

# Te Aroha and District Health Services Charitable Trust - Te Aroha & District Community 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:

<b>Legal entity:</b>	Te Aroha and District Health Services Charitable Trust
<b>Premises audited:</b>	Te Aroha & District Community Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 15 November 2022      End date: 16 November 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	35



# 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 haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service are partially attained and of low risk

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

## General overview of the audit

Te Aroha and District Community Hospital is governed by a Community Trust Board. The service provides rest home and hospital level care (geriatric and medical) for up to 45 residents. The service also has five general practitioner beds. On the day of the audit there were 35 residents.

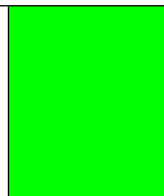
This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Health New Zealand- Waikato. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews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

The clinical facility manager is appropriately qualified and experienced and is supported by a second in charge/registered nurse, enrolled nurse, operations administrator and long-serving staff. There are quality systems and processes being implemented. Feedback from families and the GP was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified the service meets the intent of the standard.

## 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.



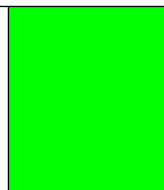
Subsections applicable to this service are fully attained.

A Māori health plan is in place for the organisation. There were staff employed who identify as Māori during the audit. The service also has a cultural safety policy which contains Pacific health plans specific to the different islands of the Pacific and their individual cultures. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori.

Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. 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 are fully attained.

The quality and risk management programme includes service philosophy, goals, and a quality/business plan. 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, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

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.		Subsections applicable to this service are fully attained.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioners and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings. Residents have the opportunity to participate in te ao Māori.

The kitchen provides culturally appropriate dishes specific to Māori residents.

Transfers between services are managed appropriately.

## Te aro ki te tangata me te taiao haumarū | 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 are fully attained.

The building holds a current 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 in place. The facility is secure at night.

## 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 are fully attained.

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 PPE supplies. The service has incorporated te reo information around infection control for Māori residents. Staff apply culturally safe infection control practices.

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. There have been three outbreaks (Covid-19) since the previous audit.

## 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 are fully attained.

The restraint coordinator is a registered nurse. There were no residents using a restraint and encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

### Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	0	0	0	0
Criteria	0	60	0	0	0	0	0

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



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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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>A Māori health plan and cultural safety policy is documented for the service. The clinical facility manager identifies as Māori and acts as an advocate for Māori residents with access and links to local marae, iwi and kaumātua. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. There were staff employed who identify as Māori during the audit.</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</p>	FA	<p>The service has a Pacific health plan in place as part of the cultural safety policy. This was developed in consultation with Pasifika by a well-known external consultant within the aged care sector and implemented by the service. At the time of the audit, there were staff who identified as Pasifika.</p>

<p>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>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The clinical facility manager confirmed that the service ensures that Māori mana motuhake is recognised in all aspects of service delivery, as evidenced in the Māori health plan and resident care plans reviewed. This was also confirmed in interviews with seven staff (two registered nurses, two HCAs, one kitchen manager, one kitchen hand and one activity coordinator), two residents (one rest home resident, one hospital resident), and three relatives (one rest home and two hospital).</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>	FA	<p>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand this language.</p> <p>The staff noticeboards contain information on Māori tikanga practice. Staff interviewed confirmed their understanding of tikanga best practice with examples provided. Cultural training is also included in the orientation programme for new staff.</p> <p>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.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>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 wellbeing outcomes for all residents, including Māori. At the time of the audit, there were residents who identified as Māori. The Māori care plan captures any required Māori health and cultural information for each Māori resident. Resident files reviewed were individualised and holistic.
<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 general consent forms signed by the resident, enduring power of attorney (EPOA) or next of kin. Other consent forms include vaccinations. Staff and family members interviewed could describe what informed consent was and knew the residents/family had the right to choose.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The clinical facility manager maintains a record of all complaints, both verbal and written, on a complaints' register.</p> <p>There have been no internal complaints in 2021 since the previous (certification) audit that took place on 22 April 2021 and none 2022 year to date. There have been two external complaints lodged with the Health and Disability Commissioner (HDC); one in March 2021 and one in January 2022. The complaint received in March 2021 has been closed as sighted in the letter dated 4 February 2022, as there was insufficient evidence to warrant an investigation. The complaint from January 2022 related to resident care and reassessment was responded to on 20 January 2022. The service is awaiting a response</p>

		<p>from HDC. There were no issues identified in relation to this complaint during the audit.</p> <p>Discussions with residents and relatives confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located in a visible location at the entrance to the unit. Residents and families have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family meetings which are held two-monthly.</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>Te Aroha and Community District Hospital is certified to provide rest home, and hospital (medical and geriatric) levels of care for up to 45 residents. On the day of audit there was a total of 35 residents. In the 16-bed rest home building (includes one double room), there were 15 rest home residents. In the hospital building of 29 beds (including 5 general practitioner beds), there were 20 hospital residents (including one resident funded on a short-term rest and recuperation contract). There were no residents in the GP beds. There were no residents under medical services or palliative care contracts on the day of audit.</p> <p>A Community Trust Board of nine people governs Te Aroha and District Community Hospital. The Governance Body have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>There is a current business, quality, and risk management plan in place. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Te Aroha are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community, as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha.</p> <p>The clinical facility manager (RN) has been in the role for six years. She is supported by an RN/second in charge (2IC) who has been in the role for two years. They both work Monday to Friday and share on call after hours, and complete morning RN duties as required. An enrolled nurse/operations administrator coordinates the internal audit</p>

