

# Living Waters Medical Solutions Limited - Living Waters Rest Home

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## 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:

<b>Legal entity:</b>	Living Waters Medical Solutions Limited	
<b>Premises audited:</b>	Living Waters Rest Home	
<b>Services audited:</b>	Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 15 January 2025	End date: 15 January 2025
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	19	

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Living Waters Rest Home provides rest home level of care for up to 21 residents. There were 19 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand- Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

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

This certification audit identified shortfalls related to governance, implementation of the quality and risk management processes, staff files, health information management, assessments, care planning, interventions, activities, fire drills and infection control.

## 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.		Some subsections applicable to this service partially attained and of low risk.
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Living Waters Rest Home provides an environment that supports resident rights and safe care. Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides support to people in a way that is inclusive and respects their identity and their experiences. Staff demonstrate an understanding of residents' rights. The service works to provide high-quality and effective services and care for residents.

A Māori health plan is in place for the organisation. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff receive training on Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. Staff encourage participation in te ao Māori. A Pacific health plan is documented. Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</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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The business plan 2024-2025 includes a mission statement, philosophy, vision, values and goals. The service has a documented quality and risk management system in place that take a risk-based approach. These systems aim to meet the needs of residents and their staff.

There are human resources policies which cover recruitment, selection, orientation, staff training and development. There is a health & safety programme in place. Hazards are appropriately identified and reported. There is a staffing and rostering policy. The service ensures the collection, storage, and use of personal and health information of residents is secure and confidential. Residents and family/whānau reported that staffing levels are adequate to meet residents' need.

## 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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The clinical nurse manager manages entry processes. The service works in partnership with the residents, their family/whānau and enduring power of attorneys to assess, plan and evaluate care. There is a documented care planning process including timeframes and templates. Residents are referred to specialist services and to other health services as required. Transfers and discharges are managed in a safe manner.

The activity programme promotes residents to maintain their links with the community and meet the health needs and aspirations of Māori and whānau. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a safe medication management system in place. Medicine is safely stored and administered by staff with current medication administration competency. The organisation uses an electronic system for prescribing and administration of medications. The general practitioner was responsible for all medication reviews.

The food service meets the nutritional needs of the residents, with special needs catered for. Food is safely managed. The service has an approved food control plan and a current menu in use. Residents confirmed satisfaction with meals.

## 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.		Some subsections applicable to this service partially attained and of low risk.
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Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained with shade and seating and meet the needs of people with disabilities. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are constructed for ease of cleaning and are conveniently located. Systems and supplies are in place for essential, emergency and security services.

Testing, tagging, and calibration of equipment is completed as required. There is a current compliance schedule in place. Fire and emergency procedures are documented. There is a current building warrant of fitness in place. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system responded to in a timely manner. Security is maintained to safeguard residents and staff.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The infection control coordinator (registered nurse) coordinates the programme. A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment available and readily accessible to support this plan if it is activated. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing annual in-service education programme.

Surveillance of health care-associated infections is undertaken. Follow-up action is taken as and when required. There has been one outbreak since the previous audit. The environment supports the prevention and transmission of infections. The environment and facility were clean, warm, and welcoming. Chemicals are stored securely throughout the facility. Waste and hazardous substances are well managed. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are safe and effective laundry services in place.

## 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 aims to maintain a restraint free environment. This is supported by the management team and policies and procedures. There was no restraint in use at the time of the audit. Maintaining a restraint-free environment is included as part of mandatory education and training plan. Staff demonstrated a sound knowledge and understanding that only approved restraint will be used as a last resort. The service considers the least restrictive practice, de-escalation techniques and alternative interventions when required.

## 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	16	0	7	3	1	0
Criteria	0	150	0	9	9	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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 provides recognition of Māori values and beliefs. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The Māori health plan includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake.</p> <p>Living Waters Rest Home is committed to providing services in a culturally appropriate manner and ensure that the integrity of each person's culture is acknowledged, respected, and maintained. The service has links with a kaupapa Māori service that provides support for residents. The facility manager described how they have established relationships with the Māori community, local iwi, and Māori community disability services in Whanganui. Linkages are in place with Tamaupoko Community lead team, Rānana marae and a kaumātua is available on request through the Haumoana team at Health New Zealand - Te Whatu Ora.</p> <p>At the time of the audit there were no residents who identified as Māori. Interview with the clinical nurse manager confirmed that a cultural assessment which links to the Māori care plan is completed and identifies specific individual values, beliefs and needs of the</p>

		<p>resident as indicated for Māori residents. The service has staff who identify as Māori and continues to actively seek to employ more Māori staff members. Māori staff interviewed stated that they speak te reo Māori and have opportunities to teach other staff on basic te reo for everyday use. The facility manager stated that she always allows Māori staff to be given time off work to attend a tangi (funeral).</p> <p>Five residents and one family/whānau interviewed reported they are involved in providing input into the resident's care planning, activities and their dietary needs.</p> <p>Six staff (two healthcare assistants, one cook, one maintenance, one cleaner, one team leader) and two managers (one facility manager, one clinical nurse manager) interviewed described how care is based on the resident's individual values, beliefs, and preferences.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The plan has been developed by an external consultant with Pacific input. The plan addresses equity of access and reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family/whānau values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika.</p> <p>On admission all residents state their ethnicity. There were no residents that identified as Pasifika at the time of the audit. Interview with the clinical nurse manager confirmed that individual cultural beliefs would be documented in each resident's care plan and activities plan. Family/whānau of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>At the time of the audit there were staff who identified as Pasifika. The facility manager stated that they actively encourage and support any staff that identifies as Pasifika through the employment process. The service is supported by their own Pasifika staff in maintaining and gaining input from Pacific communities that focus on achieving equity</p>

		and efficient provision of care to Pacific peoples.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed at reception. Details relating to the Code are included in the information provided to new residents and their family/whānau. The clinical nurse manager (RN) discusses aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the resident and family/whānau meetings. All five residents and the family/whānau member interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the information, pack provided to residents and their family/whānau. Staff receive education in relation to the Code at orientation and through the education and training programme which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. 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. An independent advocate is available for the residents.</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>	FA	<p>Staff interviewed described how they support residents to choose what they want to do. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care. Interviews with residents and family/whānau confirmed that residents are treated with respect. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their personal choices, values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. The resident files</p>

