

# Whangaroa Health Services Trust - Whangaroa Health Services

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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>	Whangaroa Health Services Trust	
<b>Premises audited:</b>	Whangaroa Health Services	
<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: 27 October 2022	End date: 28 October 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>	23	

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

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

## General overview of the audit

Whangaroa Health Services Trust (WHST) is a long-standing provider of community and Māori health in Northland, including the operation of a Care Home (Kauri Lodge) and a community centre. Kauri Lodge provides rest home and hospital (geriatric and medical) levels of care for up to 25 residents. On the day of the audit there were 23 residents. A general manager oversees operations of this health service supported by the clinical services manager.

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- Te Tai Tokerau. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and the Board chairperson.

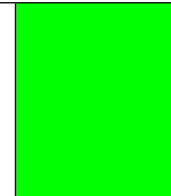
The service has addressed seven of the eight previous shortfalls including: hazard management; neurological observations; orientation; education; GP notes; chemical safety; and the building warrant of fitness.

There is an ongoing area for improvement around care plan and interRAI assessment timeframes.

This surveillance audit identified a further area for improvement around a shortage of registered nurses.

## 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.

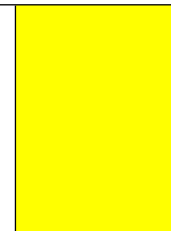
The service works collaboratively with staff, residents, and the local community to support and encourage a Māori world view of health in all aspects of service delivery. A number of the workforce identify as Māori. All staff receive in-service education on Te Tiriti o Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code). Residents who identified as Māori said they were treated equitably and that their self-sovereignty/mana motuhake was supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori are incorporated in daily practices.

Staff interacted with residents in a respectful manner. There was no evidence of abuse, harassment, neglect, or discrimination.

A complaints register is maintained with complaints resolved promptly and effectively. The complaints process meets the requirements of consumer rights legislation and these standards.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Some subsections applicable to this service partially attained and of low risk.

Whangaroa Health Services Trust is the organisation's governing body responsible for the service provided at this facility. The strategic plan includes a mission statement and outlines current objectives. The business plan is supported by quality and risk

management processes that take a risk-based approach. Systems are in place for monitoring the services provided, including regular monthly reporting to the Board. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff performance is reviewed.

## 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 and routines. Interventions are appropriate and evaluated.

The planned activities and community connections are suitable for the residents. Opportunities for Māori and whānau to participate in te ao Māori are facilitated.

There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

There are menu options that are culturally specific to te ao Māori.

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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The building has a current warrant of fitness and an approved fire evacuation scheme. 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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The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The clinical services manager coordinates the programme.

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.

## 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.

WHST strives to maintain a restraint-free environment. At the time of the audit, there were four hospital residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed.

## 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	1	1	0	0
Criteria	0	55	0	1	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

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Board and management 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. There were staff at Whangaroa Health Services Trust (WHST) who identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p>	Not Applicable	<p>WHST has a cultural safety policy in place to assist staff to provide culturally safe care for any Pasifika residents admitted and is currently reviewing its policy to enhance its ability to better meet the care needs and cultural considerations of Pacific peoples. The service is working on developing a specific Pacific health plan and is looking to identify and partner with Pacific communities and organisations to provide a Pacific health plan that supports culturally</p>

		safe practices for Pacific peoples using the service.
<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 service recognises Māori mana motuhake, and this is reflected in the current Māori health care plan. The service has embedded a Māori model of health into care planning processes. These are reflected in the values of the organisation and were confirmed at interview with residents who identified as Māori. Mana motuhake is respected. Seven residents (four rest home, three hospital) reported that staff respected their right to self-determination, they felt culturally safe and that they are not afraid to speak up if they feel their world view has not been fully considered. Four family (two rest home and two hospital), confirmed they are encouraged to be independent and have input to care planning</p> <p>Interviews with eight staff (three healthcare assistants, one registered nurse, one maintenance, a chef, and two administrators), the general manager (GM), the clinical services manager (CSM), the Board chairperson and the documentation reviewed evidenced residents are supported to be independent and the service supports residents self-determination.</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>Staff at the service have 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. Policies and procedures sighted had been updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken. Residents and whānau reported that their values, beliefs, and language are respected in the care planning process.</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</p>	FA	<p>The CSM and staff stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the code of conduct. This has not been experienced since the</p>

