

The Coast to Coast Hauora Trust - Heritage Rest Home

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 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 Coast to Coast Hauora Trust

Premises audited: Heritage Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 31 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: 14

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
	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
	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 Coast to Coast Hauora Trust – Heritage Rest Home services up to 17 residents. The facility manager, a registered nurse, is also supported by a registered nurse who works part-time.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service’s contract with Health New Zealand – Te Whatu Ora Waitematā. The audit process included the review of policies and procedures, the review of residents’ and staff records, observations and interviews with residents, family/whānau, staff and management. The general practitioner and the kaumatua for the Trust were available for interview.

The residents and families/whānau interviewed were satisfied with the services provided.

One area of improvement from the previous audit had been fully addressed which was related to ensuring all relevant information is captured and stored centrally and that the information is accessible when required. There were two areas of improvement identified at this audit in relation to staffing to meet the current needs of residents and manual handling and hoist management training for all staff to be completed.

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.

Heritage Rest Home 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. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

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 medium or high risk and/or unattained and of low risk.
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The quality and risk management systems are focused on quality service provision and care. Actual and potential risks were identified and mitigated. The service complied with statutory and regulatory obligations and meets the contract with Te Whatu Ora Waitematā. Policies and procedures are current and managed effectively by the facility manager and registered nurse.

There is a comprehensive, clearly documented business plan which is implemented with set aims and objectives to meet. These were regularly reviewed.

All new staff employed receive a full orientation at commencement of employment. Competencies were completed and training was provided during orientation, and this was recorded. Ongoing education was encouraged, and staff can participate in planned education annually, including first aid training. All employed and contracted health professionals have an annual practising certificate.

The facility manager is responsible for ensuring the facility is adequately staffed twenty-four hours a day, seven days a week.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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The service and GP work in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Medicines were safely managed and administered by staff who were competent to do so. There were no residents self-medicating at time of audit.

The food service met the nutritional and cultural needs of the residents. Food was safely managed, supported by an approved food control plan.

Residents were referred or transferred to other health and community supporting 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.
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The facility meets the needs of residents. There was a current building warrant of fitness. Electrical equipment and calibration requirements were up to date. All internal and external areas are accessible, safe and meet the needs of residents living in this rest home.

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.
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A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and was reviewed and reported on.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of Health Care-Associated Infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

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.
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Policies and procedures are in place that evidence promotion of eliminating restraint use. At the time of the audit, no residents were using a restraint. The register is maintained. Training is provided to staff.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	1	0	0
Criteria	0	49	0	0	2	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. 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>Heritage Rest Home has a cultural policy and a Te Tiriti o Waitangi policy which was also embedded in the organisation’s Māori health plan reviewed. Māori residents and staff were provided with ongoing support to achieve their aspirations recognising mana motuhake. There were residents who identified as Māori. There is a kaumatua who was readily available as needed for this service. The kaumatua was interviewed by telephone and stated that they attend and have input at the monthly Coast to Coast Hauora Trust meetings.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Policies and procedures are available to guide staff in the care of Pacific peoples. The provision of equitable services is underpinned by the Pacific people’s worldview policy. Expert advice is sought from advisors at Te Whatu Ora – Waitematā. On the day of the audit, there were staff who identified as Pasifika. Models of care and cultural assessments are clearly documented and implemented when residents who identify as Pasifika are admitted to this service.</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes in conversations and when supporting with activities of daily living.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service). this information was evidenced in resident meeting minutes and observed in posters and brochures on the main notice board. Residents and whānau were provided with opportunities to discuss and clarify their rights.</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>Residents receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. Residents interviewed confirmed that their property was respected and had no concerns in regard to their finances and every day money. There were no examples of abuse of any kind identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents reported that their property was respected.</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</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate, their whānau, felt empowered to actively participate in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</p>

