resources are available to staff, so activities are provided seven days per week. Review of resident files shows activities plans are informed by using information from the map of life (significant people and life events for each resident), a lifestyle assessment which includes family connections, cultural preferences, previous employment, interests and hobbies, and input from family and whānau. Monthly resident meetings provide an opportunity for residents to have a say in the activities programme and the diversional therapists get ongoing feedback from residents in conversation.</p> <p>Review of the activities schedule shows a broad range of activities are provided and tailored to the level of care and ability of residents. Activities include physical exercises to enhance strength and balance, individual and group walks outside, Tai Chi, drumming and floor and table games. Cognitive activities include simple word games, quizzes, newspaper reading and board games. Social activities include happy hour, sing-along Tuesday, high tea weekly, visits from local schools, kindergarten, and library, visiting pets and the rabbits onsite, entertainers, outings in the community and activities themed each month including Easter, Christmas, Matariki, Te Wiki o Te Reo Māori as examples. Spiritual and religious visitors include a visiting church for services monthly and a Catholic priest weekly for communion. Staff stated they recite karakia before gatherings and lunch. Some residents are taken out to church and other venues by family and whānau. Cultural events such as Diwali, Chinese New Year, Elders International and St Patricks day are celebrated. Residents prepare a range of food including biscuits, muffins, and pizza as examples. Photographic evidence was sighted of the range of activities provided.</p> <p>Individual activities include reminiscing, pampering, reading and</p>

		<p>conversations. The organisation has several volunteers who visit residents and spend individual time with them. One volunteer interviewed stated they were very grateful for the care given to their spouse previously and they like to visit residents who don't have other visitors.</p> <p>The philosophy of the service is based around the 'Resident First' philosophy that residents live a meaningful life and continue activities they enjoy. Residents in the dementia unit assist with food preparation, folding linen, playing the guitar, and singing waiata. The facility has resident cats, rabbits and some staff bring their dogs in regularly.</p> <p>Residents are encouraged to participate in te ao Māori by having waiata, and karakia, celebrating Te Wiki o Te Reo Māori and visits by a kapa haka group. During Matariki staff consulted with a Māori person to explain the meaning of the stars of Matariki to share with residents.</p> <p>The younger resident funded by ACC has regular visits by family/whānau and friends and joins in group activities as they wish. They continue to do their own activities they enjoy including listening to music and watching television shows.</p> <p>The activities coordinator is undertaking a sustainability project to reduce waste in landfill. This involves recycling and reusing resources and using seeds from kitchen waste to plant in the garden. Photographic evidence was sighted of residents participating in planting and using recycled materials for activities. The activities coordinator keeps a register evidencing the sanitisation and cleaning of resources and equipment. The activities coordinator keeps a register evidencing the sanitisation and cleaning of resources and equipment.</p>
<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</p>	FA	<p>Policies and procedures for medication management align with current guidelines and legislation. There is an electronic medication system in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation.</p>

<p>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>Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs. The general practitioner completes three-monthly medication reviews. A medication round in the hospital and dementia unit was observed and seen to be safe. Medications are administered by registered nurses and care partners who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported in the resident electronic system, and appropriate investigation and follow up is documented.</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. The organisation has significantly reduced their use of prn medications particularly in the dementia unit. Medicines were seen to be stored in a locked trolley, in locked cupboards 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>Twenty 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.</p> <p>Two residents self-administer their medication. One self-medicates all their medication and the other only inhaled medication. They are competency assessed three-monthly (sighted) and all medications are stored in the medication room. There are standing orders, mainly for enemas. Staff stated the general practitioner prescribes these as prn if a standing order is used. Staff are required to be knowledgeable about the indications and potential adverse effects of standing order medication. Standing orders are reviewed annually by the general practitioner. A list of currently approved standing order medications was sighted.</p>
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		Over-the-counter medications and supplements are considered by the general practitioner and where possible prescribed on the medication chart. Staff confirmed they ensure all residents, including Māori have access to their medications and are informed of the indications and potential side effects.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Meals and baking are prepared and cooked onsite by a lead chef supported by two other chefs and six kitchen assistants. The lead chef is new in the role and has a wealth of experience in aged care. The menu has been reviewed by a registered dietitian. There are four-week seasonal menus that include two options plus a vegetarian option for main meals. Dietary needs including food texture, preferences, allergies and intolerances, and cultural preferences are forwarded to the lead chef 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. Resident meetings are held to obtain feedback on the food service. The lead chef plans to meet with individual residents to discuss their personal preferences and dislikes. Sandwiches are prepared for staff to provide to residents at night. There is also access to pureed food such as yoghurt as needed. The kitchen is spacious and well organised.</p> <p>Residents are involved in the preparation of food as part of the activities programme. The lead chef confirmed if there were residents who identified as Māori, Māori kai could be provided. Other cultures are provided for including rice instead of potatoes, stir fries and curries.</p> <p>Meals are plated in the dining rooms from a bain-marie that is temperature checked. The temperature of all hot meals is recorded. The food service was observed in the dining room and residents were seen to be enjoying their meals. Residents were seated at tables with other residents having similar nutritional needs such as pureed food. Staff were seen to be discreetly assisting residents who needed it. Modified utensils and plates are used where needed.</p> <p>The food control plan has been registered and is current till 2 March</p>

