

# CSR Healthcare Limited - Remuera Rest Home and Hospital

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## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** CSR Healthcare Limited

**Premises audited:** Remuera Rest Home and Hospital

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

**Dates of audit:** Start date: 6 September 2022 End date: 7 September 2022

**Proposed changes to current services (if any):** This audit verified the change of two existing rest home rooms to being suitable for dual purpose use (rest home and hospital). This reduces dedicated rest home level rooms from 15 to 13 and increases dual purpose rooms from 20 to 22. This has been verified in line with the Ministry of Health letter dated 9 April 2021. The total number of beds remains at 35.

**Total beds occupied across all premises included in the audit on the first day of the audit: 32**

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou 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 haumaruru | 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

Remuera Rest Home and Hospital is certified to provide hospital and rest home levels of care for up to 35 residents. There were 32 residents on the days of audit.

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

This audit included verifying a reconfiguration of two rest home level beds as suitable to provide dual purpose (rest home and hospital) level of care.

The facility manager is appropriately qualified and experienced and is supported by two registered nurses. There are quality systems and processes available. Feedback from residents and families was very positive about the care and the services provided. An induction and orientation programme are in place to provide new staff with appropriate knowledge and skills to deliver care.

The shortfalls at the previous audit related to the business plan and corrective actions have been resolved.

This audit identified improvements around complaints documentation, meetings, staffing and education.

## Ō tatou motika | Our rights

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

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

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. A Māori health plan is in place for the organisation and a Pacific health plan is being developed and implemented. There is a policy for the management of complaints that meets guidelines established by the Health and Disability Commissioner. There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 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.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, and collation of data were all documented as taking place, with corrective actions as indicated.

There is a staffing and rostering policy documented. A role specific orientation programme and regular staff education, training and competency assessments are in place.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 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 low risk.</p>
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The registered nurses are responsible for each stage of service provision. 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 and are reviewed at least six-monthly. Resident files 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 and were reviewed at least three-monthly by the general practitioner.

The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for the consumer group.

Residents' food preferences, cultural and dietary requirements are identified at admission and all meals are cooked on site. All resident referrals and transfers are coordinated in partnership with the resident and families.

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

Includes 2 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 fully attained.
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The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated.

There is an approved evacuation scheme and emergency supplies for at least three days. The facility is secure after hours.

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

Includes 5 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.
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The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks (Covid-19) since the previous audit. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used

for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

## Here taratahi | Restraint and seclusion

Includes 4 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 the registered nurse. There were residents listed as using a restraint. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	15	0	2	2	0	0
Criteria	0	44	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

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The facility manager confirmed that the service supports a Māori workforce with staff identifying as Māori (or having whānau connections) at the time of the audit. Staff interviewed (one registered nurse, two healthcare assistants (HCAs), one activities coordinator, and one housekeeper) confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. Country of origin data is gathered when staff are employed, and management are planning to provide data analysis to the Board.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	Not Applicable	<p>The service plans to partner with a Pasifika organisation (or leader who identifies as Pasifika) to provide guidance and consultation as the Pacific health plan is developed and implemented. At the time of the audit, there were staff and residents who identified as Pasifika at Remuera. Individual cultural beliefs are documented for all residents in care plans and activities plans sighted.</p>

<p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>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 confirmed that the service ensures that Māori mana Motuhake is recognised through involvement in care planning, the right to choose, and confirmed that residents are provided with opportunities to discuss or clarify understanding of the rights.</p> <p>Māori health policy and procedures are documented, and staff complete training on Māori health awareness as part of ongoing training.</p> <p>Interactions observed between staff and residents were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The service plans to add signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand this language. The service plans to actively promote and incorporate te reo Māori and tikanga Māori through all their activities.</p> <p>Interviews with staff confirmed their understanding of Tikanga best practice with examples provided. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaikaha participation in te ao Māori in June 2021.</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>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p>

