

# Nurse Maude Association - Nurse Maude Hospital

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## Introduction

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

The audit has been conducted by The DAA Group Limited, 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:** Nurse Maude Association

**Premises audited:** Nurse Maude Hospital

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 3 December 2024 End date: 3 December 2024

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 59

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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

Nurse Maude Association provides hospital and rest home level care for up to 75 residents on its Christchurch site in a two-level purpose-built facility. The service has various contracts within the scope of its services. These include chronic long-term conditions, Accident Compensation Corporation (ACC), hospital and rest home level care, respite care, younger person disability, and end-of-life care contracts.

There have been no significant changes to the service or facilities since the previous audit. A new service manager has been in the role for two months and recruitment is underway for an additional registered nurse lead role.

This surveillance audit included review of policies and procedures, review of resident and staff files, observations of the environment and interviews with residents, whānau/a family member, members of the governance group, executive and the service manager, quality team, staff, and allied health providers. A general practitioner was not available to be interviewed on the day.

There had been no previous improvement requests from audit; however, four areas for improvement were identified at this surveillance, including completion of staff appraisals, recording of medication allergies, timely completion of resident assessments, and the application of surveillance definitions.

## 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.

Nurse Maude Hospital works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Staff have received training in cultural safety, tikanga and Te Tiriti o Waitangi.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Information about the Code is readily available and understood by staff. Service providers maintain professional boundaries, and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of patients was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints were resolved promptly, equitably and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The nine-member board has accountability for governance of Nurse Maude Association operations across its sites. A committee structure includes a clinical quality and risk subcommittee and finance and audit subcommittee, each with terms of reference. There is Māori representation on the board and on the clinical governance committee, with board members participating in ongoing cultural training. The organisation's strategic direction has recently been reset, with emphasis on improving capacity and capability, data and workforce. The goal is to reduce barriers and to improve outcomes for Māori and people with disabilities accessing the Nurse Maude services.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined and implemented. Performance is continuously monitored, reported and reviewed at defined intervals.

The quality and risk management systems are focused on improving service delivery and the resident/whānau experience of the service. The quality activities include an integrated approach for the collection and analysis of improvement data, identification of any trends, and improvement planning. Service relevant data is collected for incidents, ethnicity, levels of dependency and other relevant data. Data analysis has been enhanced with the recent introduction of a business intelligence software solution. Actual and potential risks, including any health and safety risks, are identified and mitigated. Document management systems ensure organisational information is current and easily accessible to those who require it.

Adverse events were documented, with corrective actions implemented where improvement was required. The service complied with statutory and regulatory reporting obligations.

Staff are appointed, orientated and managed using current good employment practices. A strong training ethos was evident, using a systematic approach to identify and deliver ongoing learning. Staffing levels met the variety of needs of residents.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised in an electronic system, based on comprehensive nursing risk-based assessments, and identified any new problems or changes that arose. Files reviewed and interviews undertaken demonstrated that care met the needs of residents and whānau. Care was evaluated on a regular basis.

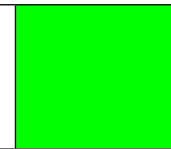
Medicines were safely managed and administered by staff who were competent to do so.

The food service meets the nutritional and cultural needs of the residents. Food was safely managed, supported by an approved food control plan.

Residents were referred or transferred to other health services as required.

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

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

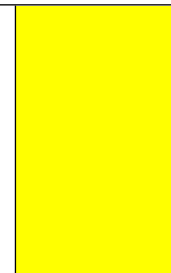


Subsections applicable to this service fully attained.

The facility, plant and equipment meet the needs of residents and were culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required. There have been no changes to the building since the previous audit.

## 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.



Some subsections applicable to this service partially attained and of low risk.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, and is linked with the quality improvement programme. The programme is reviewed and reported on annually through quality groups and clinical governance.

Staff demonstrated good principles and practice in relation to infection control. This is supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service.

## 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 service is a restraint-free environment. This is supported by the governing body and policies and procedures. There have been no restraints used in the care home for some years.

Staff have been trained in providing the least restrictive practice, de-escalation techniques and alternative interventions.

