

Kingswood Healthcare Morrinsville Limited - Kingswood Rest Home

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:	Kingswood Healthcare Morrinsville Limited	
Premises audited:	Kingswood Rest Home	
Services audited:	Hospital services - Psychogeriatric services; 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):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	70	



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
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

Kingswood Rest Home provides hospital (medical and geriatric), rest home, dementia and psychogeriatric levels of care for up to 76 residents. There were 70 residents on the days of audit.

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/whānau, management, staff, and a general practitioner.

The general manager is appropriately qualified and experienced and is supported by a clinical manager (registered nurse). There are quality systems and processes being implemented. Feedback from residents and family/whānau was very positive about the care and the services provided. An induction programme and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified shortfalls related to review of incidents and accidents, integration of resident records, and care planning.

The service has been awarded two continuous improvements for cultural care and the improvements to the environment.

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.

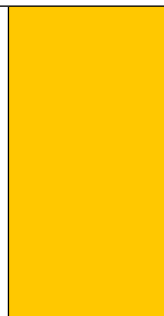
Kingswood Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

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 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 the resident and/or their whānau/family 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.



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The business plan includes a mission statement and operational objectives. The service has documented quality and risk management systems that take a risk-based approach. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions documented 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 that resident information is kept securely.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Information is provided to residents and their family/whānau at the time of entry and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats as required. Registered nurses and an enrolled nurse assess residents on admission. InterRAI assessments and risk assessments are used to identify residents' needs, and long-term care plans are holistic. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Handovers between shifts guide continuity of care and teamwork is encouraged.

A diversional therapist oversees the activity programme. The activity team, and programme provides residents with a variety of individual and group activities and maintains their links with the community. There are sensory and reminiscing activities provided that are meaningful. The activities calendar has a range of activities that are appropriate to their cognitive and physical capabilities.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents. All meals are prepared on site by an experienced team of staff and overseen by the kitchen manager. The service has a current food control plan. The organisational dietitian reviews the menu plans. Residents and family/whānau confirmed satisfaction with meals provided. There are snacks available after hours a day.

Transition, discharge, or transfer is managed in a planned and coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There is an annual maintenance plan that includes electrical compliance testing, call bell checks, calibration of medical equipment, hot water temperatures and appropriate pest control management. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Bedrooms are a mix of single and double occupancy with shared and communal ensuite facilities. There are communal shower rooms and toilets with privacy locks. Resident rooms are personalised. The two psychogeriatric units and both dementia units are secure with secure enclosed gardens.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. Appropriate security measures are implemented.

The building holds a current building warrant of fitness certificate.

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 residents, staff and visitors. The documented infection control programme is implemented. Documentation evidenced that relevant infection prevention and 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 and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with 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.

The service is committed to minimising all forms of restraint with a strong focus on de-escalation techniques. Current policies and procedures which meet the requirements of the Standard are in place to guide staff. A registered nurse is responsible for overseeing safe restraint practices, with a commitment to restraint minimisation and eventual elimination if possible. There are four residents using restraint. Restraint is discussed at management and quality meetings. Staff receive training in restraint as part of the orientation and annual training plan. The board receives regular reports on the types and frequency of restraint.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	2	0	0
Criteria	2	170	0	5	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has residents who identify as Māori.</p> <p>As part of staff training, Kingswood Rest Home incorporates the Māori health strategy (He Korowai Oranga) and Te Whare Tapa Wha Māori model of health and wellbeing into practice. 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 service has links with local iwi through the cultural committee, and through current staff members, with kaumatua and kuia being available to support the organisations cultural journey.</p> <p>At the time of the audit there were Māori staff. Staff interviewed stated that they are supported in a culturally safe way 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. This was also observed to be occurring during the audit.</p> <p>The general manager encourages Māori to progress in their career</p>

		<p>with one of the managers identifying as Māori.</p> <p>The audit included interviews with the general manager (GM), clinical manager (CM) and 15 staff including four caregivers, four registered nurses (RN), one handyman, one laundry, two kitchen managers, one diversional therapist (DT), one activity coordinator and one administrator. All described how care is based on the resident's individual values, beliefs, and preferences. Care planning aligns with the Te Whare Tapa Wha holistic model of care.</p> <p>The service has been awarded a continuous improvement around embedding Māori culture into practice.</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>Kingswood Rest Home recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and family/whānau in the service delivery of health and disability services for Pacific people. There is a Pacific health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in different languages according to resident need.</p> <p>On the day of audit there were no Pasifika residents living at Kingswood Rest Home. Ethnicity information and Pacific people's cultural beliefs and practices were described as able to be identified during the admission process and entered into the residents' files if there were to be Pacific residents in the service. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The general manager confirmed they encourage and support any staff that identifies as Pasifika beginning at the employment process. This was confirmed in interviews with staff who identified as Pasifika. Other staff or the managers can consult with Pacific Island staff, and Pasifika in the community to support access to community links. The GM continues to provide equitable employment opportunities for the</p>

