

Presbyterian Support Central - Kowhainui Complex

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Presbyterian Support Central

Premises audited: Kowhainui Complex

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

Dates of audit: Start date: 10 December 2024 End date: 11 December 2024

Proposed changes to current services (if any): This audit includes a partial provisional audit to verify 37, formally rest home only beds as suitable for dual service (rest home and hospital). There are no changes to bed numbers.

Total beds occupied across all premises included in the audit on the first day of the audit: 73



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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Kowhainui complex (Kowhainui) is part of the Presbyterian Support Central organisation. The service provides rest home and hospital level care for up to 79 residents. On day of audit there were 76 residents.

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

This audit includes a partial provisional audit for 37 rooms, formally rest home only rooms as suitable for dual service (rest home and hospital). There are no changes to overall bed numbers.

The facility manager is supported by a clinical services manager, and a team of experienced staff. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed one of the three previous partial attainments in relation to care plan interventions. There are ongoing shortfalls around medication management and monitoring of care.

This surveillance audit found areas identified for improvement around timeframes for assessments and care planning, and full implementation of the quality and risk management process.

One additional shortfall related to the partial provisional audit is in regard to staffing increases for the dual purpose beds.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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There is a Māori health plan in place. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Staff demonstrated an understanding of resident’s rights and obligations and ensures residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident’s property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers’ Rights, and complainants are kept fully informed.

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 partially attained and of medium or high risk and/or unattained and of low risk.
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The business plan includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has a documented quality and risk management systems that take a risk-based approach, to meet the needs of residents and their staff. There is process for following the National Adverse Event reporting policy, and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All resident's transfers and referrals are coordinated with residents and families/whānau.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

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

Subsections applicable to this service fully attained.

A comprehensive infection control plan is in place which is reviewed annually. Documentation evidenced that relevant infection control education is provided to staff as part of their orientation and as part of ongoing in-service education programme.

Surveillance data is undertaken, including the use of standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements. No outbreaks have been recorded.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is a registered nurse. The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	1	3	0	0
Criteria	0	103	0	2	3	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	A Māori health plan is documented for the organisation, which Kowhainui utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service has a working relationship with local Iwi. At the time of audit, the service had residents who identify as Māori residing in the facility. Māori staff confirmed that mana motuhake is recognised.
<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	Kowhainui uses a model of care that reflects the values and beliefs which underpin the health service provision to Pacific people. At the time of audit, there were no residents residing in the facility who identified as Pasifika. Pasifika staff confirmed that cultural safety for Pacific peoples, including their worldviews, cultural, and spiritual beliefs, are embraced.