### 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	14	0	3	1	0	0
Criteria	0	45	0	3	1	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>People receive services of an appropriate standard which are aligned with the organisation’s strategic plan. This includes a Hauora Māori plan 2022-2025 developed with input from cultural advisers and local iwi. This is used to guide support for residents who identify as Māori. Tikanga guidelines have been updated following consultation and include consent processes that reflect and respect mana motuhake. This flip chart is available in all Nurse Maude services and was sighted in the care home. Within the organisation, there are key roles and responsibilities, including a kaumatua role, a Komiti Māori (made up of Māori staff from Nurse Maude) and the service is awaiting the new appointment of Kaihautū Māori, a role which is presently vacant. The organisation has developed relevant policies that include reference to Te Tiriti o Waitangi. Komiti Māori provides input to the board.</p> <p>There are efforts to continue to connect with Māori consumers and stakeholders at annual hui and involving them so they can contribute to the revision and ongoing development and changes in the Hauora Māori and to plan and provide input and advice to the current services.</p> <p>There were eight residents who identified as Māori during the audit. Care plans reflected their cultural preferences. No interviews were able to be undertaken on the day.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Nurse Maude has developed a Pacific Health Plan 2020-2024 which sets out the strategic direction and actions for improving health equity between Pasifika and non-Pasifika peoples in the communities of Canterbury, Nelson/Marlborough and Wellington where other areas of service operate. It outlines the key strategies to improve Pacific health and a five-goal action plan to improve health equity. It provides one framework for delivering health care to Pacific peoples. The review of the plan was led by a Pacific staff member who worked in partnership with local Pacific communities and organisations to ensure there are culturally safe practices for Pacific peoples using the service. Plans are to re-energise a Pacific peoples sub-committee which currently meets informally. Efforts are being made to include a Pacific representative to the board.</p> <p>The service references use of the Fonafale model. There were no residents who identified as Pacific peoples during the audit. Staff described examples of where they had cared for and accommodated the needs of Pacific peoples and their family.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Staff have received training on the Code as part of their orientation process and ongoing online education.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. An explanation is provided to residents on entry to the service. The Code is available in English and te reo Māori, is displayed throughout both floors of the facility, and it can be provided in other languages when required. Residents were observed to have their personal choices respected.</p>
<p>Subsection 1.5: I am protected from abuse</p>	<p>FA</p>	<p>Residents receive services free of discrimination, coercion, harassment,</p>

<p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>exploitation, and abuse and neglect, supported by organisational policies and staff education. There were no examples of such identified during the audit through staff and/or resident interviews, or in documentation reviewed. Staff confirmed they had received training, as part of their National Certificate in Support of the Older Person.</p> <p>Systems are in place to ensure that residents' personal property, including finances are respected. Examples of Enduring Power of Attorney (EPOA) for property were recorded for residents unable to manage their own financial affairs. Observation and interview confirmed that staff use respectful language, respect resident privacy, and provide choices.</p>
<p>Subsection 1.7: I am informed and able to make choices  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.  Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.  As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. There were examples where residents expressed how they were able to actively participate in decision-making when they wished. This was observed to be well supported by staff.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code. Service agreements were in place in all files sampled.</p>
<p>Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.  Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.  As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. Residents understood their right to make a complaint and knew how to do so. The Code was displayed, along with other relevant material and feedback forms. Most complaints are made verbally directly to the care home services manager or using the email system. Areas of concern are also raised through regular residents' meetings and through the resident/whānau surveys.</p> <p>There have been seven complaints received over the past year. The</p>

