

CHT Healthcare Trust - CHT Te Awamutu Home & Hospital

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	CHT Healthcare Trust
Premises audited:	CHT Te Awamutu Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care
Dates of audit:	Start date: 16 March 2023 End date: 17 March 2023
Proposed changes to current services (if any):	The service is also certified to provide Rest Home Level care.
Total beds occupied across all premises included in the audit on the first day of the audit:	58

Executive summary of the audit

Introduction

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

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

CHT Te Awamutu is part of the CHT Healthcare Trust. The service provides rest home, hospital (geriatric and medical) and dementia level of care for up to 60 residents. On the day of the audit there were 58 residents.

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 - Waikato. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family/whānau, staff, general practitioner and management.

The service is managed by a unit manager (registered nurse) with experience in aged care management, supported by an area manager. Residents and family/whānau interviewed spoke positively about the service provided.

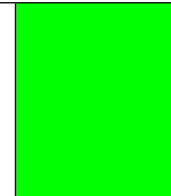
The service continues with environmental upgrades including renaming of wings to represent local landmarks.

The service has addressed the previous improvement identified at the previous audit related to monitoring of fridge temperatures.

This surveillance audit identified shortfalls related to registered nurse availability to cover the roster over 24 hours, care plan interventions and monitoring.

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.

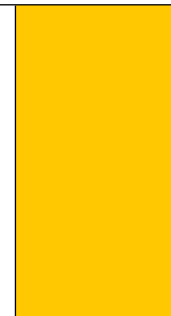
The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The service is committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner’s Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. CHT Te Awamutu is working towards the development of a Pacific health plan.

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.



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

CHT is the organisation’s governing body responsible for the service provided at this facility. CHT has an overarching organisational plan with clear business goals and milestones to support organisational values.

The business plan includes a mission statement and operational objectives. The business plan is supported by quality and risk management processes that take a risk-based approach. Internal audits are documented, and meetings occur regularly. Monthly reporting occurs to the leadership team. Services are planned, coordinated and are appropriate to the needs of the residents.

A health and safety programme is implemented. Hazards are managed. Incident forms are documented, and results are analysed.

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.

There is a staffing and rostering policy. Residents receive appropriate services from suitably qualified staff. Policies and risk management plans are implemented to ensure safe measures related to roster cover. 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.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses are responsible for each stage of service provision. The care plans evidenced resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.


All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

An activities programme is implemented that meets the needs of the residents. Opportunities are created to facilitate te ao Māori.

Residents' food preferences, dietary and cultural requirements are identified at admission and all meals are cooked on site.

All referrals, transfers and discharge occur in partnership with the resident and family/whānau to ensure a seamless transition.

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 to ensure the safety of residents and staff.

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.

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

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There was a gastroenteritis outbreak in May 2022 and Covid-19 in November 2022, and this was well managed.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint policy documents the service's commitment to maintain restraint free. At the time of the audit, there were no residents using a restraint. Restraint minimisation is included as part of the quality and risk programme with training at orientation and annually. Staff completed restraint competencies.

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	19	0	0	2	0	0
Criteria	0	55	0	1	2	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>On interview, the unit manager stated the organisation supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at CHT Te Awamutu. At the time of the audit, there were staff members who identify as Māori at CHT Te Awamutu. Six healthcare assistants (HCAs) interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. CHTs Māori Health Plan has a set of actions to address barriers to Māori accessing care and employment within CHT. The principles of these actions are also applied to people with disabilities. Ethnicity data is gathered when staff are employed, and this data is analysed at a governance level.</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>	Not Applicable	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the draft Pacific health plan which is still in development. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high quality</p>