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The facility manager (FM) demonstrated how the Code is provided in welcome packs in the language most appropriate for the resident to ensure that they are fully informed of 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>Enliven policies prevent any form of discrimination, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>All staff at Kowhainui are trained in and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff (four healthcare assistants, one registered nurse, and one clinical coordinator), and management (one facility manager and one clinical nurse manager) demonstrated an understanding of professional boundaries when interviewed.</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>There are policies around informed choice and consent. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Interviews with family/whānau (one rest home, four hospital) and residents (four hospital level residents and one rest home level resident) confirmed their choices regarding decisions and their wellbeing is respected. Appropriate consent forms were in the resident files reviewed.</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.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Compliant forms are located at the entrance and in visible places throughout the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is maintained, which includes all complaints, dates and actions taken. There has been one complaint received since the last audit. Interview with the facility manager (FM) and the documentation reviewed demonstrate that complaints are managed in accordance with the guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The FM acknowledged their understanding that for Māori, there is preference for face-to-face communication and to include whānau in participation.</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</p>	<p>FA</p>	<p>Kowhainui is part of Presbyterian Support Central (PSC) – Enliven and is in Whanganui. Kowhainui provides hospital and rest home level of care for up to 79 residents. On the day of the audit, there were 76 residents. Forty-six residents were receiving rest home level care including one resident funded by the Accident Compensation Corporation (ACC), and one resident was on an interim care contract. There were thirty hospital level residents: including one on an interim care contract, two funded through ACC, one resident on a chronic medical illness (CMI) and three residents on a younger person with a disability (YPD) contract. All</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>residents apart from ACC, YPD, and interim care were on the age-related residential care (ARRC) contract.</p> <p>This audit has also included a partial provisional audit to verify 37 rest home beds as dual service (hospital and rest home level of care) This will enable all beds a Kowhainui to be utilised as dual service. Kowhainui has liaised with Health New Zealand regarding this change. An action plan and a transition plan are documented.</p> <p>PSC has a Board of eight directors which includes Pasifika and Māori representation. The position includes providing advice to the Board to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. Enliven has established several advisory groups, including the Training Advisory Group (TAG), Quality Advisory Group (QAG), Business Advisory Group (BAG), Eden Advisory Group (EAG), Cultural Advisory Group (CAG), Product Advisory Group (PAG), and Nutrition Advisory Group (NAG). These groups collaborate to develop policies and oversee their implementation, ensuring Enliven's services meet the needs of elders across its homes.</p> <p>The vision and values are posted in visible locations throughout the facility and are reviewed in meetings. The Board receives progress updates on various topics, including (but not limited to) staff and resident incidents, benchmarking, complaints, human resource matters, and escalated complaints. The strategic and business plan reflects links with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The service has identified external and internal risks and opportunities that include addressing possible inequities, and how these inequities plan to be addressed. Goals are regularly reviewed, with evidence of sign off when met.</p> <p>Enliven clinical governance is led by the clinical director who is supported by three part-time clinical advisors and involved in teaching clinical and professional days for regulated staff. Enliven's Professional Development Recognition Program (PDRP), approved by the Nursing Council in 2016 and reaccredited in 2022, supports nurses' professional development and competency.</p> <p>The home and village manager is experienced in the role and has been in post for eight years, has business and management qualifications, and previous care home management. The home and village has extensive</p>
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		<p>experience in managing a broad range of services within community organisations, the armed forces, and healthcare. The FM has been in the role for 18 months. The CSM has a background in aged care. Kowhainui's clinical governance is led by the clinical services manager (CSM) and supported by the clinical coordinators (CC). There are weekly updates given at handover and these talks focus on current clinical focus areas and the implementation of core values within the service. Monthly reports to the Board reflect evidence of communicating quality and risk activities. Tāngata whaikaha have meaningful representation through bi-monthly resident meetings and annual satisfaction surveys. The management team review the results and feedback to identify barriers to care to improve outcomes for all residents.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Presbyterian Support Central Enliven services has an organisational quality and risk management programme documented; however, this is not fully implemented at Kowhainui. The quality and risk management systems include performance monitoring through internal audits and through collection of clinical indicator data.</p> <p>Enliven uses an internal benchmarking system utilising information from the electronic registers. This benchmarks indicators across all Enliven Central homes, and all levels of care. PSC also benchmarks with other aged care providers on some key clinical indicators such as falls, polypharmacy, fractures, restraints, and interRAI assessments. This information is used for quality improvement projects within the organisation.</p> <p>Several advisory groups have been established to support the quality system. Enliven has several Advisory Groups (link 2.1) made up of Central Office and Home representatives that meet at least three times a year to develop policies and oversee implementation. There are representative form the board at the advisory meetings and representatives of the board undertake unannounced walk rounds at each service.</p> <p>Not all internal audits were documented as being completed according to schedule, and not all corrective actions identified were evidenced as being developed or closed out. There is a schedule in place for meetings;</p>