		A strengths-based and holistic model is prioritised to ensure positive wellbeing outcomes for Māori residents. At the time of the audit, there were residents who identified as Māori. A Māori health care plan has been developed for each Māori resident.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. Five resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Residents and relatives interviewed could describe what informed consent was and their rights around choice.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	PA Moderate	<p>The complaints procedure is equitable and provided to all residents and relatives on entry to the service. The facility manager maintains a complaints file; however, they are not recorded on a complaint register. Documentation is kept; however, formal acknowledgement, investigation and resolution documentation is not being utilised as would be expected if complaints were being managed in accordance with guidelines set by the and Disability Commissioner (HDC), or in accordance with the organisation's own policy and procedures.</p> <p>There were two complaints on file from 2022 year to date, one from 2021, and none lodged in 2020 since the previous (certification). A review of staff meeting minutes from April 2022 referred to two additional family complaints (one food and one call bell related); however, no details related to these complaints were available.</p> <p>Discussions with one rest home, one hospital level resident and four relatives (three hospital and one rest home) confirmed they are</p>

		<p>provided with information on the complaints process. Complaints forms are readily accessible at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly.</p> <p>Interviews with the facility manager and registered nurse evidenced a shortfall in their understanding of the complaints process. Staff interviewed confirmed that they receive training on the complaints process, relative to their job role and responsibilities and in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights. This training begins during their orientation to the service and an in-service was last held on the subject 15 August 2022.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Remuera Rest Home is certified to provide rest home, and hospital (medical and geriatric) levels care for up to 35 residents. At the previous audit 15 rooms were designated for rest home level of care and 20 rooms were designated as dual-purpose (hospital/rest home). This audit verified a further two rooms as being suitable for dual purpose occupancy; altering the configuration to 13 rooms designated for rest home level care and 22 rooms as dual purpose. Total bed numbers remain the same at 35.</p> <p>On the day of audit there was a total of 32 residents. There were seventeen rest home residents (including two younger persons with a disability (YPD), and two on a mental health contract) and fifteen hospital residents (including one YPD and three on a long-term support chronic health contract (LTS-CHC)).</p> <p>The service is managed by an experienced facility manager (registered nurse) who has been in her current role for 1.5 years. Prior to this role, the facility manager was employed in a management role for another aged care provider for over two years. The facility manager has maintained at least eight hours annually of professional development activities related to managing a rest home. This includes cultural training specific to Te Whare Tapa Whā and te ao Māori. The owner/director is the governing body for CSR Healthcare Limited – trading as Remuera Rest Home and Hospital. The facility manager</p>

		<p>was able to describe the company's quality goals. There is a 2022 business plan that outlines objectives for the period. Objectives are reviewed and signed off when fully attained. The service has addressed the previous shortfall around business planning (NZS 8134: 2008 criteria 1.2.1.1). The owner/director plans to collaborate with mana whenua (staff contacts) in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery. The owner/director described how residents have experienced improved outcomes and how this evidenced equity for tāngata whaikaha people with disabilities.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>The service has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule and corrective actions signed off when resolved. The previous shortfall around internal audits (NZS 8134:2008 criteria 1.2.3.8) has been addressed.</p> <p>Clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours) is collected, and numbers cascaded to staff meetings; however, there is no evidence of analysis or discussion.</p> <p>Resident/family satisfaction and separate food surveys are completed annually. The surveys completed consistently reflect high levels of satisfaction which was also confirmed during interviews with the residents and families. The service is planning to improve health equity through critical analysis of organisational practices.</p> <p>The service plans to provide training and support to ensure all staff are adequately equipped to deliver high quality health care for Māori. The service has recently contracted with an online training provider that is well known and respected in the aged care sector.</p> <p>The facility manager and registered nurse evaluate interventions for individual residents. Incident/accident is documented in hard copy. Nine accident/incident forms reviewed for June, July, and August 2022 (skin tears and unwitnessed falls) indicated that the forms are completed in full and are signed off by the facility manager. Incident</p>