<p>escalate complaints in a manner that leads to quality improvement.</p>		<p>process meets the requirements of the Code. Examples reviewed and discussed with the care home services manager and clinical nurse specialist quality and risk showed an open and transparent process, contact made with the complainant and a timely investigation and response. If an extension of time is required, the complainant is notified along with an explanation of the reasons. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>The service assures the process works equitably for Māori by identifying key support people for any person making a complaint, accessing Nurse Maude Māori support roles and/or the Māori Health team at Health New Zealand – Te Whatu Ora Waitaha Canterbury (Te Whatu Ora Waitaha Canterbury). A past example was discussed.</p> <p>There have been no complaints received from external sources, including the Health and Disability Commissioner, since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Discussion with one board representatives (the chair) of the nine-member board, together with the chief executive officer and director of nursing, confirmed the responsibility for governance across the organisation’s activities and services and their overarching belief in the values of the organisation based on the values established by Nurse Maude in 1896. The board structure includes a committee structure with three key subcommittees - clinical, quality and risk; finance and audit; and most recently, Komiti Māori, with a board member present on these standing committees. Discussion included the development of cultural competency at the board level and reference to current risk concerns. Two new board members have been appointed since the previous audit and another change is due in the New Year. There are plans to include a Pacific representative on the board, with this making some progress. Consumer and stakeholder representation is formally elected to the Nurse Maude board.</p> <p>A focus on reducing inequities was evident in plans, including the Hauora Māori Plan. The inclusion of a kaiawhina role was reported to have reduced barriers to Māori accessing the care home service, with data supporting a steady increase of Māori residents to between 11-14% over the three months leading up to this audit. The Māori population in</p>

		<p>Canterbury is around 9.8%.</p> <p>Board papers were reviewed demonstrating extensive reporting occurs, including financial and clinical performance, projects and service developments. Additional reports sighted, and discussion with the chief executive and board, confirmed adequate information is provided to enable effective governance and monitoring of service performance. The clinical quality and risk committee uses detailed quality metrics to report on performance. Most recently, the introduction of analytical software has improved the view of the service activity and various samples were reviewed.</p> <p>Legislative compliance is monitored at board, board sub-committee and clinical governance levels, with members of the leadership team having strong national, regional, district and professional relationships, supporting currency of legislative changes and requirements, with examples discussed.</p> <p>The director of nursing chairs the clinical governance committee, which is a well-established committee. The clinical governance committee, quality team report to the clinical quality and risk committee. Minutes were sighted.</p> <p>The service holds contracts with Te Whatu Ora Waitaha Canterbury, the ACC, and Whaikaha – Ministry of Disabled People for rest home care, hospital care, non-aged residential care (younger people with a disability/YPD), end-of-life care (EOL), respite care, and long-term care-chronic health conditions (LTS-CHC). On the day of audit, there were 60 people receiving services: ACC (4); respite (3); LTS-CHC (3); hospital care (37); rest home care (3), YPD (3); and EOL (7).</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>FA</p>	<p>A commitment to quality improvement through a robust and well-established quality management system was evident. The Nurse Maude Quality Plan 2024-2027 was sighted. This outlined values, a ‘consumer promise’ (expectation of service delivery), and quality dimensions, including equity, principles, and a risk-based approach. Responsibilities are defined. Both a proactive and reactive approach was evident, with projects based around areas identified for improvement. The director of nursing leads the quality and clinical governance team which includes a</p>