	<p>however, not all meetings were evidenced as being held in accordance with the meeting schedule. Clinical meetings and management meetings have minutes documented; however, these meetings were not always evidenced as being held monthly as scheduled. There is no evidence documented of general staff meetings being held. Senior team meetings are documented monthly. Additional meetings include Eden meetings and three- monthly Health and safety meeting both of which are documented as per schedule. Internal audit results and any corrective actions identified, quality outcomes and quality data were not evidenced as being shared with staff.</p> <p>Reports are completed for each incident or accident with immediate action noted and any follow up actions(s) required; evidenced in ten accident/incident forms reviewed (unwitnessed falls, skin tears, bruising). Opportunities to minimise future risks are identified by the CSM, clinical coordinators, or registered nurses. A monthly report is prepared by the CSM and reported to the national clinical team (and board); however, this audit was not able to evidence that this information is reported and discussed at a local level.</p> <p>Resident family/whanau meetings are occurring as per schedule, with resident's family/whānau interviewed stating they find the meetings helpful to find out what is happening within the home and have an opportunity to give feedback.</p> <p>All staff, senior management and board members have completed cultural safety training and competency to ensure a high-quality service is provided for Māori. Ethnicities are documented as part of the resident's entry profile and quality indicator data is analysed for comparisons and trends to improve health equity. As part of the overall annual review of the quality programme the service reviews annual education and competence programme. Staff are supported to learn te reo Māori and e-learning material and resources are available on the intranet.</p> <p>The last resident and family/whānau satisfaction survey results were reviewed. The answers have been analysed with graphs outlining the results. The numbers of respondents to the surveys were small; however, the results were positive with many questions answered, grading the service at 80 percent and above.</p> <p>A health and safety system is in place. Hazard identification forms are</p>
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		<p>completed, and up-to-date register was reviewed. Staff have completed training related to health and safety. Staff report they are kept informed on health and safety issues through the handover process and data posted and meetings.</p> <p>Discussion with the FM and CSM evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. All notifications are sent by the head office. There has been no section 31s required to be sent, and there have been three pressure injuries notified to Te Tahu Hauora Health Safety and Quality commission. There have been no outbreaks.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The FM and CSM work full time from Monday to Friday. There is a weekly on-call roster between the CSM and the clinical coordinators and the FM is available 24/7.</p> <p>There is RN cover 24/7. The CSM and clinical coordinators create the roster and distribute the senior healthcare assistants over the morning and afternoon shifts.</p> <p>Separate cleaning and laundry staff are rostered. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated that the staffing levels are adequate for residents' needs and that the management team provide good support. Residents and family/whānau members interviewed advised that they believed they were adequate.</p> <p>There is an annual education and training schedule for 2023 and 2024. The education programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes (but is not limited to) Code of Rights; informed consent; restraint; challenging behaviour; Pacific values; Māori health (values, beliefs, tapu, noa, and end of life); pressure injury; and medication management. There is an attendance register for each training session and an individual staff member record of training electronically.</p>

