

Kena Kena Rest Homes Limited - Kena Kena Rest Home

Introduction

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

The audit has been conducted by 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: Kena Kena Rest Homes Limited

Premises audited: Kena Kena Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 5 December 2022 End date: 6 December 2022

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 39

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 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 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
Yellow	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
Red	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

Kena Kena Rest Home provides rest home level of care beds for up to 41 residents. There were 39 residents on the days of the audit. The owner/director is the facility manager supported by the other owner/director who manages another sister facility. The directors are supported by the other shareholder, the operations manager, and the registered nurse. Both directors are registered nurses who have vast experience in the healthcare sector.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand -Capital, Coast and Hutt Valley. The audit process included a review of quality systems, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and a general practitioner.

The service continues to implement a quality and risk management system. Residents and relatives interviewed were complimentary of the service and care provided.

The service has addressed the two previous certification shortfalls relating to new staff processes and education.

This surveillance audit identified further improvements required around medication management documentation and processes.

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.

Subsections applicable to this service fully attained.

The facility provides an environment that supports residents, rights, and culturally safe care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The governance body and management have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

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 Pacific health and wellbeing action plan (Ola Manuia) is in place.

Residents, who identify as Māori are treated equitably and their self-sovereignty/mana motuhake is supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori are incorporated into daily practices.

Residents, and relatives interviewed confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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.

Subsections applicable to this service fully attained.

The owner/directors are the organisation’s governing body responsible for the service provided at Kena Kena Rest Home. Services are planned, coordinated and are appropriate to the needs of the residents and family/whānau. Goals sighted in the strategic plan are formulated and approved by the owner/directors. There is a documented quality and risk management system which includes processes to meet health and safety requirements. All incidents are being reliably reported and recorded.

Workforce planning is fair and equitable. The owner/director (FM) and staff have the required skills and experience to provide appropriate services to residents. Human resources guide the service to good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented.

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 medium or high risk and/or unattained and of low risk.</p>
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The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents’ assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme.

The organisation uses an electronic medicine management system for e-prescribing, and administration of medications. The general practitioner (GP) is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' cultural and nutritional requirements are met.

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

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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There is a current building warrant of fitness. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of an external disaster or fire. Visitors and staff are clearly identifiable.


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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A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support this plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There were three infection outbreaks reported since the last audit that were managed effectively.

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.
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The owner/directors and shareholder are committed to eliminating the need for restraint. The frequency of restraint use is decreasing. There was one restraint intervention in place on the days of the audit. The restraint coordinator is the owner/director (FM).

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	21	0	0	1	0	0
Criteria	0	57	0	0	1	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.

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>	<p>FA</p>	<p>The owner/director (facility manager) and the operations manager (OM) stated that the organisation supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities. At the time of the audit, there were staff members who identified as Māori.</p> <p>A Māori health plan is updated and meets the requirements of the NZS 8134:2021: Ngā Paerewa Health and Disability Services Standard. There were residents who identify as Māori and residents interviewed confirmed that services are provided in a culturally safe manner. The service works with Māori communities to support Māori individuals and their families.</p> <p>The owner/directors are aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation and this is identified in policy and procedure.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Health and Wellbeing Plan (Ola Manuia) 2020-2025 is the basis of the service's Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. The service has linkages with Pacific groups in the community who will assist with the implementation of the Pacific plan.</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>Residents interviewed reported that all staff respected their rights, that they were supported to know and understand their rights and that their mana motuhake was recognised and respected. Care plans reviewed were resident centred and evidenced input into their care and choice/independence. A Māori health plan in place identified how the service supports Māori mana motuhake. Staff have completed cultural training which includes Māori current issues and rights in relation to health equity.</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>Staff at the service had completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. The owner/director (FM) reported that te reo Māori and tikanga practices are incorporated in all activities undertaken. Residents and family reported that their values, beliefs, and language are respected in the care planning process. Staff interviewed demonstrated a good understanding of tikanga.</p> <p>The service responds to residents needs, including those with a disability, and supports and encourages participation in te ao Māori.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff are encouraged to address the issue of any abuse; however, if they are not comfortable, they are supported by management to do so. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. Staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing an acknowledgement. This code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. The Māori health plan describes how care is provided.</p> <p>There are monitoring systems in place, such as resident and family satisfaction survey, to monitor the effectiveness of the processes in place to safeguard residents. The Māori cultural policy in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for any Māori whānau admitted to the service. This was further reiterated by the owner/director reported that all outcomes are managed and documented in consultation with whānau, enduring power of attorney, (EPOA)/whānau/family and Māori health organisations and practitioners.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and</p>	<p>FA</p>	<p>The service ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family in interviews conducted. The management team stated that additional advice can be accessed from the local cultural advisors or through Te Whatu Ora- Capital, Coast and Hutt Valley if required. Staff reported that they are encouraged to refer to the Māori health policy on tikanga best practice. Cultural training includes best practice tikanga guidelines.</p> <p>All residents' files reviewed contained signed consent forms.</p>