<p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>health care. The service and organisation are working on establishing links with Pacific organisations to assist in the development and implementation of their Pacific health plan.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Māori health plan and cultural responsiveness for Māori residents' policy provides guidance on how to support Māori mana motuhake. Four residents (two hospital and two rest home) interviewed, and five family/whānau (three dementia, one hospital and one rest home), confirmed that individual choices, independence, and cultural beliefs are respected, and resident autonomy is promoted.</p> <p>Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required.</p> <p>Interviews with eleven staff (six HCAs, two registered nurses [RNs], one activities coordinator, one chef manager, one maintenance person) and unit manager (UM) and review of care plans identified that the service's care philosophy is resident and family/whānau centred and all interviewees confirmed their understanding of Māori rights in relation to their roles. Staff have completed cultural training which includes Māori rights, Te Tiriti o Waitangi and health equity.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The CHT Te Awamutu annual training plan schedules education that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided twice in 2022 to support the provision of culturally inclusive care. The organisation's orientation checklist has a section where the staff member is required to read and understand the principles of Te Tiriti o Waitangi. Māori cultural days are celebrated (including Matariki and Waitangi Day).</p> <p>The service has acknowledged a cultural care philosophy that is</p>

		<p>based on Te Whare Tapa Whā in the Māori health plan. Te reo Māori is promoted through daily activities and interaction with residents and staff as observed during the facility tour and activities programme. Policies and procedures are reviewed to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken. The service responds to all residents' holistic needs.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe 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>	FA	<p>The organisational plan and Māori health plan documents milestones and objectives related to wellbeing outcomes for Māori. Specific cultural values and beliefs are documented in the resident's care plans and this is the foundation of delivery of care by using a strengths-based and holistic model of care, as evidenced in the resident centred care plans. The Māori Health plan describes how care is provided based on the four corners of Māori health Te Whare Tapa Whā. The Māori Health plan documents a goal to understand the impact of institutional, interpersonal, and internalised racism on resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions.</p> <p>The policy is a set of standards and outlines the behaviours and conduct that all staff employed at CHT Te Awamutu are expected to uphold. CHT organisational policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The 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. Cultural days are held to celebrate diversity. Staff have completed annual Code of Conduct and Abuse and Neglect training. Education outcomes encourage reflectiveness, self-awareness, and thoughtfulness to promote good teamwork. Staff interviewed stated they are supported to foster a positive workplace culture.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	FA	<p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga</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>guidelines. The Māori Health Plan is available to guide on cultural responsiveness to Māori perspective of health. The registered nurses interviewed demonstrated a good understanding of informed consent processes. Cultural training includes best tikanga guidelines.</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>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. A complaints management policy includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. The unit manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process.</p> <p>A complaints register is being maintained. Five complaints were lodged since the last audit in 2021 and ten for 2022 and two in 2023 year to date. One complaint related to an incident in November 2022 was lodged with Te Whatu Ora - Health New Zealand - Waikato. The service completed an internal investigation (sighted) and formulated a response within the requested timeframe. Te Whatu Ora - Waikato closed the complaint in February 2023 with no corrective actions required. The funder has requested follow-up on clinical responsiveness and communication with family/whānau, this audit has identified no issues related to communication and clinical responsiveness. The complaints reviewed evidenced no identified trends. Follow-up and resolution letters link to the national advocacy</p>