	<p>Educational courses offered include in-services, online, and competency questionnaires. The CSM, clinical coordinators, all registered nurses, a selection of healthcare assistants and activities staff have completed first aid training. There is at least one staff member on each shift with first aid training. All registered nurses and healthcare assistants who administer medications have current medication competencies. All healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Māori health equity data and statistics available to staff. The service is implementing an environment that encourages and support cultural safe care through learning and support. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view and the Treaty of Waitangi. The training content provides resources to staff to encourage participation in learning opportunities that provides them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff are encouraged to access the PSC Pae Ora intranet website which provides comprehensive and well-presented information on all aspects of Te Tiriti o Waitangi and health equity.</p> <p>The service encourages all their staff to attend meetings, which provide a suitable environment to share high-quality Māori health information</p> <p>The CSM, clinical coordinators and registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures and treatments (including but not limited to) medication; controlled drugs; manual handling; restraint; syringe driver; and emergencies. At the time of audit, there were eleven registered nurses, with eight having completed interRAI training.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. A wellness calendar is implemented and encompasses healthy eating, exercises, and mindfulness. An employee assistance programme (Vitae) is available to staff, which supports staff to balance work with life</p> <p>Partial provisional</p> <p>As part of the changes to allow for the 37 beds to become dual service (hospital and rest home) with the potential for more residents at hospital level of care; the service plans to increase HCA staffing for the night shift. There will be no changes to the RN roster as there is a clinical coordinator</p>
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		(RN) each AM shift and two RNs on duty each AM and each PM seven days a week. HCA staffing is expected (and planned) to flex as resident acuity increases.
<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>Partial provisional and surveillance audit</p> <p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored electronically. Eight staff records reviewed included evidence of completed orientation, training, competencies, and professional qualifications on record where required. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. A register of practising certificates is maintained for all health professionals. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment for Māori.</p> <p>Volunteers are used (particularly with activities) and an orientation programme and policy for volunteers is in place. Ethnicity data is identified, and an employee ethnicity database is available. Staff wellness is a priority and debrief sessions are held following significant events.</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>	PA Moderate	<p>Six resident records were reviewed: two rest home, (including one resident on ACC), and four hospital (including one resident on a YPD contract and one resident on an intermediate care (IM) and one resident on a chronic medical illness (CMI) contract. The clinical coordinators and RNs are responsible for all resident's assessments, care planning and evaluation of care.</p> <p>All residents have admission assessment information collated, and an</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>initial care plan completed within required timeframes. A suite of risk assessments is available on the electronic system. Appropriate risk assessments are conducted on admission. A cultural assessment has been implemented for all residents. InterRAI assessments, re-assessments, care plan development and reviews have been completed; however, not all have been completed within the required contractual timeframes. The intermediate care, chronic medical illness and ACC respite resident had initial assessments and an initial care plan on file. Each of these residents required long term care plans; however, these had not been fully completed within required timeframes.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. Documented interventions and early warning signs meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The ACC, IM and CMI residents had appropriate risk assessments completed and detailed individualised care plans documented. The previous shortfall (3.2.3) has been addressed.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss and evaluated every 72 hours. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed when there is a change in health status. The service has policies and procedures in place to support all residents to access services and information.</p>