		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>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information that is provided to new residents and their family/whānau on admission to the service. Posters displaying the 10 Rights of the Code are displayed in te reo and English throughout the facility. The GM or CM discusses aspects of the Code with residents and their family/whānau on admission. These discussions are followed up by RNs in the PG, dementia and hospital/rest home units who provide further support for family/whānau to understand implementation of the Code.</p> <p>Discussions relating to the Code are also held during the monthly resident meetings in the hospital and rest home unit with family/whānau also invited. The GM and CM send an invitation to each family/whānau member three monthly to meet to discuss any issues or concerns or just to chat about their family/whānau member. The CM and GM stated that there are 'regulars' who come each time they are invited and others who come when they can attend or when they are visiting family/whānau. There is an open-door policy and family/whānau and residents interviewed confirmed that they can drop in at any time.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and 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 local churches. Interdenominational 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>Six residents at rest home level of care were interviewed along with 11 family/whānau (three with family/whānau in the psychogeriatric (PG) unit; five with family/whānau in the rest home unit; three with family/whānau in dementia care). All residents and family/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>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff members interviewed described how they support residents in their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates that training is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2023 and 2024 confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff also implement interventions and strategies documented in care plans to manage inappropriate sexual behaviour by residents in the dementia or PG unit as these arise. Staff were observed to use person-centred and respectful language with residents.</p> <p>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. This includes encouraging residents in the dementia and PG units (a well as in the hospital and rest home unit) to engage in activities they would have done prior to admission e.g. folding laundry and setting the table. Residents' files and care plans identified residents' preferred names.</p> <p>Information around values and beliefs is gathered on admission with</p>

		<p>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. Te reo Māori is reinforced by those staff who are able to speak/understand te reo Māori. Māori cultural days are celebrated.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, Mauri Ora, tikanga Māori and health equity from a Māori perspective, and complete a cultural competency 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. 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>FA</p>	<p>A staff code of conduct is included in the employment 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 their own bias.</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 expressed that they have not witnessed any abuse or neglect, and said they are treated fairly, feel safe, are protected from abuse and neglect, and their property is respected. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>The service promotes a strengths-based and holistic model of care to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents with specific cultural care provided for residents who</p>

		<p>identify as Māori.</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. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process with evidence of completion sighted on staff files reviewed. 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>Staff and family/whānau frequent the dementia units and psychogeriatric (PG) units to support residents. This allows visibility of practice that significantly decreases any opportunity for abuse to occur for residents who are unable to speak for themselves. All family/whānau, staff and the general practitioner interviewed confirmed that there was no evidence of abuse or neglect in any of the units.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information around the Code, the service and the agreement for services is provided to residents and family/whānau on admission. Resident (and family/whānau) meeting minutes identify feedback from residents and subsequent 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 family/whānau/next of kin of any accident/incident that occurs. The family/whānau section of the resident file includes when the family/whānau want to be contacted. Most do not want to be rung if there are episodes of challenging behaviour unless there are injuries or events are serious and out of the norm for example. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Twelve of the 15</p>

	<p>accident/incident forms reviewed did not identify that family/whānau were informed; however, the resident records identified that this was in keeping with their directives. Family/whānau interviewed all stated that communication from the managers was excellent.</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 could speak and understand English. Caregivers and the registered nurses (RNs) interviewed described how they can assist residents who do not speak English, with interpreters or resources to communicate as the need arises. They also described the use of simple choices and body language as a form of communication with residents who were in the dementia or psychogeriatric units.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and next of kin 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. The psychologist and the clinical nurse specialist from the Mental Health Support for Older People come to the service weekly to support staff with management of challenging behaviour and care of residents requiring support in the PG particularly but also for staff in the dementia units.</p> <p>The delivery of care includes a multidisciplinary team, and residents along with family/whānau (EPOA) provide consent and are communicated with regarding services involved. The CM described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. The multidisciplinary team meetings with the resident and or family/whānau are held six monthly with opportunities described to discuss care planning and interventions. There is an open-door policy whereby family/whānau can speak with manager or RNs at any time. This was observed to occur during the audit.</p>
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<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Policies including resuscitation management, resident representative, and enduring power of attorney (EPOA) guide staff around informed consent processes. The resident files reviewed included signed general consent forms. Other consent forms include vaccinations, outing and indemnity and collection of health information. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>There were appropriately signed resuscitation plans and or advance directives in place in all resident records reviewed, with these updated annually. The service follows relevant best practice tikanga guidelines and welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable and activated when required. Where an EPOA has been activated, an activation letter and incapacity assessment were on file.</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>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The service maintains a record of all complaints, both verbal and written on the complaints register. There has been one complaint in 2023 that led to a complaint through the Health and Disability Commissioner (HDC). The service has responded to the HDC with evidence requested and is waiting for further communication. The initial complaint from family was also addressed at the time prior to escalation to HDC and closed in a timely manner.</p> <p>There have been two complaints in 2024 year to date since the previous audit. The management team could evidence the complaint documentation process including acknowledgement, investigation,</p>

