# Lexon Limited - Aranui Home and Hospital

## Introduction

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

The audit has been conducted by 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Lexon Limited

**Premises audited:** Aranui Home and Hospital

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

**Dates of audit:** Start date: 12 December 2024 End date: 13 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:** 85

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

## General overview of the audit

Aranui Home and Hospital provides hospital, rest home and dementia levels of care for up to 89 residents. There were 85 residents on the days of the audit.

The facility manager oversees the service with the support of the clinical manager/quality assurance educator and the two directors who provide management oversight. Quality systems are implemented. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand- Te Whatu Ora. The audit processes included observations, a review of organisational documents and records, including staff records and the files of residents, interviews with residents and their family/whānau, and interviews with staff, management, and the general practitioner.

This audit identified that the service meets the required subset of the Ngā Paerewa Standard.

## Ō tātou motika │ Our rights

|  |  |  |
| --- | --- | --- |
| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm,and upholds cultural and individual values and beliefs. |  | Subsections applicable to this service fully attained. |

Aranui Home and Hospital works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldview and are culturally safe. Residents and staff stated that culturally appropriate care is provided.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service inclusively provides services and support to people and respects their identity and experiences. The service listens to and respects the residents' voices and effectively communicates with them about their choices. Care plans accommodate the choices of residents and their family/whānau.

There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are managed and documented.

## Hunga mahi me te hanganga │ Workforce and structure

|  |  |  |
| --- | --- | --- |
| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Subsections applicable to this service fully attained. |

The business strategy management plan (2024) includes mission, vision, and values statements with goals documented. These are regularly reviewed. The quality and risk management systems are focused on quality service provision and care. The quality and risk management processes use a risk-based approach. Policies and procedures are current.

The service and management ensure the best outcomes for residents and that their health and safety are a priority. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the contract's requirements with Health New Zealand-Te Whatu Ora.

Staff coverage is maintained for all shifts. Residents' acuity is considered when planning and ensuring adequate coverage. Staff employed are provided with orientation and job descriptions and receive education. All employed and contracted health professionals maintain a current practising certificate.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

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

Registered nurses assess residents on admission. An interim care plan guides care and service provision during the first three weeks after the resident’s admission. InterRAI assessments are used to identify residents’ needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment within the required timeframe and reviews occur thereafter at least three-monthly. Residents’ files reviewed demonstrated evaluations are completed at least six-monthly. Residents are assessed by a physiotherapist and have access to a podiatrist and dietitian. Residents have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.

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 and preferences of the residents. The menu has been reviewed and approved by a registered dietitian. Specific dietary needs, allergies and intolerances are catered for. All meals and baking are prepared and cooked on site. The service has a current food control plan. Residents and family confirmed satisfaction with meals provided.

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

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

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

The building has a current warrant of fitness. There is a planned and reactive maintenance programme in place. Equipment and electrical appliances are serviced and tested regularly. The building and grounds are well maintained. Residents have ready access to safe and appropriate outdoor gardens.

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

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

The service ensures the safety of the residents and staff through a planned infection prevention programme appropriate to the service's size and complexity. The registered nurse coordinates the programme. Staff orientation and ongoing education are maintained.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks of Covid-19 are managed according to Ministry of Health guidelines.

## Here taratahi │ Restraint and seclusion

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| --- | --- | --- |
| 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 restraint minimisation policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. There is no use of restraint. Staff receive ongoing training in restraint minimisation and safe practice and complete an annual competency test.

## 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 | 18 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 49 | 0 | 0 | 0 | 0 | 0 |