		<p>reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family/whanau involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Te reo Māori signage was evident in a range of locations throughout the facility. Training around Te Tiriti o Waitangi, equity and tikanga Māori is provided. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living &amp; non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to. Residents are supported and encouraged to participate in te ao Māori through activities.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the document when they start in the service. The code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. Staff are conscious about discrimination and racism.</p> <p>The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for Māori residents is prioritised. Care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify and manage any reports of abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. Residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>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</p>

		boundaries of their role and responsibilities.
<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>	PA Low	<p>Information about the service (including the Code and complaints management process) is provided to residents and family/whānau on admission. Resident and family/whānau meetings identify feedback from residents and consequent follow-up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau or next of kin of any accident/incident that occurs; however, the policy has not always been followed and evidence of family/whānau notification was not always documented on the incident/ accident forms or in the residents file. 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.</p> <p>Care staff and the clinical nurse manager interviewed described how they would assist any resident that did not speak English with interpreters or resources to communicate as the need arises. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The delivery of care includes a multidisciplinary team. Health professionals involved with the residents may include specialist services (link 2.5.2). The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions and opportunities for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p>	FA	<p>There are policies implemented in relation to informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Five resident files were reviewed which evidenced general consents signed appropriately as part of the admission process by the resident or activated enduring power of attorney (EPOA) where applicable. Specific consent forms were in</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>place for procedures such as influenza and Covid-19 vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' files and activated as applicable for residents assessed as incompetent to make informed decisions.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Interviews with family/whānau identified that the service actively involves them in decisions that affect the resident's lives. Staff have received training on cultural safety and tikanga best practice and follow the appropriate best practice tikanga guidelines in relation to consent.</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 families/whānau on entry to the service and is available in English and te reo Māori. The facility manager is responsible for maintaining the complaints register and manages all complaints.</p> <p>One complaint was received via Health New Zealand in December 2024 which remains open. There were issues identified in this audit in relation to the complaint. There have been no other documented complaints since last audit. Discussions with residents and family/whānau confirmed they are provided with information on complaints; with complaint forms and advocacy brochures being available at the entrance to the facility.</p> <p>Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident and family/whānau meetings provide another avenue to voice their concerns. The management team and staff</p>

		<p>encourage residents and family/whānau to discuss any concerns. It is an equitable process for all cultures. Residents and family/whānau making a complaint are supported to involve an independent support person in the complaints process if they choose. The facility manager and clinical nurse manager acknowledged the importance of face-to-face communication with Māori and maintain an open-door policy.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>PA Moderate</p>	<p>Living Waters Rest Home is part of Living Waters Medical Solutions Limited and is located in Whanganui. There is one other aged care facility owned by the provider that provides 27 care beds. Living Waters Rest Home provides rest home level of care for up to 21 beds. There were 19 residents at the time of the audit. Three of the residents were on an intermediate care contract. All other residents were funded through the aged related residential care services (ARRC) agreement. There are no double or shared rooms.</p> <p>There have been changes in the management team since the last audit. The overall management is provided by a facility manager for both Living Waters Medical Solutions Limited facilities in Whanganui. The manager has been in the role for three and a half years and has over 15 years of experience in the health care. The are supported by a clinical nurse manager who has been managing the sister facility since December 2023 and has in the last two months taken over as clinical nurse manager for Living Waters Rest Home. The clinical nurse manager is the only registered nurse for the two facilities. On call support is provided by the clinical nurse manager 24/7. The management team are supported by a team leader who has oversight of the office and administration responsibilities for both facilities. The structure does not provide the organisational governance, management and clinical support needed to ensure safe and effective delivery of required service.</p> <p>There is a director (owner) who oversees the operations of the two facilities. The director has extensive business experience and understands their responsibility in the implementation of health and disability services standard and the organisations commitment to Te Tiriti obligations. The director has completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health</p>

		<p>equity and cultural safety. There is collaboration with mana whenua in business planning that supports outcomes to achieve equitable health care services for Māori. The Māori Health plan reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>Living Waters Rest Home has a current business plan (2024-2025) in place, which links to the Living Waters Medical Solutions Limited’s vision, mission, values, and strategic direction. Clear specific business goals are documented to manage and guide quality and risk. The goals include (but not limited to) finance, clinical, staffing and occupancy; however, the 2023-2024 business goals have not been reviewed (link 2.2.4).</p> <p>The director is supported by and works closely with the facility manager and the clinical nurse manager to ensure management of the service is in keeping with the relevant standards and legislation; however, there is no documented evidence of managing director review and involvement in quality and risk management system and processes. The clinical nurse manager provides clinical oversight for Living Waters Rest Home and the sister facility. There is no clinical governance structure in place to meet the requirements of the service. Discussions with the facility manager and clinical nurse manager reflect their input in organisational operational policies and the provision of equitable delivery of care.</p> <p>The working practices at Living Waters Rest Home is holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family /whānau and the wider community. There is a communication policy that addresses meeting requirements and communication between management, staff, residents and family/whānau.</p> <p>The facility manager and clinical nurse manager have both completed more than eight hours of professional development in the last 12 months related to managing a rest home and looking after the older person including cultural training.</p>
Subsection 2.2: Quality and risk	PA	Living Waters Rest Home has a quality and risk management programme that includes performance monitoring through internal