		<p>follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the HDC. There was one complaint through HDC in 2023. All information requested has been sent. The managers are waiting for a final response from HDC.</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the staff and quality 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 throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern including at resident meetings. Communication is maintained with individual residents, with updates at activities and mealtimes and one on one reviews. Residents or 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. Interviews with members of the cultural committee confirmed that they can support Māori residents or family/whānau if they wished to make a complaint. This would include upholding tikanga e.g. offering karakia to start and finish the meeting.</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</p>	<p>FA</p>	<p>Kingswood Rest Home is part of Kingswood Healthcare Morrinsville Limited and is located in Morrinsville, Waikato. The facility has been owned by the one director, one managing director and a shareholder since September 2011. There are two aged care facilities that are both owned by the same two owner/directors and a shareholder who include the GM who oversees both facilities. One Managing director works full time in the business, and they meet with the GM (shareholder) monthly face to face, weekly visits, and daily via phone conversations. They are also in constant contact via emails</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>between all directors and shareholders. There are monthly meetings where progress reports, updates against business and strategic goals and compliance requirements are discussed. These include quality data analysis, escalated complaints, human resource matters and occupancy.</p> <p>Kingswood Rest Home provides rest home, hospital, dementia, and psychogeriatric level of care for 75 residents. There are 16 total dual-purpose beds, 29 total dementia beds with a men’s only unit and a woman only unit – both separate buildings; and 30 PG beds. There were 70 residents at the time of the audit: 12 residents at rest home level of care; two requiring hospital level of care; 27 residents at dementia level of care; 29 residents requiring psychogeriatric (PG) level of care. One resident in the PG unit was under a long-term support chronic health care (LTS-CHC) contract. Residents at rest home, hospital and dementia level of care not under a specific contract identified are under the age-related residential care (ARRC) contract. The residents in the PG unit were all under the age-related hospital specialised services (ARHSS) contract.</p> <p>Kingswood Rest Home has a business plan (2024) in place, which links to the organisation’s vision, mission, values, and strategic direction. Clear specific business goals are documented to manage and guide quality and risk and are reviewed at regular intervals. The goals in the business plan relate to this service specifically with reference to dementia and psychogeriatric levels of care.</p> <p>The general manager (who is also a shareholder) understands their responsibility in the implementation of Health and Disability Services Standard and explained their commitment to Te Tiriti obligations. The obligations to proactively help address barriers for Māori and to provide equitable health care services is documented in the business plan scope, quality, and risk management plan. The Māori health plan is documented within the cultural awareness and cultural safety policy reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies. The general manager, clinical manager and the directors have all completed cultural training. The cultural committee meets three monthly with governance, management (including the kitchen manager), diversional therapist and family/whānau (activated EPOA)</p>
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		<p>representation. The expertise of the committee is used to advise on improvements, issues that are raised, and to progress equity for Māori. A satisfaction survey from Māori family/whānau showed a high level of cultural satisfaction. There are established relationships with a Māori minister from Morrinsville and with the Morrinsville Marae Rukumoana, all of whom can provide tangible support for the service e.g. blessings if a resident passes away, support for Māori residents etc. Kaumatua visit regularly.</p> <p>There is a communication policy that address meeting requirements and communication between management, staff, residents and family/whānau that documents support for residents and family/whānau to participate in the planning, implementation, monitoring, and evaluation of service delivery. The managers interviewed stated that family/whānau are informed of what is happening within the facility and the care of their whānau through regular newsletters, meetings, emails, and phone calls. Residents and family/whānau can also provide feedback through meetings and satisfaction surveys.</p> <p>Clinical governance is managed and overseen by the clinical manager across both facilities and the facilities at Matamata and Morrinsville work collaboratively with each other. The facility and clinical manager talk daily around clinical issues.</p> <p>There have been no changes in the management team since the last audit. The general manager who has extensive management experience has been in the role since the facility opened (2011). The clinical manager has been in the role for five years and has clinical management experience in aged care and dementia care. The general manager and clinical manager are supported by an administrator, enrolled nurse, and experienced caregivers at Kingswood Rest Home.</p> <p>The general manager and clinical manager both confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency through training and professional development activities within aged care and management.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Kingswood Rest Home has an 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 any new policies or changes to policy are communicated to staff.</p> <p>Regular management meetings and monthly quality (including health and safety), RN and staff meetings provide an avenue for discussions in relation 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. RN catch ups are held weekly. Quality indicators, data and trends in data are accessible to staff in their staff room and nurses' stations. Corrective actions are discussed at relevant meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The resident and family satisfaction surveys indicate that both residents and family have reported high levels of satisfaction with the service provided.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is a part of all staff and quality and senior management meetings, with the facility manager undertaking the role of health and safety officer. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard and risk register had been reviewed in January 2024 (sighted). Health and safety policies are implemented and monitored by the health and safety officer who has completed external training.</p>
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<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 staffing policy that describes rostering requirements, and the service provides 24/7 registered nurse cover. The management team are available Monday to Friday. They share an on-call roster with the RN staff. The GM work across both facilities, they work 20 hours a week at each site however time on site is adjusted according to need. The services are geographically close and the managers generally attend both sites each day.</p> <p>Interviews with caregivers, RNs and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident 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 training. Competencies</p>

		<p>are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies for restraint, handwashing, correct use of PPE, cultural safety and moving and handling. A record of completion is maintained.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 42 caregivers, 30 have achieved a level 3 NZQA qualification or higher. Of those, 14 work in the dementia unit, with ten having attained their dementia unit standards, while four are still in progress. The mental health specialist from Health NZ visits the service weekly to provide oversight and education for all staff in the PG unit. This can also be attended by staff working in the dementia unit. At times, the training is targeted at resident need and at other times, it is specially related to managing challenging behaviour in a PG unit. There is also specific training for RNs who work in the PG unit.</p> <p>Additional RN specific competencies include syringe driver, medication, and interRAI assessment competency. Two RNs (including the clinical manager) are interRAI trained. Staff 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 were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. A wellness survey for staff was completed in 2024. The survey did not identify any corrective actions for the service per se but did identify struggles overseas staff were having within their personal lives e.g. immigration requirements. The managers explained the support provided to staff for their individual needs.</p>
<p>Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files</p>

