

The Willows Home and Hospital Limited - The Willows Home and Hospital

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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity:	The Willows Home and Hospital Limited	
Premises audited:	The Willows Home and Hospital	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 29 January 2025	End date: 30 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:	24	



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

The Willows Home and Hospital Limited (The Willows Home and Hospital) provides rest home and hospital services for up to 28 residents.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Service Standard NZS 8134:2021 and the contracts the service holds with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland). The audit included review of policies and procedures, review of residents and staff files, observations, and interviews with residents, family members, the owner/facility manager, nurse manager, staff, contracted allied health professionals and a general practitioner.

There were six areas of improvements identified in this audit in relation to the quality and risk plan, the National Adverse Events Reporting Policy 2023, collection of entry and decline rates and specific data for Māori, wound care plans and resident dietary requirements being recorded appropriately, and restraint monitoring and evaluations being completed, but not as per the restraint management policy.

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.

The Willows Home and Hospital works collaboratively to support and encourage a Māori world view of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

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

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents were safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law. Advance directives were followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service are partially attained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance was monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff were involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Reporting Policy is now known to staff. The management team are aware of the statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information was accurately recorded, securely stored and not accessible to unauthorised people.

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 low risk.
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When people enter The Willows Home and Hospital, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

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

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

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

Subsections applicable to this service are fully attained.

The facility met the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff were trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security was maintained.

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.

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance was undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Some subsections applicable to this service are partially attained and of low risk.
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were two residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	4	0	0	0
Criteria	0	170	0	6	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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>The Willows Home and Hospital has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with a local iwi and Māori organisation to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from local iwi and is used for residents who identify as Māori. On the day of the audit, there were Māori residents, two of whom spoke fluent te reo Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. One whānau member interviewed spoke te reo fluently. All staff have completed cultural competency training and Te Tiriti o Waitangi training as per the training records reviewed. Cultural advisors are accessible through Te Whatu Ora Counties Manukau Māori health team if needed. Interpreter services were available.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data was documented on recruitment and trended.</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>The Willows Home and Hospital identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes.</p> <p>Pasifika residents interviewed felt their worldview, and cultural and spiritual beliefs, were embraced.</p> <p>Active recruitment, training and actions to retain a Pacific workforce are supported through ongoing education. The diversity of staff, and the large number of staff who identify as Pasifika employed across different roles, was significant, with the nurse manager leading the way to ensure the large number of Pasifika residents' needs are met.</p> <p>Expert advice was sought from residents, family and the community. A church minister is available to bless residents and rooms as needed.</p> <p>Cultural assessments and care plans for residents of each Pacific descent were available to implement. Models of care for each were clearly documented and implemented. Staff spoke their own languages fluently.</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>All staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in te reo Māori, English, and New Zealand Sign Language. Staff training on the Code has been completed.</p> <p>The nurse manager (NM) interviewed, reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whānau, or their representatives in its updated cultural safety</p>

		policy. The assessment process includes the residents' wishes and support needs.
<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>Residents were supported in a way that was inclusive and respected their identity and experiences. All residents, including young people with disabilities, can maintain their personal, gender, sexual, cultural, religious, and spiritual identity. Young people with disabilities (YPD) have input into their own routine where applicable, and their identity, gender and sexuality were respected. These were documented in the residents' care plans sampled. Family/whānau and residents, including people with disabilities, confirmed being consulted.</p> <p>The NM reported that residents were supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility. There is a documented privacy policy that references current legislation requirements. All residents had an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas, and knocking on the doors before entering.</p> <p>All staff had completed cultural training as part of orientation and annually through the education programme, along with Te Tiriti o Waitangi, te reo Māori, and tikanga practices. The NM reported that te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words into Māori.</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>	FA	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually.</p> <p>Residents reported that their property and finances were respected and that professional boundaries were maintained. The NM reported that staff are guided by the code of conduct to ensure the</p>