<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>Moderate</p>	<p>audits and through the collection of clinical indicator data. Monthly staff/quality and registered nurse meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. However, staff/quality meetings and registered nurses' meetings have not been evidenced as being held as scheduled. Resident and family/whanau meetings were documented as taking place.</p> <p>The clinical nurse manager is responsible for collecting adverse event data. Quality data is collected around falls, skin tears, infections, and other adverse events. The quality data is collated and analysed each month; however, the outcomes have not been evidenced as discussed with staff. Analysis and trends of quality data is collected and documented to identify opportunities for improvement. The service collects data relating to adverse, unplanned, and untoward events. This includes incident and accident information reported by staff on a paper-based system. Incident reports are completed for each incident/accident; however, there were incident forms not able to be located at the time of the audit (link 2.5.2). Results have not been evidenced as being shared with staff.</p> <p>An annual internal audit schedule was sighted for the service; however, not all internal audits have not been completed as scheduled. Where completed, corrective actions are implemented when required and are signed off by the clinical nurse manager when completed. Residents and family/whānau have not been surveyed annually to gather feedback on the service provided.</p> <p>There are resident and family/whānau meetings held four times a year. Residents and family/whānau interviewed advised that they were very satisfied with the care and service they receive. There were no opportunities for improvement put forward by residents or family/whānau interviewed.</p> <p>There is an implemented health and safety and risk management system in place. The team leader is the designated health and safety officer. A hazard and risk register is in place with this reviewed annually and as required. Health and safety is included in the orientation and annual staff training programme and staff interviewed</p>
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		<p>confirmed they had completed training in 2024.</p> <p>All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management team reported that high-quality care for Māori is embedded and achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff. Ethnicities are documented as part of the resident's entry profile and can be critically analysed for comparisons and trends to improve health equity.</p> <p>Discussions with the clinical nurse manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications reported related to fracture, change in clinical management and intruder. There has been one outbreak since last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage of healthcare assistants for the effective delivery of care and support. The facility manager is not on site but available if required. The clinical nurse manager works full time and provides clinical and operational oversight on a day-to-day basis shared between Living Waters Rest Home and the sister facility. The clinical nurse manager is on call 24/7 for any operational and clinical related issues.</p> <p>There are sufficient numbers of healthcare assistants on morning, afternoon and nocte shifts to provide clinical and culturally safe care as confirmed by the healthcare assistants and residents interviewed. Healthcare assistants complete laundry duties as part of their shift and cleaning duties two days a week. There are designated kitchen, cleaning, maintenance and activities staff. Observation on the day of the audit and documentation reviewed evidence residents care needs are met.</p> <p>There is an annual education/training schedule completed for 2024 and being implemented for 2025. The education and training schedule lists compulsory training which includes in-service training,</p>

		<p>questionnaires and competencies. A review of training identified that this has been provided. The training includes the provision of cultural safety and Te Tiriti o Waitangi along with competencies. The training content provides resources to staff to encourage participation in learning opportunities that will provide them with up-to-date information on Māori health outcomes, disparities and health equity. All staff and managers have completed training offered. External training opportunities for care staff include training days provided by Health New Zealand. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the nine healthcare assistants, four have completed level 4, four have completed level 3 and two have completed level 2 NZQA qualifications.</p> <p>Living Waters Rest Home's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All healthcare assistants are required to complete annual competencies, including restraint and medication administration. The clinical nurse manager is the only registered nurse and they are interRAI trained. Care staff are encouraged to complete additional training opportunities where available. Staff wellness is encouraged through participation in health and wellbeing activities, to balance work with life.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored in hard copy. Five staff files reviewed (one clinical nurse manager, two HCAs, one cleaner and an activities coordinator) evidenced implementation of the recruitment process, employment contracts and police checking. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. 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. There is an appraisal policy in place; however, not all staff who have been employed for over 12 months have an annual</p>

		<p>appraisal on file. 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; however, not all staff have completed orientation. Competencies are completed at orientation. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment for Māori. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff accident/incident, a formal debrief does not always occur (link 5.4.3).</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 Moderate</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed up and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type; however, do not demonstrate service integration and some resident records were not found. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider.</p> <p>Residents archived files are securely stored in a locked room and are easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. 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>FA</p>	<p>Residents are assessed by the needs assessment and coordination service as requiring rest home care. Prior to entry, prospective residents and their family/whānau are invited to visit the facility and meet with staff. An information pack is available for them to take away and there is further information available on the internet.</p> <p>The admission, discharge and transfer policy specify the entry criteria, and the processes and documentation required on admission. The</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>policy specifies the admission process must comply with legislation, particularly maintaining a person's right to be kept informed and to respect their dignity, beliefs, and values.</p> <p>If a prospective resident does not meet the entry criteria, they and their family/whānau are informed and referred back to needs assessment service coordination (NASC) team. Staff collect data on admissions and declined entries and this data includes ethnicity. Information, including the Code, is displayed in the entranceway in English and te reo Māori. The service has established links with local Māori to support Māori residents and their whānau.</p> <p>The service maintains a record of the enquiries and of those declined entry. The admission information includes ethnicity data. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, was implemented. The service has established relationships with Māori cultural organisations and communities, and cultural support can be accessed for Māori residents and whānau when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA High</p>	<p>Five residents' files were reviewed including one on an interim care contract. Two more files were checked for timeliness of assessments and care plans. The clinical nurse manager (CNM) is responsible for completing the admission assessments, care planning and care plan evaluation. The initial nursing assessments and initial care plans sampled were developed within 24 hours of an admission in consultation with the residents, EPOAs and family/whānau where appropriate, with resident's consent; however, initial care plans do not always reflect the admission information from external agencies. The assessment tools used include consideration of residents' lived experiences, cultural needs, values, and beliefs. Long-term care plans were not always completed within three weeks of an admission.</p> <p>The cultural safety assessment process validates Māori healing methodologies, and spiritual assistance. Staff have completed cultural safety training. Residents confirmed that they can practice their culture as desired. Any barriers that prevent tāngata whaikaha and family/whānau from independently accessing information or services</p>