		<p>programme and training programme.</p> <p>The clinical facility manager has undertaken a minimum of eight hours of professional development relating to the management of an aged care service in the past twelve months, including online training, Aged Care Association management specific content and cultural competency training.</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>Te Aroha and Community District Hospital is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level through an external consultancy service, against other aged care providers.</p> <p>Three-monthly compulsory staff/quality meetings and monthly HCA and RN meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed, with sign-off when completed. Interviews with staff confirmed that there is discussion about quality data, including accident/incidents, infections, internal audit outcomes, and concerns/compliments at the meetings.</p> <p>Staff have completed a cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori.</p> <p>Resident and resident/family satisfaction surveys completed for 2021 and 2022 show consistently high levels of satisfaction amongst residents and families.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies are regularly reviewed and have been</p>

		<p>updated with further updates required in order to meet the 2021 Standard. Review of policies and analysis of quality data provide a critical analysis of practice to improve health equity. New policies or changes to a policy are communicated and discussed to staff.</p> <p>A health and safety team is in place with health and safety meetings taking place monthly. Health and safety is a regular agenda item in staff and quality meetings. Hazards are identified and managed. A current hazard register is available to staff.</p> <p>Reports are completed for all incidents/accidents, with each having a severity risk rating (1 high risk, 2 moderate risk, 3 low risk), and immediate action is documented with any follow-up action(s) required, evidenced in eleven accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Each event involving a resident reflected a clinical assessment and timely follow up by a registered nurse. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical facility manager, 2IC, allied staff, RNs, and HCAs.</p> <p>Discussions with the clinical facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications completed to notify HealthCERT since the 2021 audit. Two outbreaks (Covid) were appropriately notified to the Public Health unit.</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>FA</p>	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. The clinical facility manager interviewed confirmed staff needs and weekly hours are included in the monthly report to the Board. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>All registered nurses and HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff and residents are informed when there are changes to staffing levels, and care requirements are attended to in a timely manner, as evidenced in staff interviews.</p>

	<p>The clinical facility manager and 2IC registered nurse work Monday to Friday. The on-call roster is shared between the clinical facility manager and the 2IC RN.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff last attended cultural awareness training in April 2022. External training opportunities for RNs and HCAs include training through Te Whatu Ora Health New Zealand -Waikato, and hospice.</p> <p>Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-four HCAs are employed. Te Aroha supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing and has a Careerforce assessor on site. Twelve HCAs have achieved a level three NZQA qualification or higher.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. These include (but are not limited to): restraint minimisation; medication administration; oxygen administration; wound management; manual handling; hoist training; chemical safety; emergency management, including (six-monthly) fire drills; personal protective equipment (PPE) training; and hazard reporting. Additional RN specific competencies include (but are not limited to) intravenous and subcutaneous fluids, syringe driver, and interRAI assessment competency. Seven of eight RNs are interRAI trained. All RNs attend in-service training and staff meetings.</p> <p>A management of agency staff policy is documented for the organisation. If agency staff are used, the orientation included health and safety and emergency procedures (clinical and non-clinical).</p> <p>The service encourages all their staff to attend monthly meetings and are required to attend the mandatory three-monthly staff/quality meetings, where health information collated in the quality data</p>
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		(including Māori) are discussed. Resident/family meetings are held two-monthly and provide opportunities to discuss issues of concern or share information on the day-to-day happenings within the facility.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Five staff files reviewed evidenced implementation of the recruitment process, 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>A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>Volunteers are utilised and an orientation programme and policy for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</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.</p>	FA	<p>The admission policy/ decline to entry policy and procedure guide staff around admission and declining processes, including required documentation. The clinical facility manager maintains records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals, and these capture ethnicity.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were Māori residents and staff members at the time of audit. The organisation engages with local iwi and kaumātua in order to continue development of meaningful</p>