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		<p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The GP visits weekly and as required. Medical documentation and records reviewed were current. When interviewed, the GP was very positive about the communication with the clinical manager and clinical coordinators and was happy with the standard of care delivered. After hours care virtual support is provided by the GP; however, if a physical visit is required then the resident goes to the local hospital emergency department. An Enliven physiotherapist is available if required. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care, wound care nurse specialist, and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when this was required. Where wounds require additional specialist input, a wound nurse specialist is consulted. At the time of audit, there were three pressure injuries (one resident had two stage two pressure injuries and one resident had an unstageable pressure injury).</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations, such as weight and blood pressure, were completed and are up to date. Neurological observations are recorded following unwitnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include (but are not limited to) monthly blood pressure and weight monitoring, fluid balance, bowel records and repositioning charts; however, not all were completed as scheduled. This is a continued shortfall from the previous audit. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of each shift.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe</p>

<p>safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>medication administration has been provided as part of the competency process. The clinical coordinators and registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse and medication competent healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses robotics packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in locked cupboards in the two medication rooms. The medication fridge and medication room temperatures are monitored daily, and all stored medications are checked weekly. Eyedrops are required to be dated on opening; however, not all eyedrops in use had opening dates indicated or were evidenced to be discarded as per manufacturer's instructions. Midazolam comes from the pharmacy with an expiry date; however, this had not been discarded as required.</p> <p>Twelve medication charts were reviewed. Each chart sampled had photo identification with allergy status identified. All over the counter medications are prescribed. Indications of use were noted for pro re nata (PRN) medications; however, the effectiveness of PRN medication was not consistently documented in the electronic medication system and progress notes. There were no residents self-administering medications. Processes are in place for residents who wish to self-medicate including assessments, three monthly reviews by the GP and safe storage available in their rooms. The previous partial attainment (3.4.6) has been addressed. No vaccines are kept on site. There are no standing orders in use.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up.</p> <p>Partial provisional:</p> <p>There are no changes required to be made to the medication processes with the change to dual purpose beds.</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>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents’ requests.</p> <p>There is a verified food control plan completed on 2 October 2024. The residents and family/whānau interviewed gave mixed reviews regarding the standard of the meals served.</p> <p>Partial provisional</p> <p>All meals and baking are prepared and cooked on site. There are two cooks and a team of catering and kitchen assistants. All food services staff have completed online food safety training. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies.</p> <p>Pre moulded fortified Pure Food products are used and fortified smoothies and protein drinks are provided as needed to resident during mealtimes. The lunch meal and dinner meal is provided in a form of a buffet and resident are assisted with this service as needed. Residents who require a high level of meals assistance are service directly from the bain-marie and assisted with their meal. Staff inform that there are sufficient staff to ensure that all residents who require assistance are supported.</p> <p>Menus are approved and reviewed by the PSC dietician (June 2024). Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the monthly resident meetings which is attended by the cook when required. Resident preferences are considered when menus are reviewed. The cook stated they provided</p>