<p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>clinical nurse specialist quality &amp; risk, quality facilitators, infection prevention and control, document control, Māori liaison, an analyst, research advisors and the simulation &amp; assessment centre team. Complaints and adverse events management and resident feedback, through regular resident meetings and satisfaction surveys, are managed by this team. The most recent satisfaction survey has yet to be analysed.</p> <p>There is a history of electronic reporting of clinical and other key indicators, which supports visibility and analysis of trending over time. Examples were discussed and reviewed during the audit. The quality team prepare a comprehensive quality report for each service, including the care home, which is presented to the board quality and risk committee and clinical governance. This includes falls, pressure injuries, medication errors, complaints, incidents/adverse events and infections, all broken down by ethnicity. A sample of reports were reviewed.</p> <p>Where opportunities were identified for improvement, these have been implemented. For example, an increase in pressure injuries has resulted in a quality improvement project, with some reduction in injuries evident. A range of audits (sighted) also identify areas for improvement (e.g., health records documentation). A formal 'Plan, Do, Study, Act' (PDSA) cycle is used for all improvement projects. The newly appointed care home service manager has identified several opportunities for improvement in relation to care delivery and to support and develop staff.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The care home service manager and clinical nurse specialist quality &amp; risk described the processes for the identification, documentation, monitoring and review of risks, including health and safety risks, and development of mitigation strategies and escalation pathways. The board reviews risks and changes in risks at its monthly meeting. The health and safety representative interviewed discussed the hazard/risk identification process.</p> <p>Staff document adverse and near-miss events in line with the principles of the National Adverse Events Reporting Policy. A healing, learning and improving from harm approach was evident. A recent unexpected death of a care home resident was being reviewed using the Health Quality Safety Commission document and process. This event was initially rated as a severity assessment code (SAC) 1 but is likely to be reduced to a SAC 3</p>
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		<p>following the completion of the review, which is nearing conclusion. The example reviewed showed a thorough process, involving the family, with some recommendations under development. The report (currently at the draft stage) was to be shared with the family prior to finalisation. Other incidents discussed, of a minor nature, showed timely response, review and improvements made where possible.</p> <p>The service manager and clinical nurse specialist quality &amp; risk understood essential notification reporting requirements. The recent unexpected death was referred to the coroner, the police, the board, HQSC (Part A report) and the Ministry. Other examples of reporting of pressure injuries were noted.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The current six-weekly roster and previous week's roster reviewed showed that planned and unplanned vacancies were managed through a service 'casual pool' and part-time staff increasing hours. An external agency is used occasionally.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. This was confirmed by a group of 10 staff interviewed. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met, including the kaiawhina role providing cultural support. This role has recently become vacant, with a new appointment being progressed. At least one staff member on duty has a current first aid certificate and there is always at least one registered nurse (RN) covering across the two floors of the facility, with four RNs or enrolled nurses (ENs) on both the morning and afternoon shifts. There is also an RN coordinator on the afternoon shift, supported by 14 health assistants (HAs) across the two floors. A RN lead/coordinator role for the morning shift was being advertised at the time of audit. The service manager or RN coordinator are on call 'out of hours' in addition to a Nurse Maude duty manager.</p> <p>Two diversional therapists meet the activities requirements. Housekeeping, cleaning and laundry services are currently externally contracted; however, these will be brought in-house in the new year. Medical staff are contracted to provide services.</p>

		<p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned annually, with mandatory training requirements defined across the Nurse Maude services and professional groups. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff interviewed felt well supported with development opportunities. There were eight RNs trained in the interRAI assessment process.</p> <p>Care staff (HAs) have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the district. There were 24 HAs at Level 3 on the NZQA framework and 24 at Level 4. Newer HAs (19) were progressing through the application process.</p> <p>A professional development and recognition programme (PDRP) is offered, and a New Entry to Practice (NetP) and enrolled nurse New Entry to Practice framework is in place.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable). An electronic online portal recruitment tool provides a 'foolproof' process, whereby the process cannot be finalised unless all parts are completed.</p> <p>The structured orientation process covers a Nurse Maude organisation-wide component followed by the specific service requirements and staff are supported by a 'buddy' or preceptor during this process. The required modules cover an introduction to Nurse Maude, cybersecurity, privacy &amp; confidentiality, consent and disclosure, infection prevention and control, health and safety, and fire and emergency management. Te Tiriti o Waitangi and inequities in Māori health are included. Staff reported that the induction and orientation programme prepared them adequately for the</p>

		<p>role, and evidence of this was seen in files reviewed.</p> <p>Opportunities to discuss and review performance are to occur three months following appointment and yearly thereafter; however, there have been some delays in this process during the change of leadership role in the care home.</p> <p>Annual practising certificate expiry is alerted to the service manager through the electronic HR system. A credentialing policy is used to guide approval and scope of practice of all health professionals and allied health staff who provide clinical services in the organisation.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>The multidisciplinary teamwork in partnership with the resident and whānau to support wellbeing. Nursing assessments reflect good practice models. This has, for example, seen the introduction of a recognised tool for pain assessment which is well suited to residents less able to verbalise their pain. A comprehensive skin assessment was documented in the system each month for the resident, in addition to pressure injury risk assessments undertaken six-monthly (or sooner as indicated). In the records reviewed, these had been fully completed.</p> <p>A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded. Some delay in formulating a plan following assessment was noted for some residents (see CAR 3.2.3).</p> <p>Timeframes for the initial assessment, medical assessment, an initial care plan, development of a long-term care plan and review timeframes meet contractual requirements. Staff support Māori and whānau to identify their own pae ora outcomes in their electronic care plan using a Te Whare Tapa Whā model. This was verified by sampling residents' records, and from interviews with clinical staff, and residents.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, or as requested by the general practitioners, including the</p>