		<p>and accident data is collated monthly and reported in the staff meetings. There is a policy and procedure for recording neurological observations which is closely followed.</p> <p>Discussions with the facility manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 reports had been completed to notify HealthCERT when the owner/manager took over from the previous manager, a stage III pressure injury, absconding resident and registered nurse shortages. There had been two outbreaks documented since the last audit: (Covid in March and July 2022). These were appropriately notified, managed and staff debriefed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering requirements; however, the roster does not currently provide appropriate registered nurse coverage for the effective delivery of care and support. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p> <p>The registered nurses, a selection of HCAs and the activities coordinator hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with HCAs confirmed that their workload is manageable; however, the service struggles to fill all registered nurse shifts with nurses (including the facility manager) working shifts of up to 14 hours. The service is unable to consistently staff the night shift with a registered nurse. The majority of night shifts are undertaken by a senior level 4 HCA (plus two other HCAs) or by the facility manager in addition to their full-time managerial role. Out of hours on-call cover is provided by the facility manager.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>On the day of audit there were 17 rest home residents and 15 hospital level residents. The roster is developed as follows:</p> <p>The morning shift has four HCAs rostered; 1x 07.00-15.00, 1x 07.00-</p>

		<p>17.00, 1x 07.00-13.30, and 1x 07.00-14.00.</p> <p>There is also an extra 07.00-11.00 shift available when full.</p> <p>The afternoon shift has three HCAs rostered; 2x 15.00-23.00, and 1x 15.00-21.00.</p> <p>There is also an extra 15.00-20.00 shift available when full.</p> <p>Night shifts are covered by two HCAs from 23.00-07.00.</p> <p>There is an annual education and training schedule; however, this has not been fully implemented.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Sixteen HCAs are employed. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. Fourteen HCAs have achieved a level 4 NZQA qualification, one level 3, and one level 2.</p> <p>All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), medication administration (if medication competent) and moving and handling. A record of completion is maintained.</p> <p>Additional RN specific competencies include female catheterisation, syringe driver and an interRAI assessment competency; however, the service currently has no interRAI trained registered nurses.</p> <p>Resident/family meetings are scheduled to be held two-monthly; however only one was held in 2021 and one in February of 2022 (link 2.2.2). The service facilitates an environment that encourages collecting and sharing of high-quality Māori health information through close teamwork, detailed handovers, and management involvement in clinical care.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review (two HCAs, one activities coordinator, one registered nurse, and one housekeeper). The hard copy staff files are held securely in a locked filing cabinet. A recruitment process is being implemented which includes interviews, reference checking, signed employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</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 with a more experienced staff 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 to Māori.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>A volunteer policy is documented for the organisation that describes the on-boarding process. Each volunteer is required to complete a police screening check. An orientation programme for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. The service plans to collect ethnicity data for employees and maintain an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access,</p>	<p>Not Applicable</p>	<p>The admission policy/ decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The facility manager keeps records of how many</p>

<p>timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>prospective residents and families have viewed the facility, admissions and declined referrals; however, these do not currently capture ethnicity.</p> <p>The service identifies and implement supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were residents and staff members identifying as Māori. The service plans to engage with the local marae and kaumātua in order to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau. They will also work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau as and when the opportunity arises.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Five resident files were reviewed; three rest home (including one resident on a mental health contract and one young person with disabilities: YPD), and two hospital level care (including one resident on a long-term support- chronic health contract: LTS-CHC). The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau/NOK communication forms. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service uses a nursing assessment and an initial care plan completed within 24 hours of admission. The assessments include: a nursing assessment; falls risk (John Hopkins); pressure area (Braden); dietary; continence; pain; activities; and spiritual/cultural assessment. Dietary requirements are completed on admission with a copy shared with the kitchen staff. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan.</p> <p>Long-term care plans had been completed within 21 days for long-term residents; however, first interRAI assessments had not been completed for two rest home residents admitted in February and May</p>