	<p>are identified and strategies to manage these were documented. Staff understood the process to support residents and family/whānau.</p> <p>A range of clinical assessments, observations and the NASC assessments served as a basis for long term care planning. Residents and a family/whānau representative confirmed they were involved in the assessment and care planning processes, but this is not always documented.</p> <p>The long-term care plans sampled identified residents' strengths and goals. Management of specific medical conditions was not always well documented although evidence of systematic monitoring was documented. Behaviour management plans were completed for residents where applicable.</p> <p>There were three active wounds treated at the time of the audit each wound has a process to dress the wound, and these were timely, the process described the date of dressing and the wound dressing undertaken. The service has not followed its policy and documentation leading to the assessment, management plans and evaluation of wound not being documented.</p> <p>Service integration with other health providers including medical and allied health professionals was not evident in residents' records reviewed. Changes in residents' health were escalated to the general practitioner (GP) and referral to specialist services were completed, where required.</p> <p>Referrals sent to specialist services included referrals to the mental health services for older adults. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>The contracted GP reviews all medicating charts three monthly as evidenced through ten medication charts reviewed. After hours on call service is provided as required. Medical assessments were completed by the GP within five working days of an admission. Routine medical reviews were completed by a nurse prescriber and more frequent reviews were completed if required as determined by the resident's needs, review documentation was not evidenced, the service states that the information is not shared with the service and was not in the resident files. During interview, the GP and the nurse prescriber</p>
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		<p>confirmed they review the nurse prescriber's information post each time they visit the facility (link 2.5.2).</p> <p>Residents' care is evaluated on each shift and reported in the progress notes by the healthcare assistants. Acute changes of health were reported to the RN or clinical manager, as confirmed in the records sampled and in interviews with staff; however, the RN review, has not always been documented and support advise not documented. The long-term care plans were reviewed at least six-monthly following six-monthly interRAI reassessments. Short-term care plans were not always completed for acute conditions as per policy. Where there was a significant change in the resident's condition, a referral was made to the NASC team for reassessment for level of care.</p> <p>Residents', observations, and interviews verified that care provided to residents was consistent with their goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Monitoring charts are completed, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels. Neurological observations are not consistently completed for unwitnessed falls and suspected head injuries according to the policy.</p> <p>The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes; however, this is not well documented. Residents and whānau stated that the care provided was satisfactory and met the needs of the residents.</p>
<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</p>	<p>PA Low</p>	<p>An interim activities coordinator from the sister facility oversees the implementation of the activities programme. The activities programme for November and December 2024 reflects the physical and cognitive abilities of the residents. Residents' activity needs, interests, abilities, and social requirements are assessed on admission with input from residents and whānau. These were completed within two to three weeks of admission. There is no monthly activities plan for January and the interim activities coordinator is basing activities on the daily</p>

<p>are suitable for their age and stage and are satisfying to them.</p>		<p>feedback from residents and previous activity plans. Residents are invited to activities each day.</p> <p>The activities on the (previous) programme included: Walks, exercises to music, happy hour, church services, newspaper reading, floor games, table games, outings, music, art and craft. There are regular group outings once per month. Resident meetings provide a forum for feedback relating to activities, improvements, celebrations and life enhancement. Competent residents can go out of the facility independently as desired. Activity participating registers were completed daily. Residents were observed participating in a variety of activities on the audit day.</p> <p>The activities coordinator and CNM reported that opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with a local Māori community organisation that visit the service twice per month, who participates in activities with residents. The service celebrates national cultural events and Māori language week. Māori words were displayed throughout the facility. An elder in the facility was observed teaching te reo Māori to staff on the day of the audit.</p> <p>Family/whānau and residents reported satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management is in use. The system describes medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews consistently.</p> <p>A total of 10 medicine charts were reviewed. Medicines were prescribed by the GPs and specialists where applicable. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over-the-counter medicine and supplements were documented on the medicine charts</p>

		<p>where applicable. Medicine allergies and sensitivities were documented on the resident's chart where applicable. Standing orders are not used.</p> <p>The service uses pre-packaged medication blister packs for regular medication and medication in original packaging for as needed medication. The medication and associated documentation were stored safely with restricted access. Medication reconciliation was conducted by the senior healthcare assistant when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. This was verified in medication records sampled. Medicine sampled for review were within current use by dates. Clinical pharmacist input is provided on request. Unwanted medicine was returned to the pharmacy in a timely manner. The records of temperature for the medicine fridge and the medication room sampled were within the recommended range. Opened eyedrops were dated. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Medication audits were completed with corrective action plans implemented as required. The medication audit was completed in May 2024.</p> <p>A healthcare assistant was observed administering medications safely. There were no expired medications on the medication trolley.</p> <p>The GP and the clinical nurse manager stated that residents, including Māori residents and their family/whānau, are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support for Māori treatment and advice will be accessed.</p> <p>There were no residents who self-administering medications on the day of the audit. Appropriate processes and a policy were in place to ensure this was managed in a safe manner, when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p>	<p>FA</p>	<p>There is a domestic style kitchen on site. The main meals prepared at a close by sister facility. The meals are plated and transported to the service. Food temperatures on the day of audit evidenced that meals are of an appropriate temperature when served. The cook bakes on</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>site and sends puddings and cakes to the sister site.</p> <p>The food control plan for both sites expire June 2025. On the day of the audit, the kitchen was clean and well equipped with special equipment available. The cook was observed following appropriate infection prevention measures during food preparation and serving. The cook has a food handling certificate.</p> <p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents' dietary preferences are available in the kitchen folder. Seasonal menu in a four-weekly cycle is utilised. The contracted dietitian prepares and approves the menu for the service.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained. All food is served to residents through the kitchen server. On the day of audit, meals were observed to be well presented. The meal service was observed in the dining room and the environment was calm, relaxing with no distracting background noise. Residents were observed enjoying their meals. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion.</p> <p>All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The cook reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori when requested.</p>
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<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>The transfer and discharge policy guide staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, family/whānau and the GP. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. Social support or Kaupapa Māori agencies support was accessed where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GP or RNs. Residents and family/whānau were kept informed of the referral process and reason for transfer as confirmed interviews.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a current BWOFF expiring June 2025. The planned maintenance schedule includes testing and tagging of electrical equipment, resident's equipment checks, and calibrations of the weighing scales and clinical equipment. The scales are checked annually. Hot water temperatures were monitored weekly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the contracted certified tradespeople where required. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes.</p> <p>There is a communal lounge with a TV is where activities are taken place.</p> <p>The resident rooms are spacious to provide care. Each room allows for</p>