<p>their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The service has a complaints management policy and procedure in place that aligns with Right 10 of the Code. The service's complaint register is detailed regarding dates, timeframes, complaints, and actions taken. All complaints in the register had been resolved. There were two complaints in 2021 and one complaint in the 2022 year to date. Documentation showed the sampled complaints/concerns have been acknowledged, investigated, and followed up. Complaint's information is used to improve services as appropriate. Quality improvements or trends identified are reported to staff. Residents and families are advised of the complaints process on entry to the service. This includes written information about making complaints. Residents and EPOA/whānau /family interviewed describe a process of making a complaint that includes being able to raise these when needed, or directly approaching staff or the owner/director (FM).</p> <p>There have also been compliments received about services. There has been one complaint made to Te Whatu Ora-, Capital, Coast and Hutt Valley since the last audit and this has since been closed.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Kena Kena Rest Home is located in Paraparaumu Beach and offers rest home level of care to up to 41 residents. The facility has nine licence-to-occupy self-contained studio units which are all certified as rest home beds.</p> <p>On the day of the audit, there were 39 residents, including two under the long-term support chronic health condition contract (LTS-CHC), three younger persons under a residential disability contract (YPD), one resident on respite, and the remainder were funded through the age-related residential care contract (ARRC).</p> <p>There is a strategic business action plan and risk management plan in place. Services are planned to meet the needs of the residents. Day-to-day operations are managed by the owner/director (FM) who is supported by the other owner/director, shareholder, OM, and the RN. All members of the management team are suitably qualified and maintain</p>

		<p>professional qualifications in management and clinical skills, experience, and knowledge in the health sector. They all completed eight hours annually of professional development activities related to management.</p> <p>All files sampled evidenced that residents are receiving the appropriate level of care. Their Māori health plan and associated policies have been developed with input from relevant stakeholders.</p> <p>The service has existing engagements with Māori organisations and local Māori leaders to ensure high quality service is provided to residents who identify as Māori. Cultural assessments and care plans are based on Māori model of care. Staff stated they focus on improving outcomes for all residents, including Māori and people with disabilities. The management team has attended education in cultural safety, Te Tiriti o Waitangi and understand the principles of equity. The owner/directors are ensuring provision of and access to education related to Te Tiriti, health equity and cultural safety competency.</p> <p>The owner/directors and shareholder assume accountability for delivering a high-quality service through seeking meaningful representation of Māori in its governance structure and honouring Te Tiriti. The service's governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation.</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>FA</p>	<p>Kena Kena Rest Home has a documented quality and risk system that reflects the principles of continuous quality improvement. This includes; the management of incidents/accidents/hazards; complaints; audit activities; regular resident and staff satisfaction surveys; policies and procedures; and clinical incidents including falls, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls identified from internal audit activities. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data is conducted by comparing data with previous months results and with another sister facility.</p> <p>The OM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Residents and staff</p>

