

Kindred Hospital Limited - Kindred Hospital

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Kindred Hospital Limited

Premises audited: Kindred Hospital

Services audited: Hospital services - Psychogeriatric services

Dates of audit: Start date: 30 January 2025 End date: 31 January 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 27

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Kindred Hospital is privately owned and provides residents with psychogeriatric level of care for up to 44 residents. There were 27 residents on the day of audit.

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

An experienced clinical manager (registered nurse) oversees the operations of the facility for two days a week along with the owner/manager and the manager. All managers provide oversight and expertise across this and a second sister facility. Family/whānau reported that they were very satisfied with cares provided.

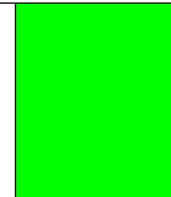
The service has addressed the partial attainment identified at the certification audit relating to the Pacific health.

The service has addressed the partial attainments identified at the partial provisional audit relating to documentation of allergies and labelling of chemical bottles if products have been decanted.

This surveillance audit identified shortfalls to clinical leadership, meeting minutes, completion for staff of their NZQA psychogeriatric training, completion of care assessments and plans in line with timeframes and monitoring of restraint.

Ō tātou motika | Our rights

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



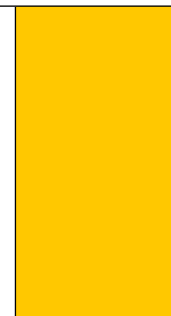
Subsections applicable to this service are fully attained.

Kindred Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a documented Māori health plan and a Pacific health plan in place with input into planning and into governance from Māori.

Residents receive services in a manner that considers their dignity, privacy, and independence. Kindred Hospital provides services and support to people in a way that is inclusive and respects their identity and their experiences. The family/whānau interviewed stated that the management team listen and respect their voices and effectively communicates with them about resident cares. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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



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

There is a documented organisational structure. Services are planned, coordinated by the managers with input from family/whānau. The owner/manager, clinical manager and the manager oversee both Kindred Hospital and the sister site that is also in Auckland. The business plan informs the site-specific operational objectives which are reviewed on a regular basis.

The service has a documented quality and risk management system. There are staff and registered nurse meetings. An independent consultant with expertise in aged care provides support for the management team and staff when required. Health and safety systems are in place for hazard reporting and management of staff wellbeing. Family/whānau reported that staffing levels are adequate to meet the needs of the residents. Adverse events are documented and reviewed by the clinical manager.

The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Training is provided to staff throughout the year to keep practice up to date. There is a staffing and rostering policy documented. Staff performance is reviewed.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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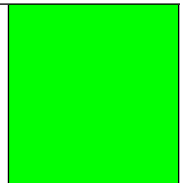
The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. There are snacks available for residents at any time.

All residents' transfers and referrals are coordinated with residents and whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

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

Subsections applicable to this service are fully attained.

A suite of infection prevention and control policies and procedures are documented. There is a pandemic plan. The infection prevention and control programme is implemented and provides information and resources to inform the service providers.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are collected and analysed for trends. Staff are informed about infection control practices through meetings, and education sessions. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There has been one Covid-19 outbreak since the previous audit.

The infection control nurse is the clinical manager. The infection control team have access to a range of resources. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required.

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 are fully attained.

The restraint coordinator is the clinical manager. The facility had residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	15	0	0	4	0	0
Criteria	0	47	0	0	4	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Kindred Hospital is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident's care plan and evidenced in practice. Kindred Hospital has an internal cultural support team; the team includes Māori members of staff who assist the staff and management team with Māori care and support. Cultural assessments are completed for residents who identify as Māori.</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</p>	FA	<p>The Pacific health policy is documented for each cultural group (e.g. Cook island) with a commitment in the policy to provide culturally safe care. The aim is to provide culturally safe care with goals documented in the policy. The clinical manager identifies as Pacific and provides leadership for staff, residents and family/whānau. All managers and staff interviewed were knowledgeable around the application of the Pacific health policies to the service. All confirmed that they had access to the polices and had completed training around them. The shortfall identified</p>

<p>and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>at the previous certification audit has been met.</p> <p>There were residents identifying as Pasifika at the time of the audit and the managers confirmed that family/whānau were encouraged to be involved in all aspects of care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The managers discuss aspects of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) with family/whānau (and residents are included in the conversations) on admission. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Four family/whānau face to face or by phone reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Three managers were interviewed – the owner/manager, manager, and clinical manager along with ten staff (six caregivers, two registered nurses [RNs], cleaner, and the cook) and all confirmed their understanding of the Code and were able to give examples of service delivery as per the Code.</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>Kindred Hospital policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Kindred Hospital as an organisation is inclusive of all resident and staff ethnicities, and cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity despite challenging behaviour that presents at times in the service. All family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p>