	<p>of this year. These residents did have a comprehensive suite of other assessments on file as described above. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. The service had approval from Te Whatu Ora – Health New Zealand to waive interRAI for routine re-assessment/changes to levels of care until 22 September 2022 (sighted) due to their ongoing registered nurse shortage.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with the local medical centre and has the GP visit every two weeks. The medical centre also provides out of hours cover. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist available as required and a podiatrist visits regularly. A dietitian, speech language therapist, wound care and continence specialist nurse are available as required through the local public hospital.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written on every shift and as necessary by HCAs and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Family members interviewed reported the needs and expectations regarding their whānau were being met. When a resident's condition alters, the RN initiates a review with the GP. Family were notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. A family/whānau/NOK communication sheet records family notifications and discussions.</p> <p>Wound assessments, wound management plans with body map, and wound measurements were reviewed for the one resident with wounds (stage II pressure injury). Wound dressings were being changed appropriately and a wound register is maintained. The registered nurse confirmed access to a wound nurse specialist was available as and when required. Registered nurses and healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure</p>
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		<p>injury prevention resources. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels, behaviour, and toileting regime. Neurological observations are completed for unwitnessed falls where there is a suspected or actual head injury. The registered nurse reviews all neurological observations daily.</p> <p>The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. The GP records their medical notes in the integrated resident file.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs an activities coordinator who leads and facilitates the activity programme Monday to Friday, with weekends being viewed as family time. Out of hours there are activity resources available for resident and family use. The monthly activities calendar includes celebratory themes and events. The activities calendar is posted in the dining room noticeboard, and residents advised verbally of the activities available that day. The service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language flash cards, the use of Māori mythology stories and culturally focused music.</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. Residents who do not participate regularly in the group activities, are visited for one-on-one sessions which can include, reminiscing, art, and puzzles. All interactions observed on the day of the audit evidenced engagement between residents and the activities coordinator/HCAs.</p> <p>Each resident has an activities assessment and plan developed on admission. The activities assessment includes previous careers, hobbies, life accomplishments and interests which forms the basis of</p>

		<p>the activities plan. The resident files reviewed included an individualised plan for activities, which had been analysed monthly and reviewed six-monthly.</p> <p>Younger residents have personalised, age-appropriate plans in place and the service engages with a local community organisation where these residents go for the morning each week to participate in communal activities with persons of their own age group.</p> <p>The service provides a range of activities such as crafts, exercises, bingo, cooking, quizzes, outings, sing-alongs, movies, and supported shopping. Community visitors include entertainers, church services and pet therapy visits. Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available.</p> <p>Residents and family members interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent HCAs) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse and HCAs interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. 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 the facility medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications are checked in monthly. All eyedrops have been dated on opening. Over the counter vitamins or</p>

		<p>alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. There were no self-medicating residents. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurse and facility manager described working in partnership with the Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p><b>Subsection 3.5: Nutrition to support wellbeing</b></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>Not Applicable</p>	<p>The cook oversees the food service, and all cooking is undertaken on site. There is a seasonal four-week rotating menu, which has been reviewed by a dietitian. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>The kitchen is able to meet the needs of residents who require special diets, and the cook (interviewed) works closely with the registered nurses on duty. The service is able to provide soft and pureed foods to those residents requiring this modification. Lip plates and other modified utensils are available as required. Supplements are provided to residents with identified weight loss issues. The kitchen serves directly into the dining room for all residents. Residents may also choose to have meals in their rooms.</p> <p>There is a food control plan expiring November 2023. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in</p>

		<p>the pantry, chiller, and freezer. The service plans to explore and implement menu options culturally specific to te ao Māori. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</p> <p>The residents and family members interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care, as evidenced in resident files.</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 Remuera Rest Home and Hospital and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 8 September 2023. There is an annual maintenance plan that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices. The service has no current plans to build or alter the facility but would engage with the landowners (local iwi) to consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.</p> <p>The two rooms verified as being suitable for dual purpose use provides adequate space for equipment required to care for hospital</p>

		level care.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness requirements.</p> <p>The building is secure after hours and staff complete security checks at night. Currently, visiting is restricted under Covid restrictions. All visitors must complete a rapid antigen test prior to arrival, or complete one on site and show a negative result before leaving reception.</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 service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p> <p>The service is working towards incorporating te reo information around infection control for Māori residents and staff members who identify as Māori advise around culturally safe practices acknowledging the spirit of Te Tiriti.</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>Infection surveillance is an integral part of the infection control programme and is described in the organisation's infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is not always evidenced as discussed at clinical and quality/staff meetings (link 2.2.2). The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p>