<p>make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</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. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code of Rights. Residents and family/whānau interviewed understood their right to make a complaint and knew how to do so. This included knowledge about the advocacy service available to them if this should be required. Policy allows for complaints to be managed in a culturally appropriate way and a kaumatua is available to assist if this should be required. Documentation sighted showed that no complaints had been made in the last 12 months. There were no complaints received from external sources since the previous audit.</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. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The Coast to Coast Hauora Trust owns this facility and is responsible for delivering a high-quality service. There is Māori representation at board level, being the kaumatua who has input at board level into organisational policies, procedures and processes. Equity for Māori, Pacific peoples and tāngata whaikaha has been addressed through a Māori health plan, a Pacific health plan and a tāngata whaikaha service plan. Equity is enabled through participation in service development, choice and control over their supports and the removal of barriers that prevent access to information. The Trust Deed includes a mission statement identifying the mission and purpose of the organisation, and a quality and risk plan outlines the values and goals. There is monitoring and reviewing of performance at planned intervals.</p> <p>There is a defined governance and leadership structure, including clinical governance, which is appropriate to the size and complexity of the organisation. The governing body has a chief executive officer (CEO), a qualified facility manager (FM) who is also a registered nurse (RN), who is responsible for the management of the service, and another RN employed is responsible for the clinical services provided.</p> <p>External assistance from Te Ha Oranga, a local Māori Health Organisation, is available for te ao Māori. The board of trustees are</p>

	<p>committed to quality and risk management. The facility manager reports to the board monthly about the services provided. Any serious issues, such as COVID-19 outbreaks or adverse events, are reported directly to the board by the facility manager.</p> <p>The facility manager and the RN maintain currency within the field, both are very experienced in aged care and confirmed knowledge of the sector. The RN resigned from the position in mid-2024 but recommenced in the role in October 2024. Another RN assisted the facility manager for a couple of months and is still on the casual staff. The management staff work with staff to meet the requirements of relevant standards and legislation.</p> <p>A monthly report is generated that outlines an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infections and all other aspects of the quality risk management plan. All quality data collected identifies any trends, and specific shortfalls are addressed using a corrective action process. A sample of reports reviewed verified adequate information to monitor performance is reported. Heritage Rest Home also evaluates services through resident meetings and through surveys completed annually. The most recent resident/family survey was completed in January and the results were mostly positive, with only a few comments about being dissatisfied with care and/or decisions made. Staff interviewed were pleased with the teamwork promoted and were satisfied with their allocated shifts. Any shortfalls were addressed.</p> <p>The service holds contracts with Te Whatu Ora - Waitematā for the provision of age-related residential care (rest home) and short-term residential care (respite) for up to 17 residents. The service, on the day of the audit, had 12 rest home level care residents and nil respite care. There is one resident who has been assessed and approved for hospital level care. The resident is awaiting transfer to a private hospital and on the day of the audit the family was informed that their relative was first on the waiting list for admission. There is one other resident, who was a recent urgent admission, who has been assessed by the needs assessment coordinator but is, however, awaiting the outcome regarding the level of care. The total number of residents was 14 at the time of the audit.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement, with a focus now on achieving Māori health equity. This includes the management of incidents and complaints, internal and external audit activities, monitoring of outcomes, policies and procedures, health and safety reviews, and clinical incident management. The facility manager explained the processes involved and how the strategic plan is implemented. Business continuity is also part of risk management and planning.</p> <p>There is a range of internal audits that are undertaken. The schedule for 2025 was reviewed and audits followed through. Internal audits reviewed included cleaning and laundry audits, environment, infection prevention, restraint, care planning and resident records. The service prioritises those related to key aspects of service delivery and resident and staff safety. Evaluation against quality indicators and any trends identified occurs. Any issues identified were addressed, with a corrective action plan. The staff were informed of any results.</p> <p>Document control is managed by the RN and any changes are approved by the FM. Staff were informed of any changes implemented. Paper-based records were still being used at this facility. All policies were currently being reviewed, and a plan is in place for this process.</p> <p>Health and safety systems are implemented. Any internal or external risks were identified. There was a current up-to-date hazard register and hazardous substance register.</p> <p>A risk management plan for 2025 with aims and objectives was in place. The FM, present at audit, and the RN interviewed by telephone were well informed about, and understood, the responsibilities in relation to the National Adverse Events Reporting Policy 2023. Statutory and regulatory obligations in relation to essential reporting have been complied with. No Section 31 notifications have been reported since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers</p>	<p>PA Moderate</p>	<p>Rosters for the previous six weeks were reviewed to determine staffing levels and skill mix to provide culturally and clinically safe services. The service provides staff to cover twenty-four hours a day, seven days a</p>