<p>services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>previous audit.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. This was reiterated in family/whānau interviews conducted. A Māori health model is used when required to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori. There are monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents.</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 their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>WHST ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family/whānau in interviews conducted. The CSM stated that additional advice can be accessed from the local cultural advisors or Te Whatu Ora- Te Tai Tokerau if required. Staff reported that they are encouraged to refer to the Māori Health Policy on tikanga best practice in relation to consent.</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>	<p>FA</p>	<p>A complaints register is being maintained. There were two complaints lodged since the previous audit. There was one complaint lodged with the Health and Disability Commissioner (HDC) on 13 October 2021 and this remains open. The service has complied with requests for information within required timeframes.</p> <p>Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified. All complaints, except the HDC complaints, are documented as resolved. Discussions with residents</p>

		<p>and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>Residents/relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English.</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>Whangaroa Health Services Trust is governed by a Trust Board which is comprised of nine representatives from the local community. The organisation is led by a GM who is a qualified registered nurse and has been at the service for over a year now. The GM is supported by a CSM who has experience in the health sector, and the Board who are the trustees. The clinical team share the on-call duties. The GM oversees the Whangaroa Trust operations; Kauri Lodge, the aged care facility; and a community health programme.</p> <p>Kauri Lodge is certified to provide rest home and hospital level care for up to 25 residents. On the day of the audit, the facility had 23 residents (11 rest home level, including one resident on an ACC contract and two residents on a younger person with a disability (YPD) contract; and 12 residents at hospital level, including two residents on an YPD contract. All remaining residents were under the age-related residential care (ARRC) contract.</p> <p>The Board has nine members with 98% Māori representation, and they meet monthly. An updated 2022-2023 strategic plan for the Whangaroa Health Services Trust is in place that describes the vision, purpose, values, and goals for the Trust.</p> <p>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 practice at the service is holistic in nature, inclusive of cultural identity, spirituality and respects the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The activities team</p>

		<p>support residents to maintain links with the community.</p> <p>The Board and the management team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori.</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>There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. This includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies in line with National Adverse Event Reporting Policy.</p> <p>Leadership commitment to quality and risk management is evident in quality and risk documentation and Board reporting documents sighted. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. High-quality care for Māori is embedded in organisational practices and was confirmed by residents and staff who identify as Māori.</p> <p>Quality data includes incidents/accidents, infection and outbreak events, complaints, resident and family satisfaction surveys, and staff surveys, all of which are analysed to identify and manage issues and trends. A sample of quality and risk and other documentation showed that where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. There was a hazard register in place and evidence of completed environmental audits was sighted. The service complies with statutory and regulatory reporting obligations. There have been essential notifications completed regarding the shortage of RNs. The previous audit shortfall (NZS 8134:2008 criteria # 1.2.3.9) around monitoring, reviewing of hazard register has been addressed.</p> <p>A sample of 15 incidents/accidents recorded in the electronic system were reviewed and showed these were fully completed, incidents were investigated, action plans developed and actions followed up in</p>

		<p>a timely manner. Neurological observations were consistently recorded as per policy. The previous finding around neurological observations (NZS 8134:2008 criteria # 1.2.4.3) has been addressed. Family/whānau are notified following incidents.</p> <p>The Board chairperson and GM reported that they are actively working towards collecting, collating, and reviewing resident's ethnicity data, for staff to improve health equity through critical analysis of data and organisational practices.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>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 organisation adjusts staffing levels to meet the changing needs of residents. Healthcare assistants (HCAs) reported there was inadequate nursing staff at the service. This was confirmed by residents and family/whānau in interviews. At least one staff member on duty has a current first-aid certificate. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. Hospital and rest home with 12 hospital and 11 rest home residents:</p> <p>AM: One RN 6.45am to 3pm and three HCAs (All three from 7am to 3pm).</p> <p>PM: One RN 2.45pm to 11.15pm, two HCAs from 3pm to 11pm, one from 3pm to 9pm.</p> <p>NIGHT: One RN 10.45pm to 7.15am, one HCAs (level 4) from 11pm to 7am.</p> <p>Ongoing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. HCA's have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme, (Level four Health and wellbeing qualification), with some having training at a higher level than this to meet the requirements of the provider's agreement with Te Whatu</p>