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

# Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futuresTe Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA | The Māori health plan references local Māori health care providers and recognises Māori values and beliefs. The policy and guidelines are based on Te Tiriti o Waitangi, and the documents provide a framework for care delivery.Family/whānau involvement is encouraged in assessment and care planning, and visiting is encouraged, as evidenced during interviews. Te Whare Tapa Wha health model is incorporated into all Māori and other residents' care. The service currently has residents and staff who identify as Māori. Care is provided in a way that focuses on the individual and considers beliefs, values, and culture. The clinical manager/quality assurance educator (CM/QAE) reported that care plans include cultural assessments with cultural links and provide an opportunity for the service to cater to any cultural needs. Documentation reflected their values and beliefs. The management team and staff have completed training on Te Tiriti o Waitangi and health equity. A kaumatua visits the service on request, and the last visit was on 2 October 2024. One of the senior staff members is a cultural advisor.Interviews with managers and staff (facility manager [FM], CM/QAE, three registered nurses, one cook, four housekeepers, seven healthcare assistants [HCAs] including a team leader), cook, and maintenance person described ways they apply the principles of Te Tiriti into practice in relation to their roles.  |
| Subsection 1.2: Ola manuia of Pacific peoples in AotearoaThe people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.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. | FA | The organisation has a Pacific Peoples Policy and Procedure, which outlines how it responds to the cultural needs of residents and how staff are supported to ensure culturally safe practice. The service embraces Pacific models of care through various organisations that can provide support and guidance when Pacific people are being supported. Staff were familiar with local Pacific services and resources. Support is also offered through staff and various Christian churches in the local area on an ‘as required’ basis, and staff interviewed were able to identify links in the community. A senior staff member is appointed as a Pasifika Advisor.There were residents and staff who identified as Pasifika working at this service, who can ensure that any residents, and their family are supported in a culturally safe manner. The staff interviewed could describe how they would support any resident or family member who identified as Pasifika.  |
| Subsection 1.3: My rights during service deliveryThe People: My rights have meaningful effect through the actions and behaviours of others.Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | All staff interviewed at the service understood the requirements of the Health and Disability Commissioner’s Code of Health and Disability Services Consumers’ Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. Six residents were interviewed and these included four rest home, two hospital (including one under the long-term support chronic health conditions contract [LTS-CHC]) and eight relatives (enduring power of attorneys [EPOAs]) for two rest home level of care residents, three for residents in the hospital and five for residents in the dementia wing. All reported the Code of Rights was adhered to and residents were aware of their rights.  |
| Subsection 1.5: I am protected from abuseThe 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. | FA | All staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect is provided to staff annually. Residents reported that their property and finances were respected, and professional boundaries were maintained.The FM and CM/QAE reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau and residents stated that they were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents. |
| Subsection 1.7: I am informed and able to make choicesThe people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health,keep well, and live well.As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | FA | Signed admission agreements were evidenced in the sampled residents’ records. Informed consent for specific procedures had been gained appropriately. Resuscitation care plans were signed by residents who were competent and able to consent, and a medical decision was made by a general practitioner (GP) for residents who could not provide consent. This was verified in interviews with residents and family/whānau. Staff reported being encouraged to refer to the Māori health policy on tikanga best practices. Staff have received training on cultural safety and tikanga best practices. Staff have been trained around the Code of Rights, informed consent, and enduring power of attorney. |
| Subsection 1.8: I have the right to complainThe people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement. | FA | The complaint management policy and procedures were documented to guide staff. The process complies with Right 10 of the Code of Rights which is the right to complain, to be taken seriously, respected, and to receive a timely response. The service has a complaint register in place. Five complaints were lodged in 2023, and four have been lodged in 2024. The CM/QAE reported that the complaint process timeframes are adhered to, and service improvement measures are implemented as required. Documentation, including follow-up letters and resolutions, is completed and managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with residents and families/whānau confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they had are addressed promptly.Families/whānau and residents making complaints can involve an independent support person. The complaints process is linked to advocacy services. The HDC Code of Health and Disability Services Consumers’ Rights is visible and available in te reo Māori and English. Residents and family/whānau spoken with expressed satisfaction with the complaint process. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed. No external complaints have been reported since the previous audit. |