		<p>the safe use and manoeuvring of mobility aids. Healthcare assistants interviewed stated they have adequate equipment and space to safely deliver care for rest home level of care residents. Bedrooms in two of the three wings have hand basins. Two rooms have a shared hand basin and toilet ensuite. There are adequate numbers of communal shower rooms and toilets (including a disability toilet) in each wing. There are privacy curtains in showers and privacy locks or engaged/vacant signs on the doors. Residents confirmed staff respect their privacy while attending to their care.</p> <p>All residents' rooms have external windows to provide natural light and have appropriate ventilation and heating. Flowing hand soap, hand sanitiser and paper towels are installed in all areas near hand basins. There are communal toilets and showers. All communal toilets and shower facilities have a system that indicates if it is engaged or vacant.</p> <p>The facility is carpeted throughout, with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. Residents can bring their own possessions into the home and are able to adorn their room as desired.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible for residents. All outdoor areas have seating and shade. There is a designated smoking area for residents who smoke. Residents interviewed reported they were able to move around the facility easily.</p> <p>There are no plans for development; however, the service will ensure consultation with Māori staff to ensure that they reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned</p>	<p>PA Low</p>	<p>Policies and guidelines for emergency planning, preparation, and response are displayed and known to staff. Civil defence planning guides the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place and was approved by the New Zealand Fire Service December 1999. Fire evacuation drills are not always conducted every six months, the most recent fire drill was completed</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>May 2024. The staff orientation programme includes fire, emergency and security training.</p> <p>There are adequate fire exit doors, and a designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, candles, torches, continence products, back up battery for lights, and a gas BBQ, to meet the requirements of residents and rostered staff. There is no generator on site; however, one can be hired if required. An appropriate agreement is in place with a provider. Emergency lighting is available and is regularly tested. All staff had current first aid certificates. Staff confirmed their awareness of the emergency procedures.</p> <p>The service has a call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly. Residents and family/whānau confirmed that calls bells are answered promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times. Family/whānau and residents know the process of alerting staff when in need of accessing the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers.</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</p>	<p>FA</p>	<p>The infection control plan and Antimicrobial Stewardship policy was developed and aligns with the strategic document and approved by governance and linked to a quality improvement programme. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health Manatū Hauora recommendations. The clinical nurse manager is the infection control coordinator (a registered nurse) and on interview reported they have full support from other members of staff and the management team regarding infection prevention</p>

<p>participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>matters. This includes time, resources, and training; however, monthly staff/quality meetings have not occurred to allow discussions related to any residents of concerns, including any infections (link 2.2.2). Infection control incidents and issues have not been evidenced as reported to the directors (link 2.1.4).</p> <p>Additional support and information are accessed from the infection control team at Health New Zealand, the community laboratory, and the GP as required. The infection control coordinator has access to residents' records to ensure timely treatment and resolution of any infections.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid-19 vaccinations.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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>PA Low</p>	<p>The infection control coordinator (clinical nurse manager), oversees and coordinates the implementation of the infection control programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description; however, the infection control coordinator has not completed external education on infection prevention and control for clinical staff.</p> <p>The service has a clearly defined and documented infection control programme that was developed with input from external infection control services. The infection control programme was approved by the director and is linked to the quality improvement programme; however, the infection control programme has not been evidenced as being reviewed annually. The infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The infection control policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient infection control resources including personal protective equipment (PPE) were available and sighted on the days of the audit. Infection control resources were readily accessible to support the pandemic response</p>

	<p>plan if required. The infection control coordinator has input into related clinical processes that impact on health care associated infection (HAI) risk; however, they do not have access to all clinical records and diagnostic results of residents (link 2.5.2).</p> <p>Staff have received education around infection control practices at orientation and through annual education sessions. Education with residents and family/whānau occurs on an individual basis as applicable. This included reminders about handwashing, advice about not visiting the facility if they are unwell and for residents to remain in room, as able, if unwell. This was confirmed in interviews with residents and family/whānau.</p> <p>The infection control coordinator consults with management on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers. The infection control coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits are completed, (last completed April 2024) and where required, corrective actions were implemented.</p> <p>Registered nurses, healthcare assistants, cleaners and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and towels used for the perineum are not used for the face. These are some of the culturally safe infection control practices observed and thus acknowledge the spirit of Te Tiriti. The Māori health plan ensures staff is practicing in a culturally safe manner. The service has hand hygiene posters in te reo Māori displayed prominently for staff and residents.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has antimicrobial policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and prescriptions. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly; however, have not been reported to the staff meetings and directors (link 2.2.4 and 2.1.4). Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Low</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The healthcare associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Staff reported that they are informed of infections during handovers. Results have not been reported through to the directors (link 2.1.4).</p> <p>Records of monthly data sighted identified numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for interventions to be implemented. Surveillance of healthcare-associated infections includes ethnicity data.</p> <p>Family/whānau are advised of any infections identified in a culturally safe manner. This was confirmed in interviews with family/whānau. There have been one Covid19 outbreak (May 2024) reported since previous audit; however, there was no evidence of documentation completed in relation to the outbreak and evidence of appropriate notifications completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored</p>