<p>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>week (24/7). No bureau staff are used. The rosters reviewed were adjusted to meet planned and unplanned staff leave. A core of staff has been employed since the service began. The facility manager is available Monday to Friday and is on call 24/7. An experienced RN covers the facility 15 hours per week. The RN is interRAI trained, as is a RN on the casual staff list.</p> <p>Currently at the time of audit the resident acuity level was elevated due to the changing needs of two residents (refer to 2.3.1), an area identified for improvement.</p> <p>The activities for the residents are planned by the health care assistants (HCAs). Two cooks cover the service. The HCAs cover the cleaning and laundry duties each day seven days a week. There are six HCAs; four have completed recognised New Zealand Qualifications Authority (NZQA) Level 4 qualification, and two HCAs have completed Level 2. The general practitioner and/or the medical centre covers 8am until 8pm. There is no after-hours medical service for this rural area. If needed, the FM is contacted, or the RN, or alternatively an ambulance is called if needed for a resident.</p> <p>Training records are maintained by the RN, and these were reviewed. All training had been completed as per the training calendar except for manual handling, and hoist management (refer to 2.3.2), an area identified for improvement. All staff have completed first aid training and certificates were reviewed.</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</p>	<p>FA</p>	<p>Policies and procedures to guide staff in relation to human resource management and responsibilities have been updated. All employed and contracted health professionals have current annual practising certificates. These are monitored annually by the RN.</p> <p>An orientation and induction programme are implemented and staff confirmed the programme's usefulness and applicability and felt well supported. New health care assistants are 'buddied' to work with a senior caregiver for orientation. Time was also spent with the RN. Additional time is provided if required. A checklist was completed in the five staff records reviewed. Orientation was signed off by the RN and a record</p>

<p>services.</p>		<p>maintained in the individual staff member's record.</p> <p>Performance reviews were undertaken at three months from commencement of employment and annually. Staff can have the opportunity to discuss any training requirements or any concerns with the RN.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>The service maintains records that comply with relevant legislation, health information standards and professional guidelines. All resident and staff records were paper-based, and records were held securely and only available to authorised users. Information held electronically was username and password protected.</p> <p>Residents' records were uniquely identifiable with individual National Health Index numbers for each resident. Personal, clinical and health information was fully completed in the residents' records reviewed. The clinical records, including the general practitioner entries, were integrated, legible, signed and dated and met current documentation standards. This was an area of improvement from the previous audit that has been addressed. Data collected includes ethnicity data.</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>FA</p>	<p>The multidisciplinary team work in partnership with the residents and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. Staff supported Māori and whānau to identify their own pae ora outcomes in their care plan. There was evidence in the residents' files sampled that the registered nurse was documenting in the residents' notes as required. Short-term care plans and wound management were well documented, evaluated and closed as required. All 14 residents admitted to the service had an up-to-date interRAI</p>