| Subsection 2.1: GovernanceThe people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.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.As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve. | FA | Aranui Home and Hospital provides rest home, hospital, and dementia level care for up to 89 residents (25 dementia beds and 64 dual-purpose rest home/hospital beds). At the time of the audit, there were 85 residents in total: 21 rest home level, including one resident under a mental health contract, and one on respite; 41 hospital level, including one resident funded by a long-term support-chronic health care (LTS-CHC) contract; and 23 requiring dementia level of care. The remaining residents were funded by the age-related residential care (ARRC) contract. There are two directors who have extensive experience in the health sector and information technology. The directors own two aged care facilities in Auckland. The service is managed by a full-time, experienced facility manager who is a registered nurse. The FM is supported by the CM/QAE, registered nurses, an enrolled nurse, HCAs, and administrative staff. The FM reports to the directors. Responsibilities and accountabilities are clearly defined. The FM confirmed knowledge of the sector, regulatory, Ministry of Health and other mandatory reporting body requirements. The FM and CM/QAE were able to describe the service delivery and improvement goals (2024). The service organisation philosophy, business strategy, and management plan reflect a resident/family-centred approach to all services. A documented business plan and strategy management plan (2024) includes the organisational chart, philosophy, vision, purpose, objectives, and values. The document describes annual and long-term objectives and the associated operational plans. The meeting minutes sighted were comprehensive and completed as per schedule. Governance meetings occur three monthly with the FM, CM/QAE, and the directors. The governance body monitors organisational performance, including finances, reports, and the approval of policies and procedures. Performance monitoring and reviewing is completed at each management meeting and at regular intervals. The quality programme includes a quality programme policy and quality goals. The FM, who is the health and safety officer, is familiar with the reporting process and risk management responsibilities.The Māori health plan incorporates the principles of Te Tiriti o Waitangi, including partnership, which recognises all cultures as partners and values each culture for its contributions. The governance body liaises with other external organisations to assist in removing barriers for Māori and improving policy and processes to be equitable and inclusive. There is a collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori.The clinical governance structure in place is responsible for overseeing clinical issues, and the CM/QAE leads this. Management maintains up-to-date knowledge of evidence-based practice through ongoing professional development and participation in the NZ Aged Care Association conferences. |
| Subsection 2.2: Quality and risk 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.Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.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. | FA | The service implements the organisation’s quality and risk management programme, which the organisational framework directs. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation, a programme of internal audits, and a process for identifying and addressing corrective actions.Internal audits, meetings (including monthly staff meetings, residents’ meetings, monthly health and safety/quality and risk/maintenance and infection prevention control meetings, and household meetings), and data collation were documented as scheduled, with corrective actions completed as required. Corrective actions were documented to address service improvements, with evidence of progress and sign-off when achieved. The corrective actions were documented and discussed in staff meetings. Meetings provide an avenue for discussions about key performance indicators (including clinical such as infections, bruising, pressure injuries, skin tears, urinary tract infections, restraint etc); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Meeting minutes and quality data are accessible to staff.Resident satisfaction surveys completed in 2024 reflected high levels of satisfaction in all areas, including, staffing, activities, meals, cleaning, communication, and staff positive attitudes. The CM/QAE reported that the service had addressed areas of concern from the survey with the respective departments, such as the cook, staff and management. Evidence of this was sighted in the meeting minutes, and corrective action reports were reviewed. Furthermore, the reviewed staff meeting minutes reflected ongoing monitoring of these areas. A six-week post-admission follow-up survey is completed for all new residents to the service. Interviews with residents and family/whānau were positive and complimentary of all aspects of the service. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practices and adhering to relevant standards. The risk management plan, policies, and procedures clearly describe all potential internal and external risks and corresponding mitigation strategies in accordance with the National Adverse Event Reporting Policy. Electronic reports on the resident management system are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. In the reviewed accident/incident forms, it was evident that each event involving a resident reflected a clinical assessment and follow-up by the CM/QAE. Incident and accident data is collated three monthly and analysed. Results are discussed at the meetings. Neurological observations are recorded for suspected head injuries and unwitnessed falls as per policy. Relatives are notified following adverse events (confirmed in interviews). The CM/QAE reviews every adverse event and identifies opportunities to minimise future risks. A severity Assessment Code (SAC) 1 was reported for an unwitnessed fall, resulting in a fracture.A health and safety system with identified health and safety goals is in place. Hazard identification forms are held at the entrance, and an up-to-date hazard register was sighted. The health and safety officer implements and monitors health and safety policies. There are regular manual handling sessions for staff. Staff state that they are kept informed on health and safety issues. Individual fall prevention strategies are in place for residents identified at risk of falls. Discussions with the CM/QAE, evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 and Covid-19 infection outbreaks notifications completed since the last audit.  |
| Subsection 2.3: Service managementThe people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported that there had been adequate staff at the service. Residents and family/whānau interviewed supported this. Over the past four weeks, rosters showed that all shifts were covered by experienced staff, with support from the management team. Registered nurses, an enrolled nurse and a selected few HCAs maintain current first aid certificates, so a first aider is always on site. The CM/QAE provides coverage for all clinical issues. Continuing education is planned on an annual basis, including mandatory training requirements. The CM/QAE reported that training is completed online or face-to-face. Evidence of regular education provided to staff was sighted in attendance records. Training and competency topics included (but were not limited to) Covid-19 (donning and doffing of personal protective equipment and standard infection control precautions), abuse and neglect; challenging behaviour; cultural safety; chemical safety; medicine management; assessing and management of mild trauma injury/concussion, wound care; palliative care; food safety; catheter care; restraint minimisation; first aid; and fire evacuation.The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 43 healthcare assistants, 35 have completed their level four qualification, five have completed their level three qualification, one has completed their level two qualification, and four are working towards registration for them to commence training. Thirty-five of the HCAs work in the dementia unit have all attained the dementia unit standards. The CM/QAE reported that the model of care ensured that all residents were treated equitably.Registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments. |