		<p>environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect, and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors and residents.</p> <p>The Māori cultural policy in place identified strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the registered nurses (RNs) and NM, who reported that all outcomes are managed and documented in consultation with residents, Enduring Power of Attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>In interviews conducted, residents and whānau reported that communication was open and effective, and they felt listened to. Enduring Power of Attorney (EPOA)/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular or urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health and medical information from other allied health care providers was collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use family members as appropriate. Residents, including YPD residents, reported that they are provided with access to Wi-Fi for their electronic gadgets.</p> <p>The nursing team, care, and activities staff reported that verbal and non-verbal communication cards and regular use of hearing aids by</p>

		residents when required, were encouraged.
<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>The staff interviewed understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation treatment plans and advance directives were signed by residents who were competent and able to consent, and a medical decision was made by the geriatrician, and general practitioner (GP), for residents who were unable to provide consent. The NM reported that the GP discusses the resuscitation treatment plan with the resident, where applicable, or with the resident's family/whānau. This was verified in interviews with residents, their whānau, and the GP. Staff were observed to gain consent for daily cares.</p> <p>Residents confirmed that they were provided with information and were involved in making decisions about their care. Where required, a nominated support person was involved with the resident's consent. Information about the nominated resident's representative of choice, next of kin, or EPOA was provided on admission. Communication records verified the inclusion of residents where applicable. The informed consent policy considers 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>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation.</p> <p>The service assures the process works equitably for Māori by ensuring the complaints form was available in te reo and English</p>

		<p>versions. The complaints process was displayed in both te reo and English.</p> <p>There have been no complaints received from internal sources since the previous audit. Compliments were shared with staff at the staff meetings held monthly. There were two external complaints in the complaints register and both remain open with the Health and Disability Commissioner's (HDC) office. The facility manager manages all complaints with the assistance of the nurse manager as needed. The two complaints were followed through. One complaint received 8 June 2023 was responded to on 21 July 2023. A further request to resend all information was received 4 October 2024. There has been no correspondence recorded since that date. A separate folder was maintained for each of the two complaints. The second complaint, received 16 November 2024, was responded to with all information required by HDC. No correspondence from HDSC has been received and the complaint remains open.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The owner assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. The governance group demonstrated expertise in Te Tiriti, health equity and cultural safety.</p> <p>The leadership structure, including clinical governance, is appropriate to the size and complexity of the organization, and there is an experienced and suitably qualified person managing the service. The owner has owned this facility since 1999.</p> <p>The mission statement and philosophy, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed. The Business Plan, Quality and Risk Management Plan and the Quality Statement were reviewed. A commitment to the quality and risk management system was evident. The owner interviewed felt well informed on progress and risks. The organisation's aim to achieve an equitable service for Māori residents</p>

		<p>in particular, and residents with disabilities, was being addressed. No barriers were identified in the risk plan.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>People receiving services, and their whānau, participate in planning and evaluation of services through the resident meetings and surveys completed annually.</p> <p>The service holds contracts with Te Whatu Ora Te Toka Tumai Auckland for rest home, hospital, respite, Younger People Disabled (YPD) < 65 years of age, and long-term support - chronic health condition (LTS-CHC). A total of 24 residents were receiving services on the day of the audit. The breakdown is as follows: hospital level care 13, rest home six residents, respite care nil, YPD four residents, LTSCHC nil and one Accident Compensation Corporation (ACC) hospital level resident.</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 Low</p>	<p>The Willows Home and Hospital has a planned quality and risk system that reflects the principles of continuous quality improvement. However, the goals and objectives documented for 2025 need to be further personalised for this facility. This is an area identified for improvement. Quality activities included management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint management. Residents, whānau and staff contribute to quality improvement through annual surveys. A resident/family survey was last completed on 5 April 2024, with positive feedback provided about care provision and staff. Staff had the opportunity to provide feedback in June 2024 and comments were well received in relation to staff working conditions, communication and training/skills opportunities being provided.</p> <p>Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant cultural training, tikanga policies, and access to cultural</p>

		<p>support roles internally and externally. This is an area that has been worked on by management since the previous audit.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The facility manager interviewed described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The nurse manager interviewed understood essential notifications reporting requirements and obligations. There have been no Section 31 notifications completed since the previous audit. The National Adverse Event Reporting Policy 2023 was discussed and a copy obtained during the audit process. Management had not completed any training to fully comprehend this newly implemented policy (refer to criterion 2.2.5).</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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate. Registered nurses are on duty 24/7. The facility manager works Monday to Friday, and the NM</p>