		<p>There have been two outbreaks since the previous audit (Covid-19 in March and July 2022). The facility followed their pandemic plan, staff wore personal protective equipment (PPE) and residents and staff had rapid antigen (RAT) tests daily. Families were kept informed by phone or email. Visiting was restricted.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the lead registered nurse. There are three residents currently listed on the restraint register as using a restraint. The use of restraint is reported in the facility quality/staff meetings and to the facility manager via the registered nurse.</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 1.8.1</p> <p>My right to make a complaint shall be understood, respected, and upheld by my service provider.</p>	PA Moderate	The service has a complaints policy and procedure which includes the use of a complaints register, formal acknowledgement, investigation and recording of resolution; however, these were not being carried out as per policy.	(i). Two complaints from 2022 and one from 2021 were not recorded on the complaints register, with a formal acknowledgement, investigation and recording of resolution. (ii) Two complaints from 2022 were not recorded and had no details on file.	(i)- (ii) Ensure all complaints are recorded, acknowledged, investigated, and resolved as per policy requirements and best practice guidelines.  60 days
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	Clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours) is collected, and numbers cascaded to staff meetings; however, there is no documented evidence of analysis or discussion of these risks in order to improve service delivery and care. The frequency of staff, clinical and resident/family meetings has been	i). There is no documented evidence of analysis or discussion of incidents, accidents, and other clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours), with associated risks in order to improve service delivery and care.	i). Ensure all clinical indicator data is analysed and discussed using a risk-based approach to improve service delivery and care.  ii). Ensure resident/family meetings are held according to schedule to

		severely impacted by Covid restrictions.	ii). Resident/family meetings are scheduled to be held two-monthly; however only one was held in 2021 and one in February of 2022.	provide an opportunity for residents and relatives to provide feedback.  90 days
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	PA Moderate	This audit was undertaken at the time of a national workforce shortage. As per the ARRC contract with Te Whatu Ora, an aged care facility providing hospital level care is required to have at least one registered nurse on duty at all times.  The service does not have enough registered nurses to cover the night shift and during the absence of the RN, a medication competent HCA covers the night shift. HealthCERT and Te Whatu Ora have been informed of this situation.	The service does not have sufficient numbers of registered nurses to have a RN on duty at all times as per the ARC contract D17.4 a. i.	Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.  90 days
Criterion 2.3.4 Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.	PA Moderate	An annual education planner is documented; however, the training schedule has been severely impacted by Covid lockdowns and two subsequent outbreaks. In order to address this issue, the service had recently contracted with an online training provider that is well known and respected in the aged care sector. Training and education sessions in 2021 and 2022 have not been sufficient to satisfy contractual requirements with Te Whatu Ora or adequately. Education sessions in 2021 were held for skin integrity, wound management and pressure injury prevention, cultural safety, and sensitivity. Sessions in 2022 were	(i). There is no documented evidence of compulsory training sessions held around restraint, abuse & neglect, Code of Rights, informed consent, pain management, spirituality, nutrition & hydration, complaints process, and the ageing process.  (ii). There is currently no RNs who are interRAI trained.	(i). Ensure staff complete all compulsory education sessions.  (ii) Ensure there is at least one RN who completes interRAI training.  90 days

		held for health and safety and falls minimisation, first aid, complaints, and challenging behaviour. Due to the shortage of RNs, there are currently no RNs who are competent in completing interRAI assessments.		
<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>Due to the national workforce shortage, there is currently insufficient registered nurse cover (link 2.3.1). The service has applied for a waiver of reassessments on interRAI due to this and not having an RN trained in completing interRAI assessments; however the waiver does not cover initial interRAI assessments. The waiver is due to end on 22 September 2022. The residents who did not have interRAI assessments completed did have appropriate risk assessments completed which informed the care plan.</p>	<p>Initial interRAI assessments had not been completed for two rest home residents admitted in February and May of this year.</p>	<p>Ensure all initial interRAI assessments are completed for residents within 21 days of admission; and ensure any outstanding interRAI assessments are completed within required timeframes.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.