		<p>use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or their whānau. Examples were sighted and good communication between the team was noted in the records reviewed.</p> <p>InterRAI reviews are now occurring close to schedule or as care needs change, following implementation of an internal corrective action plan in November, which included additional training, development of a dashboard to flag any overdue tasks, and internal audits. Planned discussion of progress will be discussed at the monthly team meetings. At the time of audit, two interRAI assessments were overdue review; however, a further 10 are approaching the review date within the next month, so will require a consistent effort to complete within the timeframe. Other reviews are also flagged and reported on, such as care plans, medical assessments, and CPR status. The service has eight trained interRAI assessors.</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 access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy was current and implemented in line with current best practice. A safe system for medicine management occurs using an electronic system. This enables reporting on use of pro re nata (PRN) medicines and short-course medicines, in addition to providing clear administration records. Administration was observed on the day of audit and occurred safely. All staff who administer medicines were competent to perform the function they managed, as confirmed in the staff records reviewed. The dispensing pharmacist will attend the facility interdisciplinary meeting fortnightly, commencing in the new year, to provide advice and undertake chart reviews, with a focus on residents with a high number of prescribed medicines. Medication allergies and sensitivities were recorded by the prescriber in the electronic system, which includes prompts for completion. In the sample of files, one third did not include the resident's allergy or sensitivity status (see CAR 3.4.4).</p> <p>All medications sighted were within current use-by dates and were well managed. Medicines were stored safely in a secure medication room that is temperature controlled. Fridge temperatures were recorded weekly and were within range. Storage of controlled drugs was in accordance with regulation, and the required weekly physical stock checks were completed.</p> <p>Prescribing practices met requirements, as confirmed in the sample of 12</p>

		records reviewed. Medicine-related allergies or sensitivities were inconsistently recorded. Any adverse events are responded to appropriately. Three-monthly GP reviews were consistently recorded in the system and in progress notes. Standing orders are not used in the service. Self-administration of medication is facilitated, with storage managed by the resident (see also comment for CAR 3.2.3).
<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>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. A food card is prepared for each resident and followed according to preferences, dietary requirements and dietitian recommendations. Evidence of resident feedback satisfaction with meals was verified by residents and resident meeting minutes.</p> <p>Presently, a contracted provider manages this. However, in early 2025, the food service will come ‘in house’ and be managed internally. Planning for the changes is well advanced. The service operates with an approved custom food control plan (valid to 31 July 2025) and registration valid to 7 April 2025.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. There was evidence of involvement of whānau with one patient recently requiring an inpatient admission to a district hospital. Discharge summaries informed staff about any new care requirements, and these were incorporated. Whānau reported being kept well informed during the transfer of their relative.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Building, plant and equipment were fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This included a current building warrant of fitness and electrical and bio-medical testing.</p> <p>The care home is across two floors, with many areas for residents and whānau to gather. Residents were happy with the environment and were observed to be moving freely around the facility with equipment and wheelchairs in use.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A quality facilitator with specialist IPC knowledge is responsible for overseeing and implementing the IP programme. This will increase to a full-time infection prevention and control coordinator (IPCC) in January 2025 and be organisational wide. The programme has been developed by those with IP expertise and approved by the governing body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the quality facilitator and review of the programme documentation. IPC audits were completed according to the annual audit plan, with corrective action taken if required. Further development of the programme is expected in 2025, which reflects the increase to a full-time role dedicated to IP.</p> <p>Staff were familiar with policies and practices through orientation and ongoing mandatory education and were observed to correctly follow practices. There is structured IP content available for all staff, using a mix of face-to-face and online learning. Additional 'toolbox learning' is used to address any emerging care needs and refreshers.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of</p>	<p>PA Low</p>	<p>The quality facilitator uses the information obtained through surveillance to determine the service's infection control activities, resources and education needs. Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in</p>