		<p>contribute to quality improvement through feedback given and received on quality data, complaints, and internal audit activities. Outcomes from residents and family who responded to a satisfaction survey in February (2022), were favourable with minimal corrective actions identified and these have been implemented.</p> <p>The owner/director and OM are aware of the Health and Safety at Work Act (2015) and its requirements are implemented. All visitors to the facility are informed and reminded of health and safety and infection prevention during the Covid-19 sign in procedure. There had been no events which required reporting to WorkSafe NZ in the previous 12 months.</p> <p>A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. The owner/director and OM understand and have complied with essential notification reporting requirements. There has been one Section 31 notification completed since the last audit; related to a resident who absconded and notification to Public Health about the Covid-19 outbreaks.</p> <p>The owner/director (FM) and OM advised that there is a robust quality and risk process in place, with an array of quality and risk related data reviewed. The service works with Māori leaders and Māori local organisations to critically analyse organisational practices at the service/operations level, aimed to improve health equity within the service. Staff were trained in the Treaty of Waitangi, te reo, tikanga and other cultural practices. Cultural assessments are completed by staff who have received cultural safety training.</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</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported that there has been adequate staff at the service. Residents and family interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced healthcare assistants with support from owner/directors and RN. All staff maintain current first aid</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>certificates so there is always a first aider on site.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided to staff was sighted in attendance records. Training topics included: Covid-19 (donning and doffing of PPE, and standard infection control precautions); resident rights; continence management; culture and support; advance directives; pain management; chemical training; advocacy; abuse and neglect; code of conduct; cultural awareness; end of life care; behaviours of concern; manual handling; safe medicines management; restraint minimisation; first aid; fire evacuation; managing feedback and complaints; and enduring power of attorney. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. All education questionnaires are now being signed off by the owner/director and evidence of this was sighted in staff files. The previous audit shortfall (NZS 8134:2008 criteria #1.2.7.5) around signing off staff education questionnaires have been addressed.</p> <p>Staff records reviewed demonstrated completion of the required training and competency assessments. Each of the staff members interviewed reported feeling well supported and safe in the workplace. The ethnic origin for each staff member is documented on their personnel records and used in line with health information standards. The OM reported the model of care ensured that all residents are treated equitably.</p> <p>The provider has an environment which encourages collecting and sharing of quality Māori health information. The service works with Māori organisations who provide the necessary clinical guidance and decision-making tools that are focussed on achieving healthy equity for Māori.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori</p>	<p>FA</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job</p>

<p>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>description. A total of seven staff files were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions. The previous shortfall (NZS 8134:2008 criteria # 1.2.7.3) around reference checks has been addressed.</p> <p>Professional qualifications are validated. There are systems in place to ensure that annual practising certificates are current for all health care professionals. Current certificates were evidenced in reviewed records for all staff and contractors that required them. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment, including management of emergencies.</p> <p>The ethnic origin for each staff member is documented on their personnel records. A process to evaluate this data is yet to be utilised.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The service has an admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry were recorded on the pre-enquiry form.</p> <p>There were Māori residents at the time of the audit. Ethnicity, including Māori, is being collected and the service is actively working to ensure routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori is implemented.</p> <p>The service is working in partnership with local Māori communities and organisations. The OM stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	FA	<p>A total of six files (including the residents on YPD and LTS-CHC) sampled identified that initial assessments and initial care plans were resident centred, and these were completed in a timely manner. The</p>

<p>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>service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the RNs and care staff. InterRAI assessments and reassessments were completed for long-term residents, including the residents on YPD and LTS- CHC contracts. Cultural assessments were completed by the nursing team in consultation with the residents, family/whānau/EPOA. Long-term care plans were also developed, and six-monthly evaluation processes ensures that assessments reflected the resident's daily care needs. Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care. Policies and procedures are clearly documented to support Māori and whānau to identify their own pae ora outcomes. The owner/director reported the service provides a platform for Māori to live with good health and wellbeing in an environment that supports a good quality of life.</p> <p>The GP completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. The GP interviewed was complimentary of the care provided at the facility, and felt notifications were timely.</p> <p>The RN reported that sufficient and appropriate information is shared between the staff at each handover, which was witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>There was one active wound at the time of the audit. Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. The wound care plan documents assessments, wound management plan and evaluations, with supporting photographs and wound assessments.</p> <p>Each resident's care was being evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant</p>
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		<p>change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the owner/director (FM) or RN and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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 activities programme is conducted by an activities coordinator. The activities coordinator reported that the service supports community initiatives that meet the health needs and aspirations of Māori and whānau. Residents and whānau interviewed felt supported in accessing community activities, such as celebrating national events, Matariki, Anzac holidays, Māori language week, local visits from schools, kapa haka groups and use of basic Māori words. The planned activities and community connections are suitable for the residents. The activities coordinator reported that opportunities for Māori and whānau to participate in te ao Māori are facilitated. Van trips are conducted once a</p>