		<p>The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with care staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</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> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Informed consent processes are discussed with family/whānau on admission. The resident files reviewed included appropriately signed consent forms by the activated enduring power of attorneys (EPOAs), including general consents for outings, photographs, release of medical information, medication management, and medical cares as part of the admission process. Staff were observed to offer residents choice and to ask for consent as much as possible on the days of audit.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to family/whānau on entry to the service. The owner/manager maintains register to maintain a record of all complaints, both verbal and written, by using a complaint register. There have not been any complaints made since opening the facility. Interviews with the family/whānau confirmed the owner/manager, manager, or clinical manager were available to listen to concerns and they expected they would act promptly on issues raised. All interviewed stated that they had raised concerns directly with any member of the management team, and any actions had been taken to manage their concerns in a 'very' timely manner. They stated that they did not see these concerns as complaints. Information about resources for Māori was described by the owner/manager which included an offer for face-to-face discussions. Interpreters contact details were available.</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>Kindred Hospital is located in Epsom, Auckland. The facility is owned and managed by a single owner/manager who has a separate aged care facility (referred to in this report as the sister facility) that has been operational for over 25 years. The facility has 44 beds for residents who are assessed as requiring psychogeriatric (PG) care. There are no longer any double rooms (noting that there were 13 at the previous audit). On the day of audit, there were 27 residents requiring psychogeriatric care. All residents were under the age residential hospital specialised care (ARHSS) contract.</p> <p>Kindred Hospital is a private company limited by guarantee. The leadership and management team are made up of the owner/manager, who is supported by the manager and the clinical manager, who both provide oversight of this facility and the sister facility. An independent consultant also provides support and management guidance as required. The consultant has input into development and review of policies and for providing support, advice and information to the management team around legislative, contractual, and regulatory requirements. The owner/manager and manager provide oversight of the operational aspects of the service.</p> <p>The overall vision and values are in place and are relevant to the levels of care provided. The vision is to provide a quality, homely environment in which the frail elderly and/or confused elderly may live in an atmosphere of respect and friendliness and have their physical and psychological needs met regardless of culture, race, or creed. Staff are made aware of the vision and values during their induction and orientation to the service. The governance group (owner, manager, clinical manager) work to ensure that Kindred Hospital delivers services that improve outcomes and achieve equity for Māori. This includes collection of ethnicity data, individualised person-centred care and involvement of family/whānau in all aspects of care. Resident assessments and plan include a te ao Māori lens and specific cultural needs for Māori residents.</p> <p>The quality programme is reviewed regularly by the owner/manager, manager, clinical manager and consultant (as required) monthly, as evidenced during the audit. The current quality and risk management</p>

		<p>plan is being implemented with the focus on service delivery for residents requiring psychogeriatric care. The quality programme (that includes the business, quality and risk plans) is focused on ensuring that the managers and staff identify and work to address barriers to equitable service delivery. The management team describe the service as 'absolutely' providing a service that focuses on the very specific needs of people who require specialised hospital care.</p> <p>The owner/manager has been in the business of owning and managing a rest home/hospital for over 25 years and is supported by the manager, who has a Bachelor of Commerce and has been the manager at the sister facility for 15 years. The clinical manager has been with the sister facility for six years and has been 20 hours a week at each facility since Kindred Hospital opened. The clinical manager has maintained at least eight hours annually of professional development activities. The governance body includes the clinical manager who is expected to be responsible for providing clinical leadership and commitment to the quality and risk management system at Kindred Hospital along with the owner/manager and manager.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Kindred Hospital has an established quality and risk management programme documented that takes uses a risk-based approach to improve service delivery and care. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical data. Clinical data (eg, falls, skin tears, infections, episodes of behaviours that challenge) is collected, and expected to be discussed and analysed at the monthly RN and staff meetings.</p> <p>Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. A sample of incident/accident reports were reviewed and evidenced appropriate and timely follow up, investigations and communication to family/whānau. Opportunities to minimise future risks are identified by the managers in consultation with registered nurses. Twelve accident/incident forms reviewed (unwitnessed falls and challenging behaviour) indicated that the electronic forms are completed in full and are signed off by the clinical manager. While incident and accident data is collated monthly by</p>