	<p>covers Monday to Friday 7am until 4pm. A registered nurse covers the day duty, 7am to 3pm, seven days a week, the afternoon duty 3pm to 11pm and the night duty 11pm to 7am. Handovers are provided between all shifts. There are three HCAs on the morning duty, two HCAs on afternoon, one on 3pm to 11pm and one 4pm to 9pm. The RN on the night-duty is supported with one HCA. The after hours are covered by the NM for clinical calls, and the FM for non-clinical calls. The general practitioner covers 24/7 if needed. A cleaner is employed 25 hours a week and is supported by HCAs. HCAs complete the laundry duties. An activities coordinator is employed 30 hours a week to implement the activities and meet the needs of residents.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. A sample of staff records reviewed covers all disciplines. A checklist was sighted and is completed by the administrator for each employee. Police checks are undertaken for all staff, and this is recorded on the staff records reviewed.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. All training was accurately recorded for each individual staff member. Related competencies were assessed and support equitable service delivery and the ability to maximize the participation of people using the service and their whānau. High-quality Māori health information was accessed and used to support training and development programs, policy development, and care delivery.</p> <p>Health care assistants (HCAs) have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Te Toka Tumai Auckland. There was a total of 10 HCAs employed at this aged residential facility. Nine HCAs have completed Level 4, and one has completed Level 3. A core of staff has worked at this facility for some time. The activities coordinator has not completed Level 4 diversional therapy (DT) but does currently hold a certificate for DT in dementia care after completing a recognised course online.</p> <p>Records reviewed demonstrated completion of the required training</p>
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		<p>and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment and annually. Annual practicing certificates were sighted and a record maintained by the administrator.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</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>	FA	<p>Residents' files and the information associated with residents and staff are retained in electronic and hard copies. Staff have their own logins and passwords. Backup database systems are held by an external provider. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records were uniquely identifiable, legible and timely, including staff signatures, designation and dates. These complied with relevant legislation, health information standards and professional guidelines, including in terms of privacy.</p> <p>Resident and staff files were held securely for the required period before being destroyed. Paper-based files were archived onsite. No personal or private resident information was on public display during the audit.</p>