<p>hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>securely and safely. Material data safety sheets were displayed in the laundry and the cleaning/chemical room. Cleaning products were in labelled bottles. The cleaner ensures that trolleys are safely stored when not in use. A sufficient amount of PPE was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. There are designated cleaners five days a week, with targeted cleaning completed by healthcare assistants on the other two days. Cleaning guidelines are provided for cleaners and healthcare assistants. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. Staff have attended training appropriate to their roles including chemical safety. The infection control coordinator has oversight of the facility testing and monitoring programme for the built environment to maintain a safe environment during construction, renovation and maintenance activities.</p> <p>Healthcare assistants are responsible for laundry services which is completed on site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets each day. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All staff have received training and documented laundry guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The healthcare assistants interviewed demonstrated awareness of the infection prevention and control protocols. Interviews with residents and family/whanau confirmed satisfaction with the cleaning and laundry processes. Internal audits are completed for cleaning and laundry services (February and April 2024 respectively) which are monitored by the infection control coordinator and any corrective actions are identified and implemented. Results have not been discussed at meetings (link 2.2.4).</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. This is supported by the governing body and policies and procedures. Restraint policy confirms that restraint consideration and application must be done in partnership with residents/families/whānau, and the choice of device must be the least restrictive possible. At all times</p>

<p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical nurse manager. At the time of the audit, the facility was restraint free.</p> <p>The use of restraint (if any) would be reported in the staff/quality meetings. The annual quality review includes restraint use. The restraint coordinator interviewed described the focus on restraint elimination.</p> <p>Restraint minimisation and management of challenging behaviours are included in the mandatory training plan and orientation programme. Staff have completed the required training.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.6.3</p> <p>My service provider shall practise open communication with me.</p>	PA Low	<p>Accident/incident forms have a section to indicate if the next of kin have been informed (or not). Any communication is documented in the progress notes as well. Five of six accident/incident forms reviewed do not evidence that family/whānau and next of kin were informed of the incidents. There was no documentation in the resident progress notes reviewed of family/whānau and next of kin notification of same incidents.</p>	<p>Five of six accident/incidents reviewed do not provide documented evidence of family/whānau notification, this information was not documented in the residents file either.</p>	<p>Ensure that family/whānau are evidenced as being notified of accident/incidents.</p> <p>90 days</p>
<p>Criterion 2.1.11</p> <p>There shall be a clinical governance structure in place that is appropriate to the size and</p>	PA Moderate	<p>The clinical nurse manager provides operational and clinical oversight for Living Waters Rest Home and the sister facility. The clinical nurse</p>	<p>There is no clinical governance structure in place to meet the requirements of the service</p>	<p>Ensure that there is a clinical governance structure in place to meet the requirements of the</p>

<p>complexity of the service provision.</p>		<p>manager is the only registered nurse providing clinical cover across the two facilities with no evidence of the organisation having a clinical governance structure in place and processes implemented.</p>		<p>service.  60 days</p>
<p>Criterion 2.1.3 Governance bodies shall appoint a suitably qualified or experienced person to manage the service provider with authority, accountability, and responsibility for service provision.</p>	<p>PA Moderate</p>	<p>There have been changes in the management team since the last audit. The overall management is provided by a facility manager for the two facilities and Living Waters general practices. There is no set time to indicate management oversight of the facility. The clinical nurse manager has been working and managing the sister facility since December 2023. With the retirement of the registered nurse at Living Waters Rest Home the full-time clinical nurse manager has taken over the operational and clinical oversight of the facility. The clinical nurse manager is the only registered nurse providing clinical cover, operational management and on call cover for the 21 bed Living Waters Rest Home and the 27-bed sister facility. The management team is supported by a team leader who has oversight of the office and administration responsibilities, health and safety requirements and staff training for Living Waters Rest Home and the sister facility. The current organisational structure does not provide assurance of the required</p>	<p>The current organisational structure does not provide assurance that there is the required organisational governance, management and clinical support needed to ensure safe and effective delivery of required service.</p>	<p>Ensure that the organisational structure is set in a way that provides safe and effective delivery of required service.  60 days</p>

		organisational governance, management and clinical support needed to ensure safe and effective delivery of required service.		
<p>Criterion 2.1.4</p> <p>Governance bodies shall evidence leadership and commitment to the quality and risk management system.</p>	<p>PA</p> <p>Moderate</p>	<p>The managing director is supported by and works closely with the facility manager and the clinical nurse manager to ensure management of the service is in keeping with the relevant standards and legislation. Interview with the facility manager confirmed that there is regular meeting with the managing director. There is a plan in place to establish a formal governance structure that includes all the services provided by Living Waters Medical Solutions Limited including the rest homes. However, at the time of audit there is no documented evidence of the managing director review and involvement in quality and risk management system and processes.</p>	<p>At the time of the audit there was no documented evidence of the managing director review and involvement in quality and risk management system and processes of Living Waters Rest Home.</p>	<p>Ensure that there is evidence of managing director involvement in quality and risk management systems and processes.</p> <p>60 days</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>Living Waters Rest Home has a quality and risk management programme that includes performance monitoring through internal audits and through the collection of clinical indicator data. Monthly staff/quality and registered nurse meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key</p>	<p>(i). Staff/quality and registered nurse meetings have not been completed as scheduled since last audit.</p> <p>(ii). Internal audits have not been completed as scheduled.</p> <p>(iii). Resident and family/whanau satisfaction surveys have not been completed since last audit.</p>	<p>(i)-(iii)Ensure meetings, audits and satisfaction surveys are completed as scheduled.</p> <p>60 days</p>