<p>values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>are securely stored in hard copy. Nine staff files reviewed (clinical manager, three RNs, two caregivers, kitchen manager/DT, one RN team leader PG, one enrolled nurse) evidenced implementation of the recruitment process, employment contracts, and police checking.</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 (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals. All staff who had been employed for over one year have an annual appraisal completed. 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 RNs and caregivers to provide a culturally safe environment to Māori. The completed orientation is relevant to each role.</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>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>PA Low</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets or locked nurses' stations when not in use). There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type but each resident did not have an integrated record. Records are uniquely identifiable and legible. Signatures that are documented include the name and designation of the service provider. Residents archived</p>

		<p>files are securely stored in a locked room and are 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>	<p>FA</p>	<p>An information pack detailing entry criteria is provided to prospective residents. The pack includes information about what to expect at rest home, dementia, hospital, psychogeriatric and end of life care and is provided to residents and family/whānau at the time of the initial contact. There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>The service has a process in place if access to the service is declined. Where residents are declined access to the service, residents and their family/whānau, the referring agency, and general practitioner (GP) are informed of the decline to entry. Alternative services when possible are to be offered and documentation of reason in internal files. The resident would be declined entry if the care required is not within the scope of the service or if a bed were not available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service to determine the level of care required. The resident admission, assessment and reassessment policy requires the collection of information that includes (but is not limited to); ethnicity, spoken language, interpreter requirements, iwi, hapu, religion, and referring agency. Interviews with residents and family/whānau and review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity is being collected and analysed by the service. The CM and RN's described having access to Māori service providers through local iwi and a cultural committee. The RNs described how</p>

		they support residents to maintain their relationships in the community.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Nine electronic resident files were reviewed: two rest home level, one hospital level, three residents receiving psychogeriatric (PG) including one on a LTS-CHC contract and three receiving dementia level of care. Registered nurses and an enrolled nurse are responsible for all residents' assessments, care planning and evaluation of care. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans.</p> <p>All residents have admission assessment information collated and an initial care plan completed within required timeframes. All interRAI assessments and re-assessments have been completed; however, not always within the required contractual timeframes. All care plan development and resident reviews have been completed, however were not always evidenced as completed within required timeframes.</p> <p>A comprehensive suite of paper based risk assessments are routinely conducted on admission. A cultural assessment has been implemented for all residents. The care plans identify resident focussed goals, aligns with Te Whare Tapa Whā, and reflects a person-centred model of care. The care plans identify key assessed risks, including medical risks and are reflective of interRAI assessments; however, do not always provide sufficient interventions to guide caregivers. Residents in the psychogeriatric and dementia units have 24-hour behaviour support plans in place with appropriate activities, de- escalation to support close to normal routine. Registered nurses utilise the Te Ara Whakapiri guidelines for residents on palliative care. The palliative care pathway is embedded into practice and care plan include an end of life section which encompasses cultural awareness.</p> <p>Other available information such as discharge summaries, medical and allied health notes, and consultation with resident and family/whānau or significant others form the basis of the long-term care plans. The service supports Māori and family/whānau to identify</p>

	<p>their own pae ora outcomes through input into their care plan. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. There are two contracted GPs. The main GP visits Tuesday and is available for advice 24 hours a day. The GP (interviewed) was complimentary of the care, communication, and the quality of the service provided. The GP stated the information was consistent and RNs responded appropriately in a timely manner. The GPs have remote access to the electronic medication system. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team and wound care nurse specialist is available as required through Health New Zealand. The service has support from clinical nurse specialists from Waikato hospice. The physiotherapist is available as required.</p> <p>Caregivers and the RNs interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Caregivers complete task lists that reflect within the progress notes on every shift. When changes occur with the residents' health these are reflected in the electronic progress notes to provide an evolving picture of the resident's journey. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home residents. There is regular documented input from the GP. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The progress notes reviewed provided evidence that family/whānau have been notified of changes to health including infections, accident/incidents, GP, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau.</p> <p>The wound register reviewed evidenced there were five wounds across the service including skin tears and a chronic ulcer. There</p>
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		<p>were no pressure injuries. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound registers are maintained in each unit. Wound assessment, wound management, evaluation forms and wound monitoring occurs as planned in the sample of wounds reviewed. There have been education sessions held around wound care and pressure injury prevention and management. A wound nurse specialist is available for advice on dressings.</p> <p>Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources as sighted during the audit. There is access to a continence specialist as required.</p> <p>Care plans reflect required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; intentional rounding; restraint monitoring; food and fluid; turning charts; blood sugar levels; and toileting regime. Behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries describe the behaviour and interventions to de-escalate behaviours including re-direction and activities. Monitoring charts had been completed as scheduled. A post fall concussion check is completed by an RN and neurological observations commenced for 24 hours for all residents who had an unwitnessed fall and is unable to say if they have hit their head or not or has an obvious or suspected head injury including bruises and lacerations. Review of neurological observations identified that the policy and scheduled timeframes for checks is not always followed.</p> <p>There is a written and verbal handover between shifts to ensure continuity of care. Family/whānau are invited to attend care plan review meetings and or given the opportunity to review the care plan via email. Short term issues such as infections, weight loss, and wounds are addressed in an electronic short-term care plan with evidence of timely evaluations.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The residents' activities programme is overseen by a part time qualified diversional therapist and a full time activities coordinator who has almost completed her training. They are assisted by caregivers who work with the activities staff to implement the programme in each of the four units. The activity coordinator works Monday to Friday till 4.30 pm and ensures activity resources are available for staff to use in the weekends. Family/whānau interviewed stated the weekend activities programme is satisfactory.</p> <p>The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. Activities are held in each area with opportunities provided for the residents to join in activities with other units. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; news and discussion sessions, karaoke, walking groups, reminiscing, crafts; games; quizzes; entertainers; board gaming; pampering; bingo; and a section of physical games. Monthly themes such as Alice in Wonderland and cars and celebrations of special occasions include Anzac Day, Christmas, Easter and Cup Day.</p> <p>The weekly activities programme is displayed on noticeboard in communal areas and a copy placed on the inside of residents wardrobes of rest home and hospital residents and available to all families. For those residents who choose not to take part in the programme, one on one visits from the activities staff occur regularly.</p> <p>One on one visits are also provided for residents in the psychogeriatric units and dementia units when they are unsettled. Specific activities in the psychogeriatric units and dementia units include sensory and reminiscing activities like baking, music therapy, other household activities.</p> <p>Outings are organised weekly and regular visits from community visitors, entertainers and pet therapy volunteers occur frequently. A catholic priest visits every two weeks and provides communion for residents who wish to partake. Anglican clergy and church leaders from the local marae visit on alternate weeks.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Eighteen medication files were reviewed for this audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities are documented on the electronic medication chart.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for</p>