<p>the surveillance programme.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>line with risks and priorities defined in the infection control programme. Data is collected when an infection is identified; however, it is not based on recognised surveillance definitions (see CAR 5.4.3). Data that is collected is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff and reported to clinical governance and the governing body. There have been no recent outbreaks in the facility, and, overall, recorded infection rates are below benchmark.</p> <p>In the July–September 2024 quarter, 40 infections were reported, which was a slight increase on the previous quarter. This could have been explained through ongoing education given to staff on the importance of reporting infections. Predictably, the highest number of infections for this period were respiratory infections. The incidence of urinary tract infections is monitored as a quality indicator and has been below benchmarked.</p>
<p>Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group and clinical governance group demonstrated commitment to this, supported by service managers at operational level. At the time of audit, there was no restraints in use, and this has been the case for at least five years. Any use of restraint would be reported to the governing body.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	<p>A process to review performance is the expectation, three months following appointment and yearly thereafter. Documentation and a process to do so were available. The newly appointed care home service manager has identified that these were not all current and this was confirmed by staff interviewed. A plan is progressing to address this, with all clinical staff (RNs and ENs) having recently completed the process and Must complete the process prior to the end of the year. At the time of audit, around 50% of staff had yet to complete the process.</p> <p>Any performance concerns are addressed as and when required. Staff reported they were well supported and able to raise any concerns with the care</p>	At the time of audit, around 50% of the health assistant (HA) workforce did not have a current performance review.	<p>All staff complete a performance review three months following their appointment and thereafter yearly.</p> <p>180 days</p>

		home service manager, who described an 'open door' approach.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p>	PA Low	<p>All residents had an initial plan of care in their clinical record. In one of six files, this did not lead to the development of a plan of care early in the resident's stay. At the time of admission, the resident had a low body weight, and, while this was identified in the assessment and referral documentation, it did not lead to a comprehensive nutritional plan being developed, or any clear monitoring requirements such as supplementation, weekly weighs or referral for dietician oversight. A long-term plan was due to be developed for this resident.</p> <p>In other examples, the initial assessments were completed within timeframes; however, there were examples where there was a lack of detail in the plans and it was unclear whether an assessment had been completed (not located on files reviewed), for example, two residents who were self-medicating.</p> <p>The organisation's own internal audit had identified that there were some delays in completing plans following assessments.</p>	<p>In the files sampled, the assessments do not consistently lead to a plan for resident care in a timely manner.</p> <p>b) Of six resident files reviewed, two had identified nutritional deficits. While these were identified in the initial assessment, there was a delay in developing a plan of care. At the time of audit, this was more than a month after admission for one resident with very low body weight.</p> <p>b) Two residents were self-medicating, and both manage their own inhalers. There was no evidence of completion of an assessment to determine whether the residents could undertake this safely, or that a reassessment had occurred three-monthly to demonstrate their ongoing competence to manage this.</p>	<p>Implement timely completion of a plan of care (initial or long term) when a resident's care needs change, or a deficit is identified.</p> <p>180 days</p>

<p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.4.4 A process shall be implemented to identify, record, and communicate people's medicinerelated allergies or sensitivities and respond appropriately to adverse events.</p>	<p>PA Moderate</p>	<p>Medication allergies and sensitivities are recorded by the prescriber in the electronic system, which includes prompts for completion. This reportedly occurs at the time of admission. Interview with the contracted pharmacist confirmed that the dispensing software alerts the pharmacist to any known sensitivities/allergies during the dispensing process, enabling them to query with the prescriber and/or the facility.</p> <p>Some of the resident files reviewed where allergies were omitted, included residents who had had at least two medical reviews since admission.</p>	<p>Of 12 medication charts reviewed in the electronic system, four did not have allergy or sensitivity status recorded for the resident.</p>	<p>Implement suitable checks which ensure completion of all allergy and sensitivity fields in the electronic system prior to administering any prescribed medicines.</p> <p>90 days</p>
<p>Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised</p>	<p>PA Low</p>	<p>Surveillance methods used are currently based on laboratory results, rather than resident symptoms. There is no defined surveillance criteria included in the organisation's surveillance programme. The service does not routinely use approved surveillance definitions recommended for an aged residential</p>	<p>While the organisation collects data about infections within the event reporting system, as confirmed by laboratory testing, this does not include all residents who are symptomatic of an infection. There are no established surveillance definitions/guidelines for</p>	<p>Identify and implement appropriate standardised definitions for collecting and reporting surveillance data for the care</p>

surveillance definitions. Surveillance includes ethnicity data.		care setting, which may mean that fewer infections are reported than are occurring (i.e., symptomatic but not tested or treated).	the care home.	home.  180 days
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.