		<p>priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education.</p> <p>Reviewed documents indicate that the service has only had staff/quality meetings in January and June 2024. There were only two registered nurse meetings held in 2024 which did not include discussion of all aspects of the quality and risk management processes including clinical data, residents of concern, infections etc.</p> <p>There is a schedule in place for internal audits; however, not all audits have been completed for 2024. This includes (but not limited to) audits related to education, resident files and infection control programme review.</p> <p>There is no evidence to demonstrate that resident and family/whānau satisfaction surveys have been completed since last audit.</p>		
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	<p>PA</p> <p>Moderate</p>	<p>Monthly staff/quality and registered nurse meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. As there have been no evidence of meetings held at the service there was no evidence of discussions with</p>	<p>(i). There is no evidence of discussion of quality data and improvement with staff including (but not limited to) that related to incidents, infections, surveys, complaints / compliments, restraint, training, internal audits and outcomes.</p> <p>(ii). The business plan goals have not been evidenced as being</p>	<p>(i). Ensure evidence of quality data being discussed with staff is available.</p> <p>(ii). Ensure the goals in the business plan are reviewed regularly.</p> <p>60 days</p>

		<p>staff to identify external and internal risks and develop plans to respond in relation incidents, infections, surveys, complaints / compliments, restraint, training, internal audits and outcomes.</p> <p>Living Waters Rest Home has a current business plan (2024-2025) in place, which links to the vision, mission, values, and strategic direction. Business goals are documented to manage and guide quality and risk; however, the 2023-2024 business goals have not been reviewed.</p>	reviewed.	
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage of healthcare assistants for the effective delivery of care and support. The facility manager is not on site but available if required. The clinical nurse manager works full time and provides clinical and operational oversight on a day-to-day basis shared between Living Waters Rest Home and the sister facility. The clinical nurse manager is on call 24/7 for any operational and clinical related issues. Review of the roster does not evidence a true reflection of the days and hours that the clinical nurse manager is working at Living Waters Rest Home. The rosters</p>	<p>(i). Review of the roster does not evidence a true reflection of the days and hours that the clinical nurse manager is working at Living Waters Rest Home.</p> <p>(ii). The clinical and day to day operational oversight is not providing assurance for the required provision of culturally and clinically safe service.</p>	<p>(i). Ensure the roster provides an accurate reflection of the hours and days to be worked by staff.</p> <p>(ii). Ensure there is adequate clinical and day to day oversight to provide culturally and clinically safe service.</p> <p>60 days</p>

		<p>reviewed indicate that the clinical nurse manager is on site Monday to Friday full time.</p> <p>With evidence of non-conformity identified throughout this audit, there is no robust oversight of the clinical and day to day operations to ensure provision of culturally and clinically safe service.</p>		
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The clinical nurse manager was employed as a registered nurse in April 2023. They were appointed to the clinical nurse manager position in December 2023. Interview with clinical nurse manager and review of records show that there has been no orientation completed specific to the essential requirements of the role.</p>	<p>The clinical nurse manager has not received orientation into the role since appointment in December 2023.</p>	<p>Ensure there is evidence of orientation of the clinical nurse manager.</p> <p>90 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	<p>There is an appraisal policy in place that gives staff the opportunity to discuss and review performance. Three of five staff files reviewed indicate that appraisals have not been completed as scheduled annually.</p>	<p>Three of five files (one clinical nurse manager, one healthcare assistant, one cleaner) who have been employed for over 12 months have not had a performance appraisal completed in the last 12months.</p>	<p>Ensure that performance appraisals are completed as scheduled.</p> <p>90 days</p>

<p>Criterion 2.5.2</p> <p>Service providers shall maintain an information management system that:</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>PA Moderate</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed up and password protected. The resident files are appropriate to the service type but do not demonstrate service integration. In addition to the resident folder that contains the assessments and nursing care plans, there is a separate file for progress notes and another one for family communication.</p> <p>There was no evidence of clinical documentation from the general practitioner in all five resident files and mental health services for one resident who was under the management and had been reviewed by the specialist services. Five incident forms and corresponding observation charts could not be located at the time of the audit.</p>	<p>(i). Residents records are not integrated. Progress notes and family/whanau communication records are documented in different files to the resident file.</p> <p>(ii). The service does not have access to clinical documentation from the general practitioner and the mental health services, so their input to care and support cannot be linked to the care plans and used to improve care and support for residents.</p> <p>(iii). Five incident forms and observation records related to events that occurred in July 2024 could not be located in resident files or archived records.</p>	<p>(i)-(iii). Ensure integration of a resident's health and support records.</p> <p>60 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 Moderate</p>	<p>The service has a policy and process documented to enable a timely and comprehensive initial care plan, an initial interRAI assessment and first long-term care plan to be completed. This audit reviewed five resident files and extended the review by two more files to check timeliness of long-term care plans. The initial care plans do not always reflect the</p>	<p>i). One resident's initial care plan does not reflect the referral support plan provided by mental health services.</p> <p>ii). One resident, admitted 2024, with complex needs has no long-term care plan documented, two further resident files in an extended sample (admitted November and</p>	<p>i). Ensure initial care plans reflect the referral information so that the plan reflect the resident's needs.</p> <p>ii). Ensure long term care plans are completed within timeframes.</p> <p>iii). Ensure all</p>