		<p>The provider is not responsible for registering residents' National Health Index (NHI) numbers. All residents have a NHI number on admission.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>PA Low</p>	<p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) agency authorisation forms for residents assessed as requiring hospital, rest home, Young People with Disabilities (YPD) and Accident Compensation Corporation (ACC) level of care were sighted.</p> <p>The records reviewed confirmed that admission requirements were completed within the required time frames and were signed on entry. Family/whānau were updated where there was a delay in entry to service. This was observed on the days of the audit and in the inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The NM reported that all potential residents who were declined entry were recorded. When an entry was declined, relatives were informed of the reason for this and made aware of other options or alternative services available. The consumer/whānau were referred to a referral agency to ensure the person would be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers and organisations to support Māori individuals and family/whānau.</p> <p>An improvement is required to ensure collection and analysis of entry and decline rates, including specific data for entry and decline rates for Māori, is completed.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>All files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, and cultural needs, values and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff; interRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, EPOA, and/or family/whānau. Long-term care plans were also developed, and six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs. Resident, family/whānau/EPOA, and GP involvement was encouraged in the plan of care.</p> <p>The GP completed the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed as required.</p> <p>The care planning process ensured that young people with disabilities have a plan in place that addresses their special needs, with the primary goal of increasing access, participation, and integration into the community. Strategies to support, maintain and strengthen relationships with family/whānau and advocates were documented, including development and learning support to encourage residents' interests.</p> <p>The NM reported that sufficient and appropriate information was shared between the staff at each handover, and this was witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk</p>
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		<p>noted during the assessment process. These were added to the long-term care plan if the condition did not resolve within three weeks. Any change in condition was reported to the nursing team and this was evidenced in the records sampled.</p> <p>Interviews verified residents and EPOA/whānau were included and informed of all changes. Long-term care plans were reviewed following interRAI reassessments; however, resident dietary profiles were not being reviewed along with long-term care plans. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau, responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs.</p> <p>There are clear guidelines for reporting of pressure injuries, and interviews with registered nurses indicated their awareness of Section 31 requirements about pressure injuries. An improvement is required to ensure wound care plans, assessments, and monitoring forms are completed.</p> <p>The Māori health care plan in place reflected the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles were included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified and strategies to manage these were documented. The staff confirmed they understood the process to support residents and whānau.</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 are</p>	<p>FA</p>	<p>Planned activities were appropriate to the residents' needs and abilities. Activities were facilitated by an experienced activities coordinator. The programme runs from Monday to Friday, with Saturdays and Sundays reserved for church services, movies, EPOA/whānau/family visits, and other activities facilitated by the care staff. The activities are based on assessments and reflect the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents'</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>birthdays are celebrated, and resident meetings are undertaken monthly. An activity profile detailing residents' life history was completed for each resident within two weeks of admission in consultation with the family and resident.</p> <p>The activity programme is formulated by the activities coordinator in consultation with the registered nurses, facility manager, EPOAs, residents, and care staff. The activities are varied and appropriate for people assessed as requiring hospital, rest home, YPD, and ACC care. Residents assessed as requiring YPD care are involved in activities of their choice and reported they have access to the Wi-Fi, which enables them to use their electronic gadgets, and participate in a range of education, recreation, leisure, cultural, and community events consistent with their interests and preferences.</p> <p>Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Outings are conducted as required. Residents were observed walking outside the facility accompanied by staff and family members.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and whānau to participate in te ao Māori were facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals and Māori Language Week.</p> <p>EPOA/whānau/family and residents reported overall 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>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, reconciliation, and reporting errors. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP had completed three-monthly</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>medication reviews. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies were indicated, and all photographs uploaded on the electronic medication management system were current. Eye drops were dated on opening. The effectiveness of pro re nata (PRN) medications was documented.</p> <p>Medication reconciliation was completed by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as per policy and legislative requirements. Monitoring of medicine fridges and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>Inspection of medication procedures and onsite review of the medication round indicated the service follows approved protocols in administering, storage and management of medication. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>Appropriate processes were in place to ensure residents who wish to self-administer medicine, including young people with disabilities, would be managed safely when required. There were no residents who were self-administering medicine at the time of the audit. There is a self-administration policy in place if required.</p> <p>There were no standing orders in use.</p> <p>The medication policy clearly outlines that, residents including Māori residents and their whānau, are supported to understand their medications. This was reiterated in interviews with the NM, family/whānau, and Māori residents.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complied with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 20 June 2025. The menu was reviewed by a registered dietitian on 7 February 2023. Kitchen staff had current food handling certificates.</p> <p>Diets were modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Resident dietary profiles were completed on admission; however, these were not consistently evaluated six-monthly (refer to 3.2.5) as per policy requirements. Residents were given an option of choosing a menu they wanted. Residents had a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives were catered for as required. The residents’ weights were monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks were available for residents when required.</p> <p>Meals were served in the dining room and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion.</p> <p>The kitchen and pantry were observed to be clean, tidy and well-stocked. Regular cleaning was undertaken, and all services complied with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges and freezers were maintained, and these were recorded on the electronic management system. All decanted food had records of ‘use-by’ dates recorded on the containers and no expired items were sighted.</p> <p>Whānau/EPOA 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.</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>	<p>FA</p>	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The NM reported that discharges were normally into other similar facilities. Discharges were overseen by the nursing team, who manage the process until exit. All this was conducted in consultation with the resident, their whānau, and other external agencies. Risks were identified and managed as required.</p> <p>A discharge or transition plan was developed in conjunction with the residents and whānau (where appropriate) and documented on the residents' files. Referrals to other allied health providers were completed, with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information was required by a subsequent geriatrician, a written request was required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and EPOA/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</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>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. There was a current building warrant of fitness displayed that expires on 9 February 2025. Testing and tagging of all electrical resources and equipment was current. The last electrical checks occurred on 8 May 2024. Medical equipment and calibration were last checked on 18 July 2024. The biomedical performance verification report was sighted, along with a full inventory of all equipment.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible</p>

		<p>bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The current environment is inclusive of people’s cultures and supported cultural practices.</p> <p>The total facility was being re-roofed at the time of the audit. Safety measures were in place for contractors and residents during this process. No other changes have been made to the building since the last audit however if this occurs consultation would be sought to ensure the environments reflects 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 and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) 4 December 2003. The last fire safety training was held in two sessions for all staff on 21 January 2025. A fire evacuation audit was performed on the same day as the fire training.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. The home has emergency lighting, access to a portable generator, water supplies, thermal blankets, radios and batteries, torches, a barbecue, first aid resources, chlorine tablets with instructions, gas bottles, continence products and dry foods. Emergency resources were checked monthly.</p> <p>The staff were trained to provide a level of first aid relevant to the risks for the type of service provided.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements were in place. Residents and</p>

		whānau were familiarised with emergency and security arrangements, as and when required.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice were sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The facility manager is the infection prevention and control coordinator (IPCC) and is responsible for overseeing and implementing the IP programme with reporting lines to senior management. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been</p>