		<p>week, except under Covid-19 national restrictions.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>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>PA Moderate</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The policy described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications are supplied to the facility from a contracted pharmacy.</p> <p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>A total of 12 medicine charts were reviewed which comprised of seven rest home, two YPD, one respite, and two LTS-CHC resident charts.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</p> <p>Monitoring of medicine fridge and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted. Indications for use were noted for pro re nata (PRN) medications. All over the counter medications were prescribed with indications for use documented.</p> <p>The RN was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room and cupboards.</p> <p>There were no residents self-administering medications. There was a self-medication policy in place when required. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their family/whānau, are supported to understand their</p>

		<p>medications. This was reiterated in interviews with the owner/director (FM), and registered nurse.</p> <p>An improvement is required around documenting effectiveness of PRN medication, checking of new medication packs against prescription charts and expired PRN medication packs in stock.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The Māori health plan in place included cultural values, beliefs, and protocols around food. The chef stated that culturally specific menu options were available and will be offered to Māori and Pasifika residents when required. These included 'boil ups' and 'Island' food.</p> <p>EPOA/whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau/family expressed satisfaction with food portions and the options available.</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>A standard transfer notification form from Te Whatu Ora Capital, Coast and Hutt Valley, is utilised when residents are required to be transferred to the public hospital or another service. Residents and their families were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</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</p>	FA	<p>Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme and buildings, plant and equipment</p>

<p>move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>are maintained to an adequate standard. There is a current building warrant of fitness. All electrical equipment is tested and tagged, and bio-medical equipment calibrated. Water temperatures were monitored and recorded. Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Spaces were culturally inclusive and suited the needs of the resident groups. There is no current plans for building or renovations at the service; however, the owner/director (FM) and OM interviewed are aware of the requirement to consult with Māori if this is envisaged in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>There is an approved fire evacuation plan in place. Trial evacuation drills were performed. These drills are completed six-monthly and have been added to the training programme.</p> <p>Residents were familiar with emergency and security arrangements. Appropriate security arrangements are in place and access to Kena Kena Rest Home is currently controlled as a precaution to prevent the spread of COVID-19. External doors and windows are locked at a predetermined time each evening.</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>A pandemic plan was in place, and this is reviewed at regular intervals. Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted. Adequate resources were readily accessible to support the pandemic plan if required.</p> <p>The service is actively working towards including infection prevention information in te reo Māori.</p> <p>The service's infection prevention personnel and health and safety committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate and is in line with priorities defined in the infection control programme.</p>

<p>(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>Results of the surveillance data are shared with staff during shift handovers, and at staff meetings. The service is working towards incorporating ethnicity data with infection control data. The owner/director (FM) and RN reported that the GP is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised. There were three infection outbreaks reported since the previous audit. These were managed appropriately with appropriate notification completed.</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 owners/directors, shareholders and RN are committed to reducing and eliminating the use of restraint. At the time of audit one resident was using a restraint. The number of restraints in use has reduced from three to the current one, in the past year.</p> <p>The restraint coordinator role is allocated to the owner/director (FM). The role is documented and described as providing support and oversight for all restraint management. A comprehensive assessment, approval, monitoring, and quality review process is in place should there be any restraint. Records showed that staff attended ongoing training in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>On the days of audit, one resident had bed rails and lap belt as restraints in place. Each of these interventions had been consented to by a third party. Alternatives to restraint, behaviours that challenge and residents who are a high falls risk are discussed at three-monthly quality assurance meetings. Any use of restraint and how it is being monitored and analysed is reported at these meetings.</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 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>The GP completed three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications, including over the counter medications and supplements. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Effectiveness of PRN medications was not consistently documented. There was no evidence of checking new medication packs against prescription charts and there were expired PRN medication packs in stock.</p>	<p>(i). Efficacy of PRN medications was not consistently recorded for all medication files reviewed.</p> <p>(ii). There was no evidence of checking new medication packs from the pharmacy against prescription charts.</p> <p>(iii). Ten expired PRN medication packs were still in stock.</p>	<p>(i). – (iii). Ensure the medication management system is managed according to policy and legislative requirements.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.