| Subsection 2.4: Health care and support workersThe people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.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. | FA | Human resources management policies and processes are based on good employment practice and relevant legislation, including recruitment, selection, orientation, and staff training and development. Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for the registered nurse and associated health contractors (GP, pharmacists, a physiotherapist, a podiatrist, and a dietitian). A sample of staff records reviewed confirmed that the organisation’s policies are being consistently implemented. All staff records reviewed evidenced completed induction and orientation. Seven staff files (CM/QAE, registered nurse, team leader, one HCA, a cook, and two housekeepers) were reviewed. Staff files included: reference checks; police vetting; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreements; and position descriptions.Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals. |
| Subsection 3.2: My pathway to wellbeingThe people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.As service providers: We work in partnership with people and whānau to support wellbeing. | FA | Six resident files were reviewed, including two rest home level, two hospital level (one on LTS-CHC contract) and two dementia level residents. Registered nurses are responsible for assessing residents on admission and on an ongoing basis. All resident files reviewed have evidence of resident, family and whānau involvement in the assessment and care planning process. Residents interviewed confirmed they are involved in decision-making and have choices about their care. Assessments, interim care plans, interRAI assessments and long-term care plans are developed within the timeframes required by the ARRC. Initial medical assessments are completed by the contracted general practitioner within contractual timeframes, and thereafter residents have at least three-monthly medical reviews by the general practitioner routinely, or more often as needed, should their needs change. The general practice provides 24-hour and seven day per week on call services.The physiotherapist is contracted for eight hours per week to complete mobility assessments, make recommendations for the resident’s mobility/transfer and advise on strength and balance exercises as required. Residents have access to a visiting podiatrist six-weekly. Dietician input is sought where required. Allied health practitioner and general practitioner assessments and interventions are documented and integrated into care plans.The review of resident files shows assessment is comprehensive and utilises interRAI triggers which are included in the care plans. Examples sighted include, but are not limited to, physical activity, mood changes, under nutrition, communication, behaviour, and maintaining continence. Care plans are comprehensive and cover the following areas: mobility and transfer; personal cares including oral cares; nutrition; elimination; social; night cares; management of medical conditions; and culture. Care plans for residents in the dementia unit include triggers for behaviour, strategies for management and information from the family/whānau on what strategies have been successful in the past. The care plans also include activities over the 24-hour period.Registered nurses and healthcare assistants described how they involve residents and families/whānau in implementing care plans. Residents and families/whānau interviewed confirmed staff involve and communicate with them, and stated staff are respectful, thoughtful, kind and answer call bells promptly. The general practitioner confirmed staff are knowledgeable and competent and notify them when there are any changes.Healthcare assistants interviewed could describe a verbal handover at the beginning of each duty to maintain a continuity of service delivery; this was observed during the audit. Progress notes and monitoring charts for personal cares document care provided according to the care plan each shift. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home and dementia level residents. Healthcare assistants document the cares provided on each shift. There is regular documented input from the general practitioner and allied health professionals. There was evidence the registered nurse has added to the progress notes when there was an incident or changes in health status or to complete regular registered nurse reviews of the care provided. Short-term care plans are developed when there are short-term needs such as wounds or infections.Care plans are reviewed routinely every six months or more frequently if the needs of residents’ change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. InterRAI assessments are completed for the resident on LTS-CHC contract. Families and whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. Care plan reviews include a review of the residents’ goals and aspirations and if the supports given are helping to achieve these. The registered nurse monitors residents’ weight and vital signs routinely each month, or more frequently when indicated. Neurological observations are completed at recommended intervals for residents with unwitnessed falls or falls where the head trauma occurred. Monitoring charts are completed according to identified needs and include but are not limited to bowels, food and fluids, behaviour, blood glucose levels, positioning, personal cares and falls risk. At the time of the audit there was a total of 21 wounds and no pressure injuries. Staff confirm they can access a wound nurse specialist if needed. Assessments and wound management plans including wound measurements and photographs were reviewed. An electronic wound register has been fully maintained. Wound assessment, wound management, monitoring and evaluation occurred as planned in the sample of wounds reviewed. Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required. |