		<p>cultural meals on request. Residents are offered choices and alternatives at each mealtime.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents experiencing unintentional weight loss are seen by a dietitian and fortified smoothies and meals are provided. Healthcare assistants interviewed had a good understanding of tikanga guidelines related to food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs, and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident, family/whānau and other service providers to ensure continuity of care.</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>	FA	<p>The buildings, plant, and equipment are fit for purpose at Kowhainui Home and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's culture and supports cultural practices.</p> <p>The current building warrant of fitness expires 22 June 2025. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours per day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</p> <p>Partial provisional</p>

		<p>Thirty-seven beds rest home only are planned to be dual purpose (rest home and hospital). All of the proposed beds are in Feist and Brown wings are single rooms, they are all large with an ensuite and able to accommodate hospital level residents and associated equipment. All rooms apart from two have direct access to the gardens, with the remainder two having close access through nearby doors to the gardens.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices including an aroha room, family/whānau meeting rooms with Māori art and décor. Resident rooms are refurbished as they become vacant. The corridors are wide with handrails and promote safe mobility. The outdoor areas have seating and shade. There is safe access to all communal areas including safe pathways. There are two / lounge dining room areas in Feist and Browns wings with enough space to accommodate wheelchairs, flotation chairs and power chairs. Feist and Brown wings have a nurse's station and a medication/ treatment room for the two wings and a sluice that is separate to the rest of the facility.</p> <p>There are also separate visitor and staff toilet facilities. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There are adequate communal toilets and facilities to accommodate a shower bed. Privacy is maintained when occupied. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for their residents.</p> <p>The service has no current plans to undertake new building construction; however, PSC has a centralised process which engages Māori representatives through their cultural advisor to form focus groups that will consider how designs and environments reflect the aspirations and identity of Māori could be achieved should any construction occur in the future. All bedrooms and communal areas have ample natural light, ventilation, and thermostatically adjusted heating.</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>FA</p>	<p>Partial provisional</p> <p>Emergency management policies, including the pandemic plan, outlines specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The plan includes procedures that guide staff to complete a safe and timely</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>evacuation of the facility in the case of an emergency. Staff complete training in the management of emergencies at orientation and as part of their regular training and education plan. There is no proposed change to the layout of the building.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (29 August 2019). A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness with the most recent 9 October 2024. An emergency management plan provides clear instructions for emergency responses to earthquakes, flooding, fire, tsunami and loss of electricity, water, and sewerage. Civil defence supplies are stored in an identified cupboard. In the event of a power outage there is back-up power available, two portable generators and gas cooking. There are adequate supplies in the event of a civil defence emergency, including an underground water storage tank to provide residents and staff with over the required three litres per day for a minimum of three days.</p> <p>There are sensor mats in a selection of residents' rooms for monitoring those residents at risk of falling. Call bells are in resident rooms and communal areas (including toilets, showers), which are both audible and show on visual display panels located throughout the facility. The staff have walkie talkies to ensure quick response when help is needed. Staff are easily identifiable. There is a staff member on each shift with a valid first aid certificate.</p> <p>The building is secure out of hours with a bell to summon assistance from staff. Staff perform a security round in the evening to lock the facility internally. Visitors and contractors sign in at entry to the building. Closed circuit television monitoring is available to monitor the reception and two entrances. A security company provide security support twice at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p>	<p>FA</p>	<p>The central office infection control group meeting four times a year (or more often as needed) and review reports on progress on quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and anti-microbial stewardship (AMS) on a monthly basis including any significant</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>		<p>infection events. There is a clearly documented escalation plan for out breaks to central office to ensure that each service can be fully supported.</p> <p>A registered nurse oversees infection prevention and control across the service with support from the clinical coordinators, and clinical nurse manager. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by the clinical nurse consultants and IPC committees and infection control audits are conducted. Infection matters are raised at monthly staff meetings. Infection rates are presented at staff meetings and discussed at quality meetings. Infection control data is also reviewed by the nurse consultants and benchmarked against other PSC central facilities and externally with other aged care groups. Infection control is part of the strategic and quality plan.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations, with most residents, and all staff being fully vaccinated against Covid-19.</p> <p>Partial Provisional:</p> <p>There are no changes required to infection control with the increase in dual purpose beds.</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</p>	<p>FA</p>	<p>There is an infection, prevention, and antimicrobial policies and procedures that includes the pandemic plan. The infection control programme is reviewed, evaluated and reported on annually.</p> <p>The pandemic plan is available for all staff. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing of personal protective equipment (PPE).</p> <p>Partial provisional.</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>The infection control nurse has completed training in infection control, in addition to PSC annual peer support training. There is good external support from the GP, laboratory, and the PSC nurse consultants.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the PSC nurse consultants in consultation with infection control nurses. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and items, and reusable medical equipment is cleaned and disinfected after use and prior to next use. In addition, all shared equipment is appropriately disinfected between use. The service's infection prevention and control policies acknowledge the importance of te reo Māori information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti</p> <p>The infection control nurse has input into the procurement of medical supplies via the clinical nurse manager. Infection control input into any new buildings or significant changes occurs at national level and would involve the central office clinical team.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families are kept informed and updated on policies and procedures through resident meetings, newsletters, and emails.</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>FA</p>	<p>The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is limited, and only used when necessary.</p>

<p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is the responsibility of the infection control coordinator. All infections are entered into the electronic resident system, with a monthly collation and analysis of infections completed by the infection control coordinator. Any trends are identified, and corrective actions implemented. The service incorporates ethnicity data into surveillance methods and data captured around infections. Outcomes are discussed at handovers and clinical meetings when residents have infections. All information is documented on the electronic system and retrieved by head office and is included in the report to the governance team provides through head office.</p> <p>The service receives regular notifications from Health New Zealand. There have been no reported outbreaks. Comprehensive processes are in place to manage outbreaks. There are processes in place to ensure all communication between family/whānau are done so in a culturally safe manner.</p> <p>Partial Provisional:</p> <p>There are no changes required to infection control with the increase in dual purpose beds.</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</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p>