		<p>Ora-Te Tai Tokerau. Education records are maintained, including staff attendance records. All staff are required to complete competency assessments as part of their orientation. Competency assessments include, but are not limited to: restraint; moving and handling and back care; hand hygiene; donning and doffing of personal protective clothing; and medication administration competencies. Additional RN specific competencies include, catheterisation, and interRAI assessment competency. Staff interviewed reported feeling well supported and safe in the workplace. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of the Treaty of Waitangi and cultural practices relating to Māori. The GM reported that collection and sharing of high-quality Māori health information is prioritised and occurs through facility meetings.</p> <p>The previous audit shortfall (NZS 8134:2008 criteria #1.2.7.5) around staff attending a minimum of eight hours of training per year and having staff available 24/7 with first aid training has been addressed. A further area of improvement is required in relation to 24-hour RN coverage to meet with the ARRC contract with Te Whatu Ora Te Tai Tokerau contractual requirements.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>A sample of staff records reviewed confirmed the organisation's policies were being consistently implemented. Seven staff files reviewed evidenced files included: a signed employment contract; job description; police check; induction documentation relevant to the role the staff member is in; application form; and reference checks.</p> <p>Professional qualifications are validated. There are systems in place to ensure that annual practicing certificates are current for registered health professionals. Current certificates were evidenced in reviewed records for all staff and contractors that required them.</p> <p>Staff orientation documentation sighted included necessary components to the role. Healthcare assistants interviewed identified they are paired with a senior HCA and a RN until they demonstrate</p>

		<p>competency on specific tasks, such as hand hygiene, medication, and cultural competencies. Staff interviewed reported that the orientation process prepared them well for their role. Staff records reviewed showed consistent documentation of completed staff orientation. All staff files sighted had a current employment training plan in place. The previous audit shortfall (NZS 8134:2008 criteria # 1.2.7.4) relating to staff completing orientation has been addressed.</p> <p>Information held about staff is kept secure, and confidential in an electronic database. The service is actively working towards collecting and collating ethnicity and nationality data for reporting to the governance level.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All records sampled were legible, including the time and date, and designation of the writer. Progress notes were documented on each shift, and these were individualised. There is a consent process for data collection. Records sampled were integrated and these included, notes by GP, podiatrist, physiotherapist, diversional therapist, and other members of the allied health team. The CSM reported that EPOAs can review residents' records in accordance with privacy laws and records can be provided in a format accessible to the resident concerned.</p> <p>The previous audit shortfall (NZS 8134:2008 criteria # 1.2.9.10) around having medical notes from GP reviews in resident files has been addressed.</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</p>	FA	<p>An admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry are recorded on the pre-enquiry form.</p> <p>There were Māori residents and staff members 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>focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>The service has existing partnerships with local Māori communities and organisations. The CSM stated that Māori health practitioners and traditional Māori healers for residents and 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 know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The service uses both a paper-based and electronic (interRAI) record management systems. Seven resident files (four rest home and three hospital) which included one YPD and one resident funded by ACC, were reviewed. The resident files sampled identified that initial assessments and initial care plans were resident centred, and these were completed within the required timeframes. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>The general practitioner (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.</p> <p>The CSM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are 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>All residents including YPD, and ACC residents' care was 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 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 RN/ general manager and this was evidenced in the records sampled. Interviews verified residents and enduring power of attorney (EPOA) or family are included and informed of all</p>