		2025. The lead chef ensures daily checks and cleaning is done, and temperatures of food before serving, and the refrigerators and freezer temperatures are recorded. Temperatures 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. All staff in the kitchen have safe food certificates (sighted).
<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>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 transferred to another facility the registered nurse provides a verbal handover to communicate care needs and potential risks. 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 in a yellow envelope 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 and allied health 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-</p>	FA	<p>The building current warrant of fitness is current. Maintenance is managed by a lead maintenance person supported by a part time assistant. There is a monthly cycle of planned maintenance including testing of the generator, pest control, checking the ultraviolet filters for the water tanks, changing the one-micron filters weekly, checking residual current devices (RCD) three monthly (all</p>

<p>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>switchboards are tested), checking the call and emergency bells monthly and checking walking frames and raised chairs monthly. Maintenance for compliance for the building warrant of fitness is contracted out. The last RCD check was 19 September 2024 and is due again in December 2024. Calibration and servicing of clinical equipment and hoists was last completed in May 2024. The temperature of hot water is checked monthly and records show the temperature is maintained at a safe temperature. There is a maintenance log book for repair and maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. Essential contractors such as plumbers, boilers, refrigeration service people and electricians are available 24 hours a day as required. Two gardeners are employed to maintain the grounds. The lawns are mowed by robotic lawn mowers and signs alerting residents of this are posted by the lawns. Staff interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care residents.</p> <p>A tour of the facility was conducted. The environment and setting were observed to be culturally safe for Māori and family/whānau. The facility is on two levels, downstairs is named Vineyard Villa which is a 15 bed memory assist (dementia unit). The other areas are Memory Assist House (MAH) a 20 bed memory assist (dementia unit), Fantail and Tuatara which are all dual purpose beds except the two hospital beds. The beds identified in the reconfiguration were all verified as suitable for purpose.</p> <p>The MAH unit has a communal lounge, a dining room and an additional room that can be used for activities or meeting with family/whānau. There is a domestic style kitchen with a low bench top so residents can see staff serving food and doing the dishes. The unit is decorated with pleasing and interesting art work. Residents can access an enclosed courtyard that has a bus stop, a mailbox, and a covered gazebo with seating. The Villa is situated on the ground floor. This area resembles a village street. There is a dining room, two lounge areas and a domestic style kitchen. Residents can access the secure grounds where there are gardens, a gazebo with seating, a farmyard, tractor and truck and rabbit pen. Each area has large and smaller communal areas for residents to</p>
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		<p>enjoy quieter spaces.</p> <p>There is one large and spacious dining and separate lounge room on the first floor. There are additional quiet areas with lounge or dining furniture for residents and their family/whānau to meet. There are facilities for residents and family/whānau to make hot drinks. Group activities take place in the communal lounge. Residents can easily access the grounds where there is seating and shade. All bedrooms and communal areas throughout the facility have ample natural light and ventilation. Corridors are wide, have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There is underfloor heating.</p> <p>All rooms are single and spacious throughout the facility. There is ample space in all areas to allow care to be provided and for the safe use of mobility equipment. 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. There are shared toilets between rooms. There are sufficient communal toilets and showers. In the dementia units these are identified with pictures. 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. The visitor's toilet is situated beside the reception. The facility is non-smoking inside.</p> <p>The service has a process to consult with Māori should any changes to the building be made.</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</p>	FA	<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 by the New Zealand Fire Service, dated 25 June</p>

<p>safe way, including during an emergency or unexpected event.</p>		<p>2018. A fire evacuation drill is repeated six-monthly with the last one being held on 7 November 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 in place and a gas barbeque. There are sufficient food stocks for up to a week if needed.</p> <p>There are adequate supplies in the event of an emergency including a four 20000-litre water tanks. The tanks are filled with rainwater and there is a bore to top up the tanks as needed. Water is filtered by a one-micron filter and ultraviolet light. The tanks are linked but each can be isolated if needed. There are two additional 20,000 litre water tanks for the sprinkler system. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. The call bell system is monitored for response times. Call bells are in each bedroom, ensuite 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, staff complete security checks at night. There are security cameras installed in communal areas throughout the facility, including the main entrance.</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. 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>A registered nurse oversees infection control and prevention across the service, with support from the director of nursing. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality, risk, and incident reporting system. The infection control programme is subject to annual review by the management team, and infection control audits are conducted. Infection rates are presented and discussed at staff/quality meetings. Infection control data is also reviewed by the management team and benchmarked internally. Infection control is part of the</p>