<p>transmission of antimicrobialresistant organisms.</p>		<p>All laundry is processed on site. The laundry has a clean/dirty flow with defined areas and the laundry is operational seven days a week. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The laundry serve has the staff and recourses to ensure additional hospital level resident's laundry can be safely managed.</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>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards. The CM is responsible for the restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at clinical meetings and governance level.</p> <p>The designated restraint coordinator is a registered nurse. Systems are in place to ensure restraint use will be reported to staff meetings (link 2.2.2), and to the CM and FM. Restraint policy confirms that restraint consideration and application must be done in partnership with residents and family/whānau and the choice of device must be the least restrictive possible. There are no residents using restraint at Kowhainui Home. Restraint is included as part of the orientation for staff and completed annually through the education plan.</p> <p>Partial Provisional:</p> <p>There are no changes required to restraint processes with the increase in dual purpose beds.</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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>The service is in the process of transition between a paper-based system and an electronic quality system and as a result there are gaps in the quality process. The service is aware of the gaps and is working with head office support to fully implement the electronic process.</p>	<p>i). Staff meetings and other meetings (such as the senior team meeting and the clinical meeting) have not all been documented as occurring or do not document feedback around internal audits or quality data trends leading to lack of evidence to show staff are informed.</p> <p>ii). Not all audits are documented as taking place and / or fully completed.</p> <p>iii). A service health check undertaken September 2024 (an internal audit covering all aspects of service provision) identified clear gaps in the service provision; however, there was not</p>	<p>i). – iii). Ensure that the Enliven quality and risk management programme is fully implemented at Kowhainui.</p> <p>60 days</p>

			action plan or follow up documented.	
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>The service plans to convert 37 beds in Feist and Brown wings from rest home only to dual service potentially increasing the number of residents at hospital level of care. This is planned in liaison with Health New Zealand. The project plan includes additional HCA staff for the night shift immediately and to flex HCAs as needed according to acuity.</p>	<p>Additional HCA staff have not yet been recruited for the dual service beds.</p>	<p>Ensure a full complement of staff are employed to fulfil the increase of potential hospital level residents.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>Admission visits by the general practitioner were completed within five days for all residents' files reviewed. Initial assessments and care plans have been developed within the required timeframes for all six files reviewed. interRAI assessments have been completed for three residents; however, not within required timeframes (the other residents were under contracts which did not require interRAI assessments). Three of six resident files identified long term care plans had been documented with 21 days of admission. Activities assessments and care plans were completed by the activities team within three weeks of admission for long term residents.</p>	<p>i). Three of six (two hospital and one rest home) initial interRAI assessments were not completed within 21 days of admission.</p> <p>ii) Three of six (two hospital and one rest home) files reviewed did not evidence an initial long term care plan was completed within 21 days.</p> <p>iii). Two of two (one hospital and rest home) interRAI reassessments were not completed in required timeframes.</p>	<p>i-iii). Ensure initial and repeat interRAI assessments and initial long term care plans are documented within required timeframes.</p> <p>90 days</p>

<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Moderate</p>	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. A range of monitoring charts are available for the care staff to utilise. Monthly observations such as weight and blood pressure were completed and are up to date. Progress notes were documented each shift by healthcare assistants and as required by RN's. Monitoring of neurological observations, blood glucose levels, weight and monthly observations were completed as scheduled. Care plans included instructions for monitoring requirements for repositioning and fluid balance; however, documentation identified monitoring did not always occur as scheduled.</p>	<p>i). Two of two hospital residents on repositioning charts did not evidence completion as per policy.</p> <p>ii). The fluid intake of a hospital resident on fluid restriction did not have the fluid intake consistently recorded.</p>	<p>i-ii). Ensure monitoring charts are completed as care plan instructions.</p> <p>60 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>Medications are safely stored in locked trolleys and in locked medication room. Eyedrops and nasal sprays are required to be dated on opening and discarded as per manufacturer's instructions; however, this was not consistently evidenced on the days of audit. There is a system in place for the monitoring of room temperatures and all temperatures were within required ranges. Policy state that the effectiveness of pro re</p>	<p>i). One eye drop in the rest home (expired) was still in use.</p> <p>ii). One eyedrop in current use in the hospital was not dated on opening.</p> <p>iii). One midazolam nasal spray in the hospital (expired) was still in use.</p> <p>(iv). Effectiveness of PRN</p>	<p>i-iii). Ensure eye drops and nasal sprays are dated and discarded as per manufacturer's instructions.</p> <p>iv). Ensure effectiveness of PRN medications is documented.</p>

		nata (PRN) medications is recorded; however, was not always evidenced.	medication was not documented for five of five residents in medication charts or progress notes.	60 days
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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.