	<p>returning expired or unwanted medication to the contracted pharmacy.</p> <p>The medication refrigerator temperatures and medication room temperatures are monitored daily. Portable coolers and fans are in use and temperatures in medication rooms were evidenced as below 25 degrees. All fridge temperatures were within range.</p> <p>Medications are stored securely in accordance with requirements. The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The registered nurses and enrolled nurse oversee the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the clinical nurse manager or registered nurses. Medication information for residents and whānau can be accessed online as needed.</p> <p>There were no residents self-administering medication on the day of the audit; however, there are policies documented to guide staff around this process. Staff administering medications were knowledgeable of the process and the secure storage of medications. No vaccines are stored on site, and no standing orders are used.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with and prescribed by a medical practitioner. Interview with RNs and enrolled nurse confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau. The service has been proactive on reducing and or stopping the use of antipsychotic medications and is continuing working on a project to demonstrate this.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food services for both Morrinsville and Matamata facilities are completed on site in a recently upgraded spacious modern kitchen. All food preparation and baking are prepared on site. A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents’ dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident’s dietary needs change. Diets are modified as needed and the kitchen manager at interview confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents identifying as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan. Cultural options such as boil ups, Māori bread and hangis are provided once a week. On interview the kitchen manager was familiar with the concepts of tapu and noa</p> <p>All meals are prepared on site and served in each of the four units or in the residents’ rooms if requested. These are transported in bain-maries and the temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal, and assistance was provided when necessary. The food service is provided in line with recognised nutritional guidelines for older people. A dietitian has developed the seasonal menu and reviewed it in November 2024. The food control plan expiry date is May 2025. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The kitchen manager is responsible for purchasing the food to meet the requirements of the menu plans. They are supported by a team of two cooks and kitchen hands. The kitchen staff have relevant food handling and infection control training. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p>