		referral information provided, and first long-term care plan is not always completed within expected timeframes.	early December respectively) also do not have a long-term care plan. iii). One resident's initial care plan is not dated.	documentation is dated.  30 days
<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</p>	<p>PA</p> <p>Moderate</p>	<p>The service has policies, procedures and templates in place to allow for a comprehensive care planning process including wound care; however, the current care planning and wound care documentation does not fully reflect this. The service has a contracted primary health care service including GP services; however, primary health care assessments and treatment is being provided by a nurse prescriber.</p>	<p>i). One resident had no care plan interventions or other documentation in place to fully reflect their changed medical needs on return from hospital.</p> <p>ii). One resident file documents mobility aids are needed but does not state what they are and when to use them, this same file documents the risk of seizures, and recognition but not the interventions.</p> <p>iii). Residents' primary medical treatment is being completed by a nurse prescriber and not a general practitioner / nurse practitioner as per ARRC agreement D16.5E.</p> <p>iv). Three wound care plans (100%) do not follow the wound care policy or use the set forms. This means a wound assessment; management plan and evaluations are not documented according to policy and do not allow a comprehensive wound care plan or review/ evaluation of wound healing.</p>	<p>i). Ensure short term care plans / long term care plans are updated to reflect acute changes to care needs.</p> <p>ii). Ensure that care plan reflect the resident's need and provides guidance to staff.</p> <p>iii). Residents' primary medical treatment must be completed by a general practitioner / nurse practitioner as per ARRC agreement D16.5E.</p> <p>iv). Ensure the wound care policies, procedure and documentation documented.</p> <p>30 days</p>

<p>that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>				
<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>	<p>PA Moderate</p>	<p>There is an RN (clinical manager) employed over two services and who is available on call. Policies and procedures are in place around support being consistent with assessed needs; however, these are not consistently followed. Not all RN follow up was able to be evidenced.</p>	<p>i). Three separate falls identified through incident forms do not document follow up by the RN on the incident form or through progress notes.</p> <p>ii). Neurological observations have not been recorded according to policy for these three falls.</p> <p>iii). One resident with stated suicidal ideology had 15-minute observations documented; however, there is no documented RN review or STCP in place. A referral to mental health services has been documented and since the episode the resident has been reviewed; however, these notes are not available to staff (link 2.5.2).</p>	<p>i). Ensure the RN documents post fall follow up either on the incident form or progress notes.</p> <p>ii). Ensure neurological observations are completed according to policy.</p> <p>iii). Ensure the RN reviews residents and documented required interventions including resident checks.</p> <p>30 days</p>

<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>PA Low</p>	<p>The diversional therapist (DT) left employment and an activity person from the sister facility is covering until the new DT commences work in two weeks. The staff diary contains the dates when entertainment has been booked for January (four booked entertainers); however, there is no activity plan documented for January and no information for residents regarding activities for January. The relieving activity person stated she asks the resident what they would like for each day.</p>	<p>There is no activity plan documented for the current or ongoing months.</p>	<p>Ensure that there are planned activities, and this is communicated to residents.</p> <p>60 days</p>
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Low</p>	<p>Fire training is provided to all staff as part of the orientation and has been provided as part of the annual training plan. Fire drills are scheduled and have been implemented six monthly up until when the most recent was due and, the most recent fire drill was not conducted.</p>	<p>There was no evidence of a fire drill being conducted since May 2024</p>	<p>Ensure fire drills are undertaken six monthly</p> <p>90 days</p>
<p>Criterion 5.2.1</p> <p>There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall:</p> <p>(a) Be responsible for overseeing and coordinating implementation of the IP programme;</p>	<p>PA Low</p>	<p>The infection control coordinator for Living Waters Rest Home is the clinical nurse manager (RN), who oversees and coordinate the implementation of the infection control programme. The infection control coordinator's role, responsibilities and reporting</p>	<p>The infection control coordinator has not completed external education on infection prevention and control for clinical staff.</p>	<p>Ensure that the infection control coordinator completes education required.</p> <p>90 days</p>

<p>(b) Have clearly defined responsibility for IP decision making;</p> <p>(c) Have documented reporting lines to the governance body or senior management;</p> <p>(d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed;</p> <p>(e) Receive continuing education in IP and AMS;</p> <p>(f) Have access to shared clinical records and diagnostic results of people.</p>		<p>requirements are defined in the infection control coordinator's job description. Interview with the infection control coordinator and review of records confirm that they have not completed external education on infection prevention and control for clinical staff. There is evidence to demonstrate that they are booked to attend the upcoming training through Health New Zealand.</p>		
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	<p>PA Low</p>	<p>The service has a clearly defined and documented infection control programme that was developed with input from external infection control services. The infection control programme was approved by the director and is linked to the quality improvement programme. The infection control programme was scheduled to be reviewed in February 2024 as part of the internal quality programme; however, the programme has not been reviewed as scheduled.</p> <p>The infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice.</p>	<p>The infection control programme has not been reviewed annually as scheduled.</p>	<p>Ensure the infection control programme is reviewed as scheduled.</p> <p>90 days</p>

<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Low</p>	<p>Interview with staff and current management confirm that the service had a Covid-19 outbreak in May 2024. All the residents and staff (except three) were affected by the infection with no complications reported. There was no evidence of documentation sighted in relation to the outbreak including (but not limited to) resident infection report forms, outbreak logs, outbreak reports and notifications.</p>	<p>The service had a Covid-19 outbreak in May 2024 that affected all the residents. There is no documented evidence of</p> <ul style="list-style-type: none"> <li>(i). Resident infection report forms completed.</li> <li>(ii). Outbreak log being completed.</li> <li>(iii). Notification to public health.</li> <li>(iv). Debrief completed with staff.</li> <li>(v). A report of the investigation and actions taken to prevent further communicability being completed in the monthly report by infection control coordinator as per policy.</li> </ul>	<p>(i)-(v). Ensure outbreak processes are implemented as per policy.</p> <p>90 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.