		<p>trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the senior management team and external consultant. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm.</p> <p>Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The annual IP and AMS review and the infection control and hand washing audit include the antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated, and any occurrence of adverse effects.</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>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection prevention programme.</p> <p>Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection data was collected, monitored, and reviewed monthly. The data was collated, analysed and action plans were implemented. Ethnicity was included in surveillance data. Surveillance data and recommendations to improve are reported to management monthly.</p> <p>Infection prevention audits were completed, and they included cleaning, laundry, PPE donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required. Staff are informed of infection rates and regular audit outcomes at staff</p>

		<p>meetings. New infections are discussed at shift handovers for early interventions to be implemented. Benchmarking was completed by comparing with previous monthly results.</p> <p>Residents' and family/whānau were advised of infections identified in a culturally safe manner, where applicable. This was verified in interviews conducted.</p> <p>Since the previous audit, an infection outbreak was reported in November 2024, and this was managed according to policies, procedures and guidelines.</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>There are documented processes for the management of waste and hazardous substances. Domestic waste was removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensured that trolleys were 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.</p> <p>Cleaning was completed by cleaning staff. Cleaning guidelines are provided. 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. All staff have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There were regular internal environmental cleanliness audits.</p> <p>Care staff were responsible for all laundry at the service. The laundry is clearly separated into clean and dirty areas. Clean laundry was delivered back to the residents in named baskets. Washing temperatures were monitored and maintained to meet safe hygiene requirements. Staff have received training and documented guidelines were available. The effectiveness of laundry processes was monitored by the internal audit programme. Care staff demonstrated awareness of the infection prevention and control</p>

		protocols. Resident surveys and resident and whānau interviews confirmed satisfaction with the cleaning and laundry processes.
<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>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this. At the time of audit, four residents were using restraint. Any use of restraint was reported to the governing body.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA are involved in decision-making.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	PA Low	<p>When restraint is used, this is as a last resort when all alternatives have been explored. Assessments for the use of restraint, monitoring and evaluation were documented and included all requirements of the standard. Whānau confirmed their involvement. Access to advocacy was facilitated as necessary.</p> <p>Monitoring of restraint is overseen by nurse manager and takes into consideration the person's cultural, physical, psychological and psychosocial needs and addresses wairuatanga. The nurse manager and staff were not recording on the required monitoring record sheet for each of the four residents using a restraint (refer to 6.2.2) and the evaluations were documented in the progress records and not on the evaluation forms available when reviews have occurred (refer to 6.2.7). These areas were identified as areas of improvement at this audit.</p> <p>A restraint register was maintained and reviewed at each restraint approval group meeting. The register contained enough information</p>

		to provide an auditable record, including all requirements of the standard. No emergency restraint has been used.
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the standard (refer to 6.2.7). The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint has been reduced by two over the past year.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	The business and quality and risk plan developed by the contracted quality consultant is documented using a risk-based approach to service delivery. However, the plan for 2024 has not been fully reviewed by management, to carry forward any goals/objectives still to be addressed or any new objectives for the year ahead for 2025. Timeframes were not included.	The quality and risk plan reviewed is documented for 2025. The goals and objectives for 2024 had not been reviewed. The 2025 goals have not been personalised for the facility, with appropriate timeframes to be achieved. Management was currently working on this aspect of service delivery at the time of the audit.	<p>To ensure the quality plan objectives for 2024 are reviewed and the 2025 plan updated to include any unachieved or new goals/objectives for 2025.</p> <p>180 days</p>
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external</p>	PA Low	The facility manager and the nurse manager interviewed obtained a copy of the National Adverse Events Reporting Policy during the audit. This document is	The National Adverse Events Reporting Policy was discussed. Management interviewed were not fully	To ensure management are fully informed about the National Adverse