		<p>Nutritious snacks and finger foods are available 24/7 in the psychogeriatric and dementia unit. There are specialised utensils available.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Residents and families interviewed stated that they were satisfied with the meals provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a discharge and transfer policy. Transition, discharge, or transfer to and from the service is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents and family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the clinical manager and RNs and review of residents' files confirmed there is open communication between services, the resident and the family/whānau. Relevant information is documented and communicated to health providers. A verbal handover is provided, and the facility utilise the yellow envelope Health New Zealand transfer documentation system to ensure consistency of transfer processes.</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>	FA	<p>There is a building warrant of fitness certificate that expires on 16 March 2025. The environment is inclusive of peoples' cultures and supports cultural practices. There is a part-time experienced maintenance person who is well qualified for the role. There are contracted gardeners who maintain the gardens and lawns. The</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>maintenance person is responsible for implementing the annual organisational maintenance programme. Maintenance requests are logged on a paper based system and followed up in a timely manner. An annual maintenance plan includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures and appropriate pest control management is in place. Essential contractors such as plumbers and electricians are available as required. Checking and calibration of medical equipment, hoists and scales is completed annually. Caregivers and RNs interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, dementia and psychogeriatric level of care residents.</p> <p>All outdoor areas well maintained and are accessible and safe for residents' use. Seating and shade are provided. External areas and garden areas surrounding the facility are well maintained. Level paths to the outside areas provide safe access for residents and visitors. Pathways are clear and well maintained.</p> <p>There are four separate units and a stand-alone kitchen and laundry. Dementia unit one caters for 12 female residents with a mix of single occupancy and shared rooms. Dementia unit two caters for 17 male residents with a mixture of single occupancy and shared rooms. The dual purpose unit has 16 rooms with eight shared ensuites.</p> <p>Residents' bedrooms throughout the facility have resident's own personal belongings displayed. There is a central nurse station in each unit overlooking the dining/lounge area for ease of supervision. Dementia unit two, the dual-purpose unit and the PG wings each have their own separate dining room and lounge. Dementia unit one has a large open plan combined lounge and dining room. Each unit has several exit/entry doors out into the courtyard with seating, shade, gardens and walking pathways. The men's dementia unit has a potting shed and men's shed which were in active use on the days of audit.</p> <p>The 30 bed PG unit is separated into male and female wings and include a high dependency unit in the female wing. There is a shared entrance, office and staff room. The wings are secure, and each has a secure garden and courtyard with safe pathways. All rooms in the PG unit are single occupancy with spacious communal</p>
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	<p>toilets and showers apart from two rooms in the male wing which have ceiling hoists and share a spacious ensuite. The rooms are spacious with appropriate flooring, ventilation and heating. All areas are suitable for manoeuvring of transfer and mobility equipment. The units allow maximum freedom of movement and promoting the safety of residents who are likely to wander and/or exhibit aggressive behaviour(s).</p> <p>All bedrooms and communal areas have sufficient natural light and ventilation. There is ceiling heating and heat pumps throughout the facility. On the days of audit, the facility was of a comfortable temperature. In the rest home there is a combination of heat pumps in communal areas and wall mounted panel heaters in the bedrooms. In dementia one, there are heat pumps in all areas including every bedroom. In dementia two, there is a central heating unit ducted into ceiling mounted vents. The PG unit is heated and cooled by heat pumps.</p> <p>All corridors have safety rails that promote safe mobility. Corridors are spacious, and residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. Caregivers confirmed they could move freely to provide cares and there is enough space to move mobility equipment safely. Doorways into residents' rooms and communal areas are wide enough for wheelchair and power wheelchairs access.</p> <p>There are adequate numbers of communal toilets and showers for residents and separate toilets for staff and visitors. Toilets and showers have privacy locks and or signage in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. Flooring throughout is appropriate for ease of cleaning.</p> <p>There are lounges in each of the four units and smaller sitting areas throughout the facility are available for quiet areas and family visiting. The lounges are spacious and able to accommodate equipment and provide appropriate areas for dining, relaxation, and activities.</p>
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		<p>The service has no plans for building or refurbishments; however, should this occur, governance would take into consideration of how designs and environments reflect the aspirations and identity of Māori. This would be coordinated with support from the Māori cultural committee which include family/whanau of residents to lead the strategy.</p> <p>The service has been awarded a continuous improvement for their work in establishing free family short stay accommodation in a neighbouring house.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. There is a resident list with mobility needs and assistance required in an event of evacuation.</p> <p>Approved fire evacuation plans are in place for each of the four units. A recent fire evacuation drill has been completed and this is repeated every six months (last November 2024). There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally in each unit and checked six monthly. There are five vehicles used by the service including three vans and two cars and all have current warrant of fitness and registrations. All vehicles are fitted with first aid kits and fire extinguishers.</p> <p>In the event of a power outage there are four back-up generators available on site (one for each unit) which are checked monthly. The facility uses a mix of gas and electricity for heating of water within the facility. Laundry services are on a separate gas boiler. There are adequate supplies in the event of a civil defence emergency including water stores (one large tank and smaller water storage tanks in each unit and potable water) to provide residents and staff with three litres per day for a minimum of seven days. Emergency management is included in staff orientation and external contractor</p>

		<p>orientation and is included as part of the education plan. A minimum of one person trained in first aid is available 24/7.</p> <p>There are call bells in the residents' rooms, communal toilets, showers, and lounge/dining room areas. The call bell system is audible and are displayed on panels in the nurse's station and outside the resident rooms to alert care staff to who requires assistance. Residents were observed to have their call bells near to them. The staff in the PG units wear wrist fobs to access the units and have duress alarms on their person in case an emergency response is required. Staff in rest home and dementia units have access to panic buttons which alert staff in other areas of the need for urgent assistance. The residents in the secure units are monitored through call bell availability and sensor beams. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. Entrance to the secure psychogeriatric units is by keypad or wrist fob access. Entrance to all other units are by keypad or key locks. All external doors are checked by afternoon and nights staff as part of regular security checks. Visitors are advised not to enter the facility if unwell. There are closed circuit television cameras in the hallways, all internal communal areas and exterior gardens and courtyards and outside perimeters and driveways to assist with security. Closed circuit TV signage is displayed and family/whānau are informed at entry to the service. Security cameras are monitored by an external contractor to ensure all are operational 24 hour a day. There are automatic security lights which turns on when activated by movement.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and</p>	<p>FA</p>	<p>The clinical manager (registered nurse) oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control is linked into the quality risk and incident reporting system.</p> <p>The infection prevention and control programme is reviewed</p>

<p>respond to relevant issues of national and regional concern.</p>		<p>annually by the management team, infection prevention and control committee, and infection control audits are conducted. Infection rates are presented and discussed at combined staff/quality meetings. Data around infections is also reviewed by the management team and benchmarked internally. Infection prevention and control is part of the strategic and quality plans. The directors receive reports on progress 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, and the general practitioner.</p> <p>There are hand sanitisers strategically placed around the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a pandemic response plan which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection prevention and 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 general practitioner, laboratory, and Health New Zealand infection control nurse specialist. There are sufficient quantities of PPE equipment available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team and all policies are available to staff. The infection control programme has been developed with specialist input, and links to the quality programme is reviewed annually.</p> <p>There are policies and procedures in place around reusable and</p>

		<p>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 acknowledge the spirit of Te Tiriti.</p> <p>The infection prevention and 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. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practise were displayed in English, te reo, and are available in other languages.</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 facility manager. The management team and infection control coordinator would liaise with their community iwi links 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</p>	<p>FA</p>	<p>The service has an anti-microbial use policy and procedures. The infection prevention and control coordinator 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 combined staff, RN, quality meetings and management team. Prophylactic use of antibiotics is not</p>