		<p>changes.</p> <p>Initial assessments, care plans and initial interRAI assessments (including the resident on the YPD contract) are completed within 21 days of admission. Long-term care plans are developed within expected timeframes and are individualised according to specific needs, preferences, and requirements. However, long-term care plans reviews were not consistently reviewed following interRAI reassessments. The previous audit shortfall (NZS 8134:2008 criteria # 1.3.3.3) around completing interRAI assessments and long-term care plans within the required timeframes remains open. Policies and procedures are clearly documented to support Māori and whānau to identify their own pae ora outcomes. The CSM 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 resident funded by ACC had initial assessments and care plan, appropriate risk assessments and a long-term care plan documented.</p> <p>Where progress was different from expected, the service, in collaboration with the resident and EPOA/family/whānau, 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. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes. Progression towards meeting goals in care plans is documented.</p> <p>The Māori health care plan in place reflects the partnership and support of whānau and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent residents, tāngata whaikaha and whānau from independently accessing information would be identified and strategies to manage these documented. Tāngata whaikaha and whānau are given choice and control over their supports. The staff confirmed they understood the process to support residents and whānau.</p>
Subsection 3.3: Individualised activities	FA	The activities programme is conducted by the diversional therapist.

<p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>The CSM 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. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Van trips are conducted once a 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.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.  As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (electronic) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. Eye drops were dated on opening.</p> <p>Medication reconciliation is 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 14 medicine charts were reviewed. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Indications for use are noted for pro re nata (PRN) medications, including over the counter medications and supplements. The GP complete three-monthly medication reviews.</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 was reviewed during the</p>

		<p>audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and addressed promptly. Records were sighted. There were no standing orders in use. The CSM reported that the service uses an electronic medication management system where all medication required by residents are charted.</p> <p>The HCA was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment rooms and cupboards in the locked treatment room.</p> <p>There was one resident who was self-administering medicines and was assessed as competent. The resident's medications were stored securely in the resident's room.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications.</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 menu options are culturally specific to te ao Māori. Boil ups and Island food were included on the menu, and these are offered to Māori and Pasifika residents when required. Whānau are welcome to bring culturally specific food for their relatives. The interviewed residents and families/whānau expressed satisfaction with the food portions and options.</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>	FA	<p>A standard transfer notification form from Te Whatu Ora -Te Tai Tokerau is utilised when residents are required to be transferred to the public hospital or another service. Residents and their family engaged in all exit or discharges to and from the service and there</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>		<p>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>Interviews with the CSM and registered nurses and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There are appropriate systems in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The building warrant of fitness expires on 31 May 2023. The fitted smoke doors were connected to the current fire alarm-door release system, and this was signed off by the council. The previous audit shortfall (NZS 8134:2008 criteria # 1.4.2.1) relating to the building having a building warrant of fitness and smoke doors complying with the current fire service evacuation plan, has been addressed.</p> <p>Personalised equipment is available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups, including YPD and smaller spaces for the use of residents and their visitors. Plant and equipment are being well maintained. Residents and their family/whānau reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance. There is a preventative maintenance plan in place. Staff documents all maintenance issues in the maintenance register. The service employs a maintenance person responsible for all maintenance issues.</p> <p>There are currently no plans for further building projects requiring consultation. The Board chairperson and GM 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>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A recent fire evacuation drill was completed on 27 October 2022, and this is repeated every six months. The facility uses a staff member trained by NZ Fire Service to conduct fire drills.</p> <p>The building is secure after hours and staff complete security checks at night. Currently, under Covid restrictions, visitors are controlled through a screening process for symptoms and body temperature is measured at entry.</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>There was a pandemic and outbreak plan in place, and this is reviewed at regular intervals. There was no infection outbreak of Covid-19 reported at the service. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted. The IP resources were readily accessible to support the pandemic plan if required. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. Māori staff guide culturally safe practice in relation to infection control, as confirmed in interviews, where staff understood these requirements.</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</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers, and at monthly staff meetings. The CSM 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 practiced.</p>