reporting (where required) to reduce preventable harm by supporting systems learnings.		required for internal and external reporting to reduce preventable harm by supporting systems learnings. Education records were reviewed. No training had been completed for management to fully understand the requirements/obligations as a service provider in aged residential care.	aware of the obligations required. Training is needed to comprehend the reporting obligations.	Events Reporting Policy 2023 and the obligations to be met. 180 days
Criterion 3.1.5 Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori.	PA Low	The policy and standards require that the service demonstrates routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori. There was an enquiry register in place. The records available for review showed that analysis was last completed in November 2023. The NM reported that the service was actively working towards updating the enquiry register and analysing all the required data.	Collection and analysis of entry and decline rates, including specific data for entry and decline rates for Māori, had not been completed since November 2023.	Ensure collection and analysis of entry and decline rates including specific data for entry and decline rates for Māori is completed. 180 days
Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are	PA Low	There were four active wounds including an unstageable pressure injury. Specialist advice was sought and the NM reported that recommended advice was currently being followed. After each wound dressing, progress notes were completed; however, there was no evidence of monitoring, assessment forms and wound care plans completed as per policy requirements. The nursing team reported that only progress notes were being completed, and staff were actively working towards starting to document on required wound forms. Resident dietary profiles were completed on admission; however, four of five	(i) There was no evidence of completed wound assessments, monitoring forms and wound care plans in resident files reviewed. (ii) Four of five resident files reviewed had resident dietary profiles that were not consistently evaluated six monthly as per policy requirements.	Ensure required documentation is completed as per policy requirements. 90 days

<p>agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>resident files reviewed had dietary profiles that were overdue for review.</p>		
<p>Criterion 6.2.2</p> <p>The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.</p>	<p>PA Low</p>	<p>Restraint monitoring was occurring in a timely manner. Staff and the nurse manager were recording each episode of restraint monitoring on one monitoring form. A monitoring form was developed in conjunction with the restraint policy but was not being currently implemented.</p>	<p>Restraint monitoring was currently being recorded on one record sheet, and not on the individual record sheets available for the four individual residents using a restraint.</p>	<p>To ensure each resident using a restraint has each episode of monitoring recorded on the appropriate record sheet for each resident.</p> <p>180 days</p>
<p>Criterion 6.2.7</p> <p>Each episode of restraint shall be evaluated, and service providers shall consider:</p> <p>(a) Time intervals between the debrief process and evaluation processes shall be determined by the nature and risk of the restraint being used;</p> <p>(b) The type of restraint used;</p> <p>(c) Whether the person's care or support plan, and advance</p>	<p>PA Low</p>	<p>There are four residents using a restraint. Information of evaluations occurring was not documented in the individual records reviewed. Currently, the information is being recorded by staff directly into the progress records which makes it difficult to follow through for each resident. The restraint management policy was available and states how evaluations are to be recorded.</p>	<p>Each episode of restraint was documented in the progress records reviewed and not on the evaluation form provided for restraint management. There are no evaluation forms in the four residents' records to verify the six-monthly reviews have occurred.</p>	<p>To ensure the appropriate restraint evaluation documentation is implemented and is kept in the individual resident's record.</p> <p>180 days</p>

<p>directives or preferences, where in place, were followed;</p> <p>(d) The impact the restraint had on the person. This shall inform changes to the person's care or support plan, resulting from the person-centred and whānaucentred approach/reflections debrief;</p> <p>(e) The impact the restraint had on others (for example, health care and support workers, whānau, and other people);</p> <p>(f) The duration of the restraint episode and whether this was the least amount of time required;</p> <p>(g) Evidence that other de-escalation options were explored;</p> <p>(h) Whether appropriate advocacy or support was provided or facilitated;</p> <p>(i) Whether the observations and monitoring were adequate and maintained the safety of the person;</p> <p>(j) Future options to avoid the use of restraint;</p> <p>(k) Suggested changes or additions to de-escalation education for health care and support workers;</p> <p>(l) The outcomes of the person-centred debrief;</p> <p>(m) Review or modification required to the person's care or support plan in collaboration with the person and whānau;</p> <p>(n) A review of health care and support workers' requirements (for example, whether there was adequate senior staffing, whether</p>				
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there were patterns in staffing that indicated a specific health care and support workers issue, and whether health care and support workers were culturally competent).				
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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.