		<p>assessment. All three-monthly GP reviews were up to date. This was verified by the interRAI database, sampling residents' records, and from interviews of clinical staff, people receiving services, and whānau.</p> <p>Of those 14 residents, one resident had been assessed as requiring hospital level of care and required the support of a hoist for mobility and transfers (please refer to 2.3.2). The management team, GP and NASC are working collaboratively with the resident's whānau due to the prolonged time regarding this resident's transfer to another service. One resident, recently admitted, was awaiting confirmation of level of care, and another resident, also recently admitted, was awaiting reassessment as requiring a higher level of care due to behaviours that were challenging for the staff. One resident was currently being monitored by staff as needing the support of manual handling equipment, often at a certain time of the day. The GP interviewed was happy with the care provided and aware that some residents were currently requiring extra support (please refer to 2.3.1).</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the residents and/or whānau. Residents and whānau confirmed active involvement in the process. The issues raised in the previous recommendation (raised at the last certification audit) relating to updating a policy, and ensuring neurological monitoring occurs have been addressed.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management (using a paper-based system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements as confirmed in the sample of</p>

		<p>records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were used and complied with guidelines.</p> <p>There are policies to support residents' self-administration of medication. At the time of audit, no residents were self-administering their medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>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>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. Evidence of resident satisfaction with meals was verified from residents and whānau interviews, satisfaction surveys and resident meeting minutes.</p> <p>The service operates with an approved food safety plan, having had a verification audit on 12 August 2024. The food control registration certificate expires on 12 May 2025.</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>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is</p>	FA	<p>A current building warrant of fitness (BWOFF) that expires on 30 June 2025 was displayed in the reception. Appropriate systems are in place to</p>

<p>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>ensure the residents' physical environment and facilities are fit for purpose. Electrical tagging and testing were completed, and a record is maintained. The latest biomedical equipment performance and calibration verification report dated, 2 December 2024, was sighted. An inventory was maintained. The environment was tidy, comfortable and accessible.</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 infection prevention and control coordinator (IPCC) registered nurse is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the governance body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the IPCC and review of the programme documentation.</p> <p>Staff were familiar with policies and practices 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 met their needs.</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 to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme were shared with staff and reported to the governing body. The service maintains a low infection rate, with no infections for the months of November or December 2024. The last infection outbreak was recorded in 2023, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</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 organisation is committed to eliminating restraint. Policy had been updated to meet this subsection. Training was provided to staff on restraint management, managing challenging behaviour and de-escalation techniques, annually. No residents were using restraint at the time of the audit.</p>

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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>The rosters for the last six weeks were reviewed. There are two HCAs on the morning shift and one cook. On the afternoon shift, one HCA is on 3pm to 11.15pm and one on a shorter shift, and on night duty one HCA and the FM are on-call. Currently, there is one high-needs hospital level resident, and one resident who is rest home level care with increasing dementia. The hospital level care resident requires two HCAs for cares and the use of the hoist as needed. The resident with dementia is a recent admission but is now awaiting a further reassessment for higher level of care. The FM stated that some strategies are in place for the night shift, with the FM being on call and the morning shift HCA coming in earlier at 6.15am to assist with the cares for the hospital level care resident. Should the staff be busy, they are not able to observe the other residents over this time of the morning. There is an increased risk of safety to be considered for the other residents at this time. A</p>	<p>Review of the rosters for night duty cover is required to meet the needs of the current residents and increased acuity levels of care.</p>	<p>Ensure there is adequate staff on duty, in particular the night duty, to meet the needs of the residents.</p> <p>90 days</p>

		review of the night duty shift is required.		
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	<p>PA</p> <p>Moderate</p>	<p>The staff training and competencies were recorded accurately. Staff interviewed stated they receive adequate education and training. The training for manual handling and hoist management for all staff was scheduled for October 2024 but this did not occur. The resident who is hospital level care requires the use of the hoist which was recently purchased for this facility. The RN interviewed stated that staff have completed practical demonstrations for using a hoist; however, this was not documented. Staff have not completed the competencies required.</p>	<p>The staff training for manual handling and hoist management was not able to be verified at the time of the audit.</p>	<p>To ensure staff complete the required manual handling and hoist management training and that this is recorded and can be verified.</p> <p>90 days</p>

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.