<p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Kingswood Rest Home infection prevention and control manual. Monthly infection data is collected for all infections based on 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, RN, 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 prevention and control coordinator, 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 two outbreaks (Covid-19) since the last audit. The facility followed their pandemic plan. There were clear communication pathways with responsibilities that included daily outbreak meetings and communication with residents, relatives, and staff. Staff wore personal protective equipment, and families were kept informed by phone or email. Visiting was restricted. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</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</p>	<p>FA</p>	<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 on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and accessible. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were</p>

<p>safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>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>All laundry is managed onsite by dedicated laundry staff. The laundry area was seen to have a defined dirty to clean workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. There is appropriate sluice and sanitiser equipment available, and the cleaner interviewed was knowledgeable around systems and processes related to hygiene, infection prevention and control.</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>The Kingswood governance body is committed to work towards restraint free environment across their services. The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. A registered nurse is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the governance commitment to restraint elimination and implementation across both facilities. The reporting process to the governance body includes restraint data that is gathered and analysed monthly. There was no evidence of restraint related injury reported since the last audit, as per discussion with the restraint coordinator and in review of the incident register since the last audit.</p> <p>The approval for any use of restraint in the first instance is put forward to the restraint approval group which includes the GM, resident (where appropriate) family member, registered nurse, and the GP. The GP at interview confirmed involvement with the restraint approval process when required. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered. At the time of the audit, Kingswood had residents who identified as Māori, all meetings held, and the consultation process in place means that the voice of any</p>

		<p>resident or family member who identifies as Māori is heard.</p> <p>On the day of the audit, four residents in the PG unit were using hand holding restraint only when all other interventions have proved ineffective. Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint elimination. Review of restraint usage is completed and discussed at all staff meetings.</p> <p>Training for all staff occurs at orientation and annually. This includes a restraint competency assessment.</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>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard. Family/whānau confirmed their involvement in the process. Access to advocacy is facilitated, as necessary. A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record. Staff, management meeting minutes, and manager's reports documented discussions about restraint. The restraint coordinator stated that any use of restraint in an emergency would be documented as an incident and all restraint data is collected and analysed as part of the monthly reporting. If emergency restraint is required, the registered nurse will consult with the manager, resident, and family and determine, depending on the situation, who will debrief the staff.</p>
<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</p>	FA	<p>The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the GM and governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated. Internal benching marking is completed. The benchmarking, identify trends, ways to minimise and eliminate the use of restraint, and ongoing restraint and challenging behaviour education to all staff.</p>

data and implementing improvement activities.		
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Moderate	<p>Fifteen accident/incident forms reviewed (seven unwitnessed falls, one wandering, five with challenging behaviour, two skin tears). Adverse events are documented on the appropriate form with a description of the event and documentation if family/whānau were notified. Completed forms were reviewed by the auditor from July 2024 to October 2024. The forms did not evidence review by the clinical manager as per policy.</p>	<p>Incident and accident forms are not reviewed by the clinical manager or delegated and do not evidence closing of the loop.</p>	<p>Ensure that incident and accident forms are reviewed by the clinical manager or delegated with any recommendations put in place to improve service delivery.</p> <p>90 days</p>
<p>Criterion 2.5.2</p> <p>Service providers shall maintain an information management system that:</p>	PA Low	<p>Each resident has a record of their care however the record is not in a centralised file. This includes folders in each unit for activity care plans and</p>	<p>Each resident does not have an integrated health and support record.</p>	<p>Ensure that there is an individual resident integrated record.</p>

<p>(a) Ensures the captured data is collected and stored through a centralised system to reduce multiple copies or versions, inconsistencies, and duplication;</p> <p>(b) Makes the information manageable;</p> <p>(c) Ensures the information is accessible for all those who need it;</p> <p>(d) Complies with relevant legislation;</p> <p>(e) Integrates an individual's health and support records.</p>		<p>attendance, short term care plans, monitoring charts. Consents and agreements are held in the manager's office. There are two folders with the current resident record in one and less used documentation held in another resident folder. Doctor's notes are stored on the electronic medication file and/or in the resident notes. Older records have been archived. There is a quality improvement project that has been identified to implement an electronic resident management system. .</p>		<p>180 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Low</p>	<p>Admission visits by the general practitioner were completed within five days for all resident files reviewed. Initial assessments and initial care plans have been developed within the required timeframes for all files reviewed. Initial interRAI assessments have been completed within the required timeframes for two residents. InterRAI reassessments were completed within required timeframes for two residents (two did not require reassessments). Four of nine resident files identified long term cares plans had been documented with 21 days of admission. Care plan evaluations were scheduled six monthly or when there was a significant change; however, timeframes were not met for the six residents who required reviews.</p> <p>Timeframes were compromised by a nationwide shortage of registered staff</p>	<p>i). Seven of nine (one hospital, two rest home, three dementia and one psychogeriatric) initial interRAI assessments were not completed within 21 days of admission.</p> <p>ii). Five of nine (two dementia, one rest home, one hospital and one PG) files reviewed did not evidence an initial long term care plan was completed within 21 days.</p> <p>iii). Four of six (one PG, one hospital, one rest home and one dementia) interRAI reassessments were not completed in required timeframes.</p> <p>iv). Evaluations of long-term care plans were not completed</p>	<p>i). - iv). Ensure initial interRAI assessments, reassessments, long term care plans, and care plan evaluations are completed within required timeframes.</p> <p>90 days</p>