focus.		<p>There have been no infection outbreaks reported since the last audit.</p> <p>The service is actively working towards including ethnicity data in the surveillance of healthcare-associated infections.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>All staff received appropriate training in chemical safety annually and infection control, including COVID-19 related management. Chemicals were decanted into appropriately labelled containers. Chemicals are stored in labelled containers in the locked storeroom. There is a cleaning room where all cleaning trolleys are kept locked. Safety data sheets were available in the laundry, kitchen, sluice room, and chemical storage areas. The previous audit shortfall (NZS 8134:2008 criteria # 1.4.1.1) around keeping chemicals in a lockable storeroom, including the cleaning trolley, has been addressed.</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>	FA	<p>WHST is committed to a restraint-free environment, and this was reflected in the policy and during interviews with the governance body. The Board chairperson is kept informed about any use of restraint, and during interview confirmed the service was committed to maintaining a restraint-free environment. The service has a restraint committee which has Māori representation. The CSM oversees the use of restraint. The policy defines the restraints that may be used within the service. There were four restraints in use during the audit and these were mostly bed rails. Evidence of completed monitoring forms was sighted.</p> <p>Policies and procedures for the management of restraint, if required, reflect current requirements. Staff have completed training on de-escalation practices and techniques and safe restraint use. Staff meeting minutes sighted confirmed that restraint use, including the type and frequency of restraint, is reported to staff. The restraint committee meets at least annually and reviews all restraint use to ensure any use of restraint is as per policy and ensures the health</p>

		<p>and safety of residents and the staff.</p> <p>All incidents are reported to staff, management, and at Board meetings, as per the incident policy and procedure requirements.</p>
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## Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>The rosters are displayed monthly. Staff interviewed reported that they had worked at this organisation for more than five years. Bureau staff is consistently used, and the casual staff have been doing extra shifts to cover in the event of staff being absent on any given shift. The CSM stated HCA turnover had been similar to previous years. Registered nurse recruitment has been difficult over the last 12 months. The GM, CSM and another casual RN have had to do sleepovers due to no RN cover on certain shifts. Staff and residents are informed when there are changes to staffing levels, and this was evidenced in staff interviews.</p> <p>There is a significant shortage of registered nurses (RNs) in the service, and this is evidenced in the backlog of interRAI and care planning. Currently there are six registered nurses, including the GM, CSM, one casual</p>	<p>There are insufficient registered nurses to provide RN cover 24/7 safely.</p>	<p>The service considers the number of hospital level residents receiving care so that there is sufficient RN cover or, the service seeks a dispensation in relation to the requirement to provide 24/7 RN cover from Te Whatu Ora Te Tai Tokerau.</p> <p>90 days</p>

		and three employed full-time, available to support resident care in the facility. Deficits are covered by agency/casual and HCAs who are health and wellbeing qualified at level three, four or five. Four weeks of roster were analysed. During the four weeks, there were occasions where registered nurses had to work double shifts and do a sleepover to ensure there is 24-hour RN cover. The GM described conversations with Te Whatu Ora Te Tai Tokerau in relation to the shortage. Section 31 notifications have been made.		
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA</p> <p>Moderate</p>	<p>Nursing care is undertaken by appropriately trained and skilled staff, including the CSM, RNs, and care staff. InterRAI assessments completed within 21 days were based on the assessment measurement outcome tools and the staff's observation of the resident. However, ongoing interRAI assessments and long-term care plans were not completed every six months as per the service's contractual requirements with Te Whatu Ora Te Tai Tokerau. This is an ongoing shortfall. Advised that additional staff have been enrolled to complete interRAI training. An enrolled nurse is enrolled in interRAI training 14th and 15th March and one RN enrolled for 28th and 29th March.</p> <p>The CSM had already started completing all the overdue assessments and was looking at having more trained interRAI competent RNs. CSM stated that they were using the facility's standardised nursing assessment tools to guide staff while awaiting the remaining interRAI assessments to be completed. Long-term care plans were documented for</p>	<p>i). Twelve interRAI assessments are overdue for review with timeframes ranging from 10 to 221 days.</p> <p>ii). Three long-term care plans were not reviewed six-monthly.</p> <p>iii). Three long-term care plans were not consistently reviewed following interRAI reassessments.</p>	<p>i). &amp; ii). Ensure interRAI assessments and long-term care plans are completed six-monthly as per contractual requirements.</p> <p>iii). Ensure interRAI assessments are completed prior to the care plan review.</p> <p>90 days</p>

		residents; however, not always completed within expected timeframes, and not all care plans were reviewed following the interRAI assessment. Resident, EPOA/whānau /family, and GP involvement are encouraged, as sighted in residents' care plans.		
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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.