		<p>strategic and quality plans. The directors receive reports on progress towards quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) on a monthly basis including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand.</p> <p>There are hand sanitisers strategically placed around the facility. Residents, and staff are offered relevant vaccinations.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GP, laboratory, and Health New Zealand infection control nurse specialist should this be required. There are sufficient quantities of PPE equipment available as required.</p> <p>The infection control manual was developed by an external consultant, well known and respected in the industry, which outlines a comprehensive range of policies, standards and guidelines, including role definitions, responsibilities and oversight, training, and education of staff. Policies and procedures are approved by the governing body, reviewed annually by the management team and all policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that</p>

		<p>acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Posters regarding good infection control practise were displayed in English, and te reo.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the director of nursing. The management team and directors would liaise with their iwi contacts should the design of any new building or significant change be proposed to the existing facility.</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 anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality improvement meetings and management team. 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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Kumeu Village infection control manual. Monthly infection data is collected for all infections based on</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>		<p>signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends.</p> <p>Infection control surveillance is discussed at staff/quality, and management meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator and director of nursing. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns.</p> <p>There have been three outbreaks (Covid-19) since the last audit. The facility followed their pandemic plan. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with all relevant parties. Staff wore personal protective equipment, and families were kept informed by phone or email. Visiting was restricted.</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 antimicrobial-resistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Personal laundry is managed onsite, with duties carried out by dedicated laundry staff. The laundering of linen is outsourced to a commercial laundry. The laundry area has a defined dirty to clean workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning services are provided by dedicated staff seven</p>

		<p>days per week. Cleaning and laundry services are monitored through the internal auditing system. There is appropriate sluice and sanitiser equipment available, and the staff interviewed were knowledgeable around systems and processes related to hygiene, infection prevention and control.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The service has a current restraint policy in place. Its aim is to attain a restraint-free environment. The board demonstrate a commitment to this, supported by the management team. The facility has significantly reduced the use of restraint since the director of nursing has been in place. Minutes of staff meetings show restraint is discussed and reported in management reports and presented to the Board.</p> <p>The policies and procedures reviewed meet the requirements of the standards. The director of nursing is the restraint coordinator, and the restraint committee consists of the director of nursing, clinical manager, memory care manager, registered nurse and two care partners. There is a job description that outlines the role of restraint coordinator, and the director of nursing oversees all restraint practice and ensures that all possible alternatives have been tried. 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 director of nursing and clinical manager. 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 (including annual restraint competency). Restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p>

<p>Subsection 6.2: Safe restraint</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>	FA	<p>There are currently four residents using restraints including T belts and side rails. Three files were reviewed. These show before restraint was used, alternative strategies including use of sensor mats, low beds, mattresses on the floor and positioning were tried. Assessments were completed by the registered nurse and reviewed by the restraint committee. Following assessment, alternative options are explored, the risks of restraint use is discussed and documented and the type of restraint is decided. Consent from the resident, if competent, or their enduring power of attorney is required, and the general practitioner also signs the approval form.</p> <p>The director of nursing determines the frequency and extent of monitoring for residents using restraint. This includes at least hourly checking that the resident is not distressed, offering food and fluids, toileting and checking the resident's skin and limbs are safe and that the restraint is on safely. The director of nursing also determines the length of time a resident should be using restraint, and this is to be the minimum. Monitoring charts show residents are checked hourly and all checks are complete. Staff also document the resident's psychological wellbeing and wairuatanga.</p> <p>The restraint register is up-to-date and includes the type of restraint, reasons for initiating it, alternative strategies tried, advocacy and support provided, outcome of restraint, any impact or adverse event (there has been none), observations and monitoring and comments resulting from evaluation.</p> <p>There is a process for emergency restraint although this has not been used.</p> <p>Review of the records show evaluation of restraint is done monthly. The director of nursing aims to trial residents off restraint as the ultimate plan is to be restraint free. If a restraint can be stopped sooner than the month, this is done. Evaluation of restraint includes the following: alternative strategies; nursing interventions given, completion of monitoring forms, effective management of the safety of the resident; if restraint removal can be trialled; the impact of the restraint on the resident, their family/whānau and staff; whether appropriate advocacy was provided; if care plans include alternative strategies and how effective these are; types of restraint used; the</p>
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<p>Subsection 6.3: Quality review of restraint</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>	FA	<p>The director of nursing, since being in the role has been completing monthly quality reviews of restraint in order to reduce and eliminate restraint use and to closely monitor the safety for residents and to improve their quality of life. The director of nursing is monitoring the extent of restraint and the types used and this had been decreasing since they have been in the role. The monthly reviews include adverse outcomes (there have been none); compliance with policy and procedures; whether the restraint is necessary and if a trial of removal can be done; if the care plan is up-to-date and includes alternative strategies and safety checks; what the impact and perspective of the resident and family/whānau are; and data collection and analysis with a goal to be restraint free. This is reported to the board.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.