		<p>the clinical manager, there were some inaccuracies noted in data tabled in the meeting minutes. Results are expected to be discussed in the RN and staff meetings. Internal audits are completed as per the audit schedule with any corrective actions documented and resolved in a timely manner.</p> <p>A health and safety system is being implemented with the service having trained health and safety representatives. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually.</p> <p>Discussions with the managers evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31's related pressure injuries had been submitted since the previous audit. The service uses the Severity Assessment Code (SAC) rating and triage tool for adverse event reporting. There have been two Covid-19 outbreaks since the 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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>The roster provides appropriate coverage for the effective delivery of care and support. The facility adjusts staffing levels to meet the changing needs of residents. There is a first aid trained staff member on duty 24/7.</p> <p>Rosters from the past two weeks showed that all shifts have registered nurse cover. This includes one RN on each shift, at least six caregivers on a morning shift, five on an afternoon shift and three overnight. A review of the roster evidenced that staff are replaced when on leave. The owner/manager, manager and the clinical manager are on call at all times. Staff and residents are informed when there are changes to staffing levels, evidenced in interviews. Family/whānau interviewed confirmed their care requirements are attended to in a timely manner. Interviews with staff confirmed that their workload is manageable.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists annual compulsory training. A review of attendance confirmed that staff have completed training around restraint, management of challenging behaviour, care planning,</p>

		<p>personal protective equipment (PPE), infection prevention and control, wound management, end of life safety awareness, dehydration in the elderly, abuse and neglect, fire safety and emergencies, manual handling. RNs (and some senior caregivers) also complete competencies including medication, wound management, and dementia. RNs have completed syringe driver competencies and interRAI training (three of the five RNs and the clinical manager are interRAI trained).</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. One caregiver has level five NZQA qualification, four have level four, three have level three, eight have level two and the rest of the staff are newly employed but already enrolled in CareerForce psychogeriatric qualifications. A shortfall remains ongoing around sufficient staff who have completed the required psychogeriatric qualifications. A record of completion is maintained on an electronic register.</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>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (two registered nurses, two caregivers and one activity coordinator) evidenced implementation of the recruitment process, employment contracts, and police checking. A register of practising certificates is maintained for all health professionals.</p> <p>The orientation/induction programme provides new staff with relevant information for safe work practice. Staff confirmed that orientation includes buddying when first employed. New staff interviewed reported that the orientation process prepared them for their role and could be extended if required. Completion of orientation was documented for newly appointed staff.</p> <p>There is an annual performance process documented in policy. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved for each position and performance is reviewed against the relevant job description. All staff who have been employed for over one year have an annual appraisal completed with these sighted in the staff files reviewed.</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 Moderate</p>	<p>Five resident files were reviewed. The clinical manager with support from the registered nurses (RNs) are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include appropriate risk assessments, social history and information from pre-entry assessments. Initial assessments and initial long-term care plans were completed for residents, detailing needs, and preferences within 24 hours of admission; however, not all interRAI assessments and long term care plans (LTCP) were completed in a timely manner.</p> <p>The individualised long-term care plans (LTCPs) are developed with information gathered during the assessments. Documented interventions and early warning signs meet the residents' assessed needs and are sufficiently detailed to provide guidance to care staff in the delivery of care. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the electronic progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the clinical manager and include the degree of achievement towards meeting desired goals and outcomes.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that whānau are informed where there is a change in health status.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. There is one GP who visits three monthly and as required. Medical documentation and records reviewed were current. The GP interviewed stated that communication with the service (RNs) had improved now that there was a full complement of RNs. They stated that the clinical manager was very knowledgeable around care, and they</p>