| Subsection 3.4: My medicationThe people: I receive my medication and blood products in a safe and timely manner.Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.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. | FA | Policies and procedures for medication management align with current guidelines and legislation. The Medi-map system is in place for prescribing and documenting administration. Medication rounds were observed in the hospital, rest home and dementia unit and seen to be safe. Medications are administered by registered nurses and senior healthcare assistants. All staff administering medications are required to pass an annual competency test and have ongoing training in medicine management.Medications are supplied by a local pharmacy in blister packs. Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. Expired and unused medications are returned to the pharmacy. Medicines were seen to be stored in locked trolleys, in locked cupboards, locked medication rooms and a controlled medication safe. The registered nurses complete expiry date checks of stored medications weekly and count the controlled medications weekly as required and six-monthly with the pharmacist. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Twelve medication charts were reviewed. These meet prescribing requirements and are reviewed at least three-monthly by the general practitioner. Any changes to medications are discussed with residents and families. All medication charts had photographic identification. Allergies and adverse reactions are clearly recorded. Pro re nata medications have the indications documented in the prescription, and their effectiveness is documented in the medi-map system.There were no residents self-medicating, although there is a documented process to manage this outlined in the policy. Standing orders are not used. Staff confirm they have been trained in indications and documenting requirements for using these. |
| Subsection 3.5: Nutrition to support wellbeingThe people: Service providers meet my nutritional needs and consider my food preferences.Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | All meals and baking are prepared and cooked onsite by a cook and assistants. All have completed food safety training. There is a four-week summer and winter menu that has been reviewed by a registered dietitian. Food preferences, dislikes, intolerances, allergies and required food texture are identified on admission and communicated to the cook, who keeps this information current. Alternatives are prepared if residents don’t like what is on the menu. The cook meets with residents individually and in resident meetings to gain feedback on the meal service. Cultural preferences and celebrations are catered for. During the audit, a Christmas party was held with families/whānau invited. Residents interviewed confirmed they are happy with the meals provided and can give feedback at any time. They stated that if they don’t like what is provided, an alternative is offered.The food control plan is current to April 2025. |
| Subsection 3.6: Transition, transfer, and discharge 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.Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.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. | FA | Transition, transfer to another facility or hospital and discharge is a planned process that includes communication with the resident and their family/whānau and communicating and documenting the care needs and potential risks to the other facility. If a resident becomes acutely unwell the registered nurse can call the general practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Registered nurses described the documentation required to accompany the resident to hospital and confirmed the family/whānau are notified. |
| Subsection 4.1: The facilityThe 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.Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.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. | FA | The building warrant of fitness is current to 4 June 2025. There are two part-time maintenance people employed who can be available on-call if needed. There is a preventative maintenance plan for maintaining the building and equipment. Maintaining compliance for the building warrant of fitness is contracted out. There is a logbook for staff to log maintenance and repair requests. This is checked by maintenance staff daily and signed off when completed. Essential contractors such as plumbers and electricians are available 24 hours as required. A review of maintenance records shows clinical equipment, including hoists, was serviced and calibrated on 8 May 2024, and electrical appliances were tested and tagged on 8 July 2024.Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance, into the home and can personalise their room. |
| Subsection 5.2: The infection prevention programme and implementationThe 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. | FA | The service has a clearly defined and documented infection prevention and control (IPC) programme implemented that was developed with input from external IPC services. The IPC programme was approved by the management team, in consultation with the CM/QAE, and is linked to the quality improvement programme. The IPC programme was current. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practices. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.Staff have received education in IPC at orientation and through ongoing annual online education sessions. Education with residents was on an individual basis and as a group in residents’ meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents and family/whānau. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)The people: My health and progress are monitored as part of the surveillance programme.Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated, and action plans are implemented. The HAIs being monitored included urinary tract infections, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Surveillance results and recommendations to improve performance are discussed at staff meetings and reported to the directors.Infection prevention audits were completed, covering cleaning, laundry, personal protective equipment (PPE), donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed during shift handovers for the implementation of early interventions. Internal benchmarking is completed comparing results from previous months and also by an external consultant. The external consultant reviews the benchmarking quarterly.There were no Covid-19 infection outbreaks reported since the previous audit. |
| Subsection 6.1: A process of restraintThe 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. | FA | The restraint minimisation and safe practice policy specifies the organisation’s commitment to maintaining a restraint-free environment. There is no use of restraint. The policy and procedures describe the process for implementing restraint, including a holistic assessment, an approval process that includes family/whānau and the general practitioner, identifying alternative strategies, including de-escalation, and monitoring and review of restraint.Staff receive ongoing training in maintaining a restraint free environment, de-escalation, cultural safety and alternative strategies to the use of restraint. Healthcare assistants and registered nurses complete an annual competency test in restraint minimisation. |

# 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.

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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.

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End of the report.