		impacting predominantly on the dual purpose and dementia wings	six monthly for six of six residents where this was required.	
<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> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or</p>	PA Low	<p>Assessments and care plans are documented by the registered nurses. The care plans are individualised and reflect resident preferences; however, not all assessments and care plan interventions were documented in sufficient detail to guide the resident needs. Seven of nine resident care plans reviewed identified sufficient interventions to guide the resident's current care needs.</p>	<p>i). One rest home resident had an interRAI reassessment completed for a significant change and was reassessed as hospital level care level care; however, the care plan was not updated to reflect changes in mobility and activities of daily living.</p> <p>ii). Two residents (one dementia and one rest home) with diabetes did not include signs and symptoms of hypoglycaemia or hyperglycaemia, and one of these did not include reportable ranges, dietary requirements or frequency of blood glucose recordings.</p>	<p>i-ii). Ensure all care plan interventions are current, individualised and reflect the assessed needs of residents.</p> <p>90 days</p>

escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Low	There are comprehensive policies around all aspects of restraint including assessments, approval, monitoring and reviews. All residents using restraint have restraint monitoring in place with the frequency of monitoring as documented on care plans. Post fall management policies include monitoring of neurological observations. Monitoring is scheduled or paper documentation for repositioning, restraint monitoring, food and fluid intake, neurological observations and behaviours; however, not all monitoring has been completed as directed.	Neurological observations were not completed as per policy for five of six charts reviewed.	<p>Ensure neurological observations are completed in accordance with the Kingswood policy</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p>	PA Low	There are comprehensive policies around care planning including evaluations. Short term care plans are evaluated and evidence weekly	Progress towards documented goals is not evidenced in care plan evaluations for two rest home files, and one dementia	Ensure care plan evaluations document progress against

<p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>reviews towards the goals. Long term terms care plan evaluations do not evidence progress towards the goals.</p>	<p>file reviewed.</p>	<p>documented goals.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.5</p> <p>My service provider shall work in partnership with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning, and support for Māori.</p>	CI	<p>Kingswood Rest Home has a strong connection with local iwi and the community with a cultural (Māori) committee who have ‘real’ input into the service including support for residents, staff and managers.</p>	<p>There is strong cultural care provided to residents and family/whānau who identify as Māori. Family/whānau who identify as Māori have always been involved in providing support to managers, staff and residents; however, formal processes have been put in place since the implementation of the Nga Paerewa Standard. A cultural committee has been put in place that is made up of family/whānau identified as Enduring Power of Attorney (EPOA), the clinical manager (CM), general manager (GM), Māori and Pasifika staff. The committee that has been operating for 18 months has a role in reviewing relevant policies including the restraint policy and the Māori health plan; discussing kai including review of menus to ensure that they include culturally appropriate food; that special celebrations are recognised and celebrated including Māori language week, ANZAC Day where EPOA represented the Māori</p>

			<p>battalion, Waitangi Day, Matariki; supporting the Māori spiritual leaders who visit residents and who provide culturally appropriate services and blessings; and art reflecting Māori is displayed. The kitchen manager identifies as Māori and cooks 'Māori kai' for all residents once a week. The kitchen staff also bring in seafood regularly during the week for Māori and other residents who continue to enjoy this as part of their regular diet. A cultural survey focused on Māori family/whānau and residents confirmed that all were satisfied with cultural interventions and support provided. Feedback included 'kapai, kapai', 'cultural safety comes naturally to the staff', 'love the pork bones and fish heads'. A rongoa garden has recently been established and the service makes its own kawakawa cream. There are resources available around planting a native garden, waharoa gateway ideas, rongoa Māori etc.</p> <p>The Māori assessment and care plan is completed for any Māori resident who states that they have cultural needs. Family/whānau are included for any resident at hospital or rest home level of care and family/whānau work with staff to complete the Māori assessment and care plan for residents and family in the dementia or psychogeriatric (PG) unit.</p> <p>Residents and family/whānau who identified as Māori praised the service for the cultural interventions provided as per the Māori assessment and care plan documented and the service over all for the cultural component of service delivery.</p>
Criterion 4.1.1	CI	The PG unit is one of the few facilities of its type in the district and families often travel long	The project was commenced in October 2024, and bookings evidence this will assist family and

<p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>		<p>distances to visit their loved ones. The service has found the benefits of having family close by to assist with the admission and settling in processes, for regular visits and for end of life; however, staying in motels is often unaffordable for many. There are many families who live in remote or rural areas as far away as Whitianga, Waihi beach and Gisborne. The service created two, twin bedroom units with a sitting room, dining room and kitchenette in a nearby house and made the accommodation available to family/whanau at no cost. The house had previously been used for assisted living accommodation and has been repurposed into a pleasant home away from home like environment.</p>	<p>residents to maintain connections and assist in the process of coming into care. The units were decorated with tranquil and comfortable furnishing and included a television, Wi-Fi access, crockery, cutlery, bathroom facilities and an area where extended family could congregate. This enables spouses and family to spend quality time with residents especially in the secure units assisting them to settle into the environment over a few days or weeks without the financial or time constraints associated with travel. This has been particularly beneficial for inter district transfers where families have to travel long distances and palliative care residents. An email was sent to families advising them of the new free of charge service on a first come first served basis. Feedback from the spouse of one resident evidenced gratitude for the service. The person has to travel long distances (which is difficult for someone of their age) and found the costs of staying in motel accommodation very prohibitive. The spouse stated he enjoyed being available to spend time with and settle the resident and felt they were in a better space physically and emotionally to support them without travel commitments. The benefits of the new accommodation were also experienced by staff knowing family were close at hand when needed.</p>
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End of the report.