	<p>were informed of concerns in a timely manner. The ambulance service and hospital emergency services are available after hours for the facility. A physiotherapist can be contracted to work with a resident if required. There is access to specialists as required through Health New Zealand or to external providers including (but not limited to) speech language therapist, dietitian, hospice, wound care nurse specialist and medical specialists.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care register confirmed that there were four wounds including one stage three pressure injury from a contracture, one wound and two skin tears. All short-term care plans evidenced that wounds were assessed in a timely manner, plans documented, and wounds reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted.</p> <p>The progress notes are recorded and maintained in the integrated electronic records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of electronic monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight monitoring, bowel records and repositioning records. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Restraint monitoring forms were not always maintained as per plan and at times, did not indicate that restraint had been removed. Staff receive handover at the beginning of their shift.</p> <p>Four of the five resident files reviewed included documentation of behaviours that challenged both staff and other residents. Interventions were seen to be put in place during the audit; however, at times, behaviours continued which caused other residents to escalate in their own way and stress for staff who were constantly trying to manage outbursts. The clinical manager stated that they asked for support from the clinical teams to manage behaviours that were disruptive to the resident themselves and to other residents. Family/whānau interviewed stated that the staff 'were amazing', that they worked hard to reduce challenging behaviours, and tried to maintain a calm environment. All</p>
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		<p>interviewed acknowledged the difficulties presented by residents who were identified as requiring psychogeriatric level of care. Interventions included taking a resident to a quiet area when required, use of activities, distraction, diversion, use of restraint for a resident if they needed to stay in a chair or on a commode, completion of activities of daily living in a timely manner etc.</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>There are policies available for safe medicine management that meet legislative requirements. All staff (RNs and some senior caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration.</p> <p>The service currently uses pharmacy packed medication and an electronic medication system to record administration of medication. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the medication room. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly. Eyedrops or other medications with a short shelf life were dated on opening and none had expired on the day of audit.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. The shortfall (3.4.4) identified at the partial provisional audit around allergies has been addressed. Indications for use were noted for 'as required' medications. The effectiveness of 'as required' medications was consistently documented in the electronic medication management system and progress notes. Prescriptions included documentation if medicines were required to be crushed.</p> <p>Residents are not at a level of care that would allow self-administration of medication and therefore the criterion was not audited. Standing</p>

		orders are not used.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook can describe how cultural food is prepared and cooked for specific residents including Chinese, Māori and Pacific. The cook interviewed reported they accommodate family/whānau (or resident) requests. Snacks and prepared meals are available 24/7.</p> <p>There is a food control plan which was verified in July 2024. Family/whānau interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a policy and procedure around transition, transfer or discharge. The transition, transfer or discharge plan includes current needs and risk mitigation, and family/whānau are involved in all aspects. The accepting service provider receives all the necessary information as confirmed by the clinical manager.</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>	FA	<p>The building holds a current warrant of fitness, which expires 19 October 2025. The building is well maintained. There is a proactive and reactive maintenance programme, and buildings, plant, and equipment are maintained to an adequate standard. The manager oversees any issues related to property and contacts contractors to resolve these. There is a maintenance request book for repairs and maintenance requests. This is checked daily and signed off when repairs have been</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>completed. Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. All electrical equipment is tested and tagged, and bio-medical equipment calibrated. Family/whānau interviewed were happy with all aspects of the environment.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups.</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.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical manager oversees and coordinates the implementation of the infection prevention and control (IP&C) programme. The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training and education of staff. Policies and procedures are reviewed by the external consultant with input from the clinical manager. Policies are available to staff. An annual review of the programme is documented.</p> <p>The infection prevention and control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and other potential outbreaks.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends and patterns. Infection control surveillance is discussed at RN and staff meetings (link 2.2.3). The service is incorporating ethnicity data into surveillance methods. Meeting minutes and graphs are displayed for staff. Action plans where required for any infection rates of concern, are documented, and completed. The owner/manager reviews infection data and trends as part of clinical governance.</p>

		<p>The service receives information from Health NZ for any community concerns. There has been one outbreak documented (Covid-19 in September 2024). A summary of the outbreak was documented, with learnings discussed. Debrief meetings and outbreak reviews occurred.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The partial provisional audit identified that some chemicals had been decanted into bottles without labels. A review of the cleaning trolley and locked storeroom containing chemicals evidenced that all chemicals were in bottles provided by the supplier with all labels put on correctly. Labels are provided also by the supplier. The cleaner confirmed that practices had changed and were now in line with policy. The shortfall identified at the partial provisional audit around chemicals has been addressed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Policies and procedures meet the requirements of the standards. An interview with the restraint coordinator described the service's commitment to restraint elimination. The clinical manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The clinical manager meets with the owner/manager and manager at monthly meetings (the governance group) and specifically quarterly to discuss and review any restraint used at the service. The reporting process to the owner/manager includes restraint data that is gathered and analysed monthly.</p> <p>On the day of the audit, three residents were using a bed rail as a restraint, and three were using a T-belt to support them while they were in a chair or on a commode. A review of the files for one resident requiring restraint included assessment, consent, monitoring (link 3.2.1), and evaluation. Documentation confirmed that other interventions had</p>