<p>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>partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed: two rest home level, and three hospital level (including one short-term resident on a rest and recuperation contract). A registered nurse had undertaken an initial assessment, risk assessments and developed an initial care plan for all residents on admission. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. Residents with challenging behaviour had 24-hour activity plans which included strategies for distraction and de-escalation.</p> <p>Registered nurses complete an initial assessment and care plan on admission to the service, which includes relevant risk assessment tools. Risk assessments are completed six-monthly or earlier due to health changes. The care plans were resident focused and individualised. All long-term care plans reviewed identified all support needs, goals, and interventions to manage medical needs/risks. Other available information such as discharge summaries, medical and allied health notes, and consultation with relatives or significant others are included in the resident file. The short-term care plans integrate current infections, wounds, or recent falls to reflect resident care needs. Short-term needs are added to the long-term care plan when appropriate and removed when resolved. Family/whānau interviewed confirmed they were involved in care planning and decision making. The registered nurses interviewed described working in partnership with whānau to develop initial and long-term care plans.</p> <p>Staff described the four cornerstones of the Māori Te Whare Tapa Whā plan and stated care plans include the physical, spiritual, family, and mental health of the residents.</p> <p>Residents have the choice to remain with their own GP, however there is a 'house' general practitioner service (GP) that provides medical services to residents. The GPs visit three times per week and completes three-monthly reviews, admissions and see all residents of</p>

	<p>concern. The GP interviewed stated he is notified in a timely and logical manner for any residents with health concerns. The GPs are available after-hours until 10 pm, after which time an ambulance would be summoned in case of emergency. All GP notes are entered into the resident file. The GP interviewed commented positively on the care the residents received and the service the facility provides to the local community. Allied health care professionals involved in the care of the resident included (but were not limited to), physiotherapist, district nurse, wound nurse specialist and dietitian.</p> <p>Relatives are invited to attend GP reviews, if they are unable to attend, they are updated of any changes. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the progress notes and family/whānau contact record sheet. When a resident's condition alters, the registered nurse initiates a review and if required, a GP visit or referral to nurse specialist consultant (eg, wound nurse specialist) occurs.</p> <p>There were five residents with wounds, including one stage I pressure injury (community acquired). The wound care plans document the wound management plan, assessments, and evaluations, with supporting photographs (where appropriate). The wound nurse specialist has documented input into chronic wound management. Registered nurses have completed wound care training.</p> <p>Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to): weights; observations, including vital signs; weight; food and fluid balance recordings; behaviour monitoring; and intentional rounding. All monitoring charts were implemented according to the care plan interventions.</p> <p>Evaluations are completed and reviews record progress towards meeting goals. Healthcare assistants interviewed advised that a verbal handover occurs at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on every</p>
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		shift and entries in records are legible, dated and signed by the relevant HCA or RN.
<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>	FA	<p>The service facilitates opportunities for Māori to participate in te ao Māori, through the use of Māori language on planners, in activities, signage and the everyday use of greetings and common words in te reo. Local Māori entertainers visit regularly, and the residents can participate in miri-miri (traditional Māori massage sessions) on an individual basis. 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. Families interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident meetings and 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. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. The service currently uses robotics 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 medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies in 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 photo</p>

		<p>identification and allergy status identified. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. There was one resident self-administering medications, who had the appropriate assessment, sign off and safe storage in their room. There are standing orders in use which are documented, including indications for use, frequency, and maximum doses. These are reviewed three-monthly by the GP. There are no vaccines stored on site.</p> <p>There was documented evidence in the clinical files that relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with whānau to ensure the appropriate support is in place for their relatives, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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 kitchen is able to meet the needs of residents who require special diets. Family/whānau meetings, and one to one interaction with HCAs in the dining rooms allow the opportunity for feedback on the meals and food services generally. Staff interviewed understood basic Māori practices in line with tapu and noa and culturally appropriate dishes specific to Māori residents are included in the menu. The kitchen manager gave examples of the dishes provided, including boil ups, dough boys and Māori fry bread.</p> <p>Family/whānau members interviewed indicated satisfaction with the food, which was observed to be of a high standard during the time of audit.</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</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 family/whānau and other service providers to ensure</p>

<p>whānau receive the necessary support during their transition, transfer, and discharge.  As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>continuity of care. The resident on a rest and recuperation contract had a planned exit strategy documented, which included district nurse and community provider input.</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.  Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.  As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Te Aroha and Community District 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, 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; however, 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>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.  Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.  As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>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.</p> <p>Security of the facility is managed to ensure safety of residents and staff. The building is secure after hours, and staff complete security checks at night.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	<p>FA</p>	<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</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>		<p>outbreak kits readily available and sufficient supplies of personal protective equipment. Staff have completed handwashing and personal protective equipment competencies.</p> <p>The service has incorporated te reo information around infection control for Māori residents, including instructions for hand washing in te reo, which were sighted during the audit. Staff members who identify as Māori (including the clinical facility manager) advise around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>Monthly infection data, (including ethnicity) is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions, are discussed at the clinical, quality, and staff meetings. Meeting minutes are available to staff.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors on entry to the facility and in the corridors. Ministry of Health information and Covid-19 information is available to all visitors to the facility. Visitors to the facility complete health screening declarations and record keeping of all incoming and outgoing visits is maintained.</p> <p>There were three Covid-19 outbreaks in June, July and August 2022, which were appropriately managed with Te Whatu Ora Health New Zealand - Waikato and Public Health appropriately notified.</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. The 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 will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a registered nurse (RN). At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the clinical and quality/staff meetings. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
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## Specific results for criterion where corrective actions are required

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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.

No data to display
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## 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.

No data to display
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End of the report.