		<p>and were being used that were less restrictive, that the rationale for the use of restraint had been documented, and that quarterly discussions with the governance group focused on aiming for elimination of restraint. The clinical manager described how the service works in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. Family/whānau are involved in all decisions around any use of restraint as confirmed by family/whānau interviewed and by the clinical manager.</p> <p>Restraint is used as a last resort when all alternatives have been explored as stated by staff when interviewed. Staff interviewed stated they had received training in restraint elimination, challenging behaviour, and de-escalation.</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 2.1.3</p> <p>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</p> <p>Moderate</p>	<p>The clinical manager has been with the facility for six years and provides clinical oversight of this facility and the sister site. The clinical manager has been working in aged care as a nurse and manager for over 30 years. The clinical manager has mental health training and has worked in dementia and psychogeriatric units prior to Kindred Hospital opening. The clinical manager is available on call for both facilities 24 hours a day including on days off or when on leave. The clinical manager spends two days (approximately) at Kindred Hospital and two days a week at the sister facility (rest home and hospital level of care for approximately 80 residents). Given the high and complex needs and growing number of residents at Kindred Hospital, the management team has identified a need for a full-time clinical</p>	<p>There is insufficient time allocated to the clinical manager for them to continue to provide clinical oversight, monitoring, education for staff, hands-on role modelling, etc at both Kindred hospital and the sister site.</p>	<p>Appoint a suitably qualified or experienced person into a full-time position to manage Kindred Hospital with authority, accountability, and responsibility for clinical services.</p> <p>90 days</p>

		<p>manager to provide leadership, clinical oversight, links with clinical teams, shared on call services, and clinical management at Kindred Hospital. The clinical manager confirmed that they remained fully committed to completing work and oversight of both sites relevant to their role and to clinically leading both services with excellence. They also acknowledged the need to provide the necessary leadership and monitoring of clinical service delivery given the size of both services and the acuity and growing number of residents at Kindred hospital.</p> <p>The owner/manager stated that there is a job advertisement already in place; however, stated that the service had not been able to fill the role to date. The GP stated that in 2024, they had concerns around service delivery and the clinical component of service delivery; however, they stated that there were now sufficient nurses employed, and they were optimistic around care being provided. The funder is aware of the concerns around the need for a clinical manager to be in a full-time position for this facility.</p>		
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	<p>PA</p> <p>Moderate</p>	<p>Meetings are scheduled. These include a monthly staff meeting and monthly RN/clinical manager meeting with a set agenda that includes all components of the quality programme. Since May 2024 to date, minutes of meetings include tabling of data; however, there is a lack of evidence of discussion of the data and of how the data could be used to improve</p>	<p>i). Not all minutes of meetings included documentation of accurate data related to the number of incidents and accidents.</p> <p>ii). Meeting minutes do not always evidence discussion of all quality data and corrective</p>	<p>i). Ensure that accurate data is tabled at each meeting.</p> <p>ii). Ensure that all quality data is discussed with evidence of corrective action planning if issues are identified and/or</p>

		service delivery. Data in these minutes is not always accurately documented.	actions identified to improve service delivery.	improvements to service delivery. 90 days
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>Staff have completed all training as per the training schedule with RNs completing additional education relevant to their role. Eight caregivers have completed their psychogeriatric qualifications; however, there are 17 who still have to complete the NZQA qualifications. The owner/manager and manager are supporting all staff to complete required qualifications; however, note that at times there may not be enough staff on duty with psychiatric training fully completed. The owner/manager understands educational requirements documented in the ARHSS agreement. This is an ongoing shortfall.</p>	<p>Not all staff have completed their psychogeriatric modules as required as per the ARHSS contract D17.11(d).</p>	<p>Ensure that staff complete their NZQA psychogeriatric modules to meet the ARHSS contract D17.11(d).</p> <p>90 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>There are policies to determine timeframes for completion of assessments, care plans and evaluation of plans. The clinical manager stated that they try to complete each part of the documentation in timeframes; however, there have been some gaps due to management and oversight they provide for the two facilities. Only three of five initial interRAI assessments were completed in a timely manner (within three weeks of admission). Two of five interRAI were aligned to documentation of the long-term care plan with the other three plans completed two months after the interRAI had been</p>	<p>i). Two of five initial interRAI assessments were not completed within three weeks of admission.</p> <p>ii). Three of LTCP were completed two months after documentation of the interRAI assessment.</p> <p>ii). Restraint monitoring forms were not always completed as per plan interventions and did not consistently evidence that restraint had been removed.</p>	<p>i). Ensure that initial interRAI assessments are completed within three weeks of admission.</p> <p>ii). Ensure that LTCP are completed at the interRAI assessment.</p> <p>iii). Ensure there is documented evidence of monitoring of restraint to include indicating when restraint has been removed.</p>

		<p>documented.</p> <p>Monitoring forms on the whole were documented at times as per schedule. Restraint monitoring forms, however, were not always fully completed as per plan interventions, and did not always evidence when the restraint had been removed.</p>		<p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.