		<p>service. Complaints follow-up and resolution occur within the timeframes and guidelines of the Health and Disability Commissioner (HDC).</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>CHT Te Awamutu is located in Te Awamutu, Waikato and is part of Christian Healthcare Trust (CHT). CHT oversee sixteen aged care facilities on the North Island, four in the Bay of Plenty and twelve situated around Auckland. The service provides care for up to 40 residents hospital level (medical and geriatric) and rest home level of care and 20 at dementia level of care. There are 40 dual purpose rooms.</p> <p>On the day of the audit there were 58 residents: 11 rest home residents, including one resident on an Accident Compensation Corporation (ACC) contract, and 28 hospital level residents, including one resident on an ACC contract. There were 19 residents at dementia level of care. The remaining residents were under the age-related residential care agreement (ARRC).</p> <p>CHT is a Charitable Trust. The governance body consists of six trustees. The organisational plan and milestone report (business plan) 2022-2023 describes the vision, values, and objectives of CHT Te Awamutu. The business plan has clear business goals to support their philosophy of resident focussed care. There is a business plan that includes quality goals that are discussed and reported on at the monthly Board meetings. The business plan describes annual goals and objectives that support outcomes to achieve equity for Māori and addressing barriers for Māori.</p> <p>CHTs Māori health plan incorporates the principles of Te Tiriti o Waitangi, including partnership in recognising all cultures as partners and valuing each culture for the contributions they bring. This is a governance document. One of the actions from this plan is to develop meaningful relationships with kaumātua/kuia at governance, operational and service level. They look to achieve this through involvement with Māori Health units at Te Whatu Ora - Waikato, local Māori dignitaries and iwi and hapu. This action is a work in progress. The Board and executive team have attended cultural training to</p>

		<p>ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The unit manager and area manager have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning through feedback collated from monthly residents' meetings and annual resident and family/whānau surveys. Tāngata whaikaha have meaningful representation through monthly resident meetings and annual satisfaction surveys. The management team review the results and feedback to identify barriers to care to improve outcomes for all residents.</p> <p>The unit manager (registered nurse) has been in the role for four months; with experience in health facility management and aged care. The area manager supports the unit manager. The clinical coordinator resigned at the end of November 2022 and the position has been advertised. The unit manager is providing clinical oversight.</p> <p>The unit manager has maintained at least eight hours of professional development activities related to managing an aged care facility, and other training includes CHT three days leadership forums: advocacy and complaint management; health and safety; fire safety; emergency procedures, Covid preparedness and Te Whatu Ora - Waikato infection control 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</p>	<p>FA</p>	<p>CHT Te Awamutu has procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by the Quality, Health & Safety Committee (QHSC), which is a sub-committee of the Board. New policies or changes to policy are communicated and discussed with staff.</p> <p>The quality programme includes a quality programme policy, and quality goals (including site specific business goals) that are reviewed monthly in unit review meetings, as well as being discussed in the</p>

<p>and support workers.</p>		<p>monthly staff/quality meetings.</p> <p>CHT Te Awamutu 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. Clinical indicator data is collected, analysed at facility level, and benchmarked. Benchmarking occurs internally with other CHT facilities monthly, and externally through other New Zealand aged care providers quarterly.</p> <p>Meeting minutes reviewed evidenced quality data is shared in staff meetings. Internal audits are completed six-monthly by the area manager. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. Monthly clinical meetings, staff meetings, weekly memo, and comprehensive handovers ensure good communication. Quality data and trends in data are posted on a quality noticeboard.</p> <p>The 2022 resident satisfaction survey reported high satisfaction results for all areas of service delivery. Results of the survey have been collated and analysed, and a comprehensive report completed. Survey results were communicated to staff and residents (meeting minutes sighted). There were no areas identified for improvement.</p> <p>A health and safety team meets bi-monthly, and they provide health and safety as a regular topic in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level and reported to the area manager; a consolidated report and analysis of all facilities are then provided to the Board monthly. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Twelve accident/incident forms were reviewed for February 2023. Each accident/incident are documented on the electronic adverse event form, each event has a severity risk rating and immediate action and escalation to an RN is documented; all forms have evidence of a thorough investigation (follow-up action/s required) to address opportunities to minimise future risks or being signed</p>
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		<p>off/closed off by the unit manager. Incident and accident data is collated monthly and analysed by both the unit manager and the area manager. Results are discussed in the staff/quality meetings.</p> <p>Discussions with the unit manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been 161 shifts reported of RN shortage and unavailability on section 31 notification forms, four pressure injuries and one police involvement for the period July 2021-31 March 2022.</p> <p>For the period 1 April 2022-28 February 2023 there were 358 shifts reported of RN shortage and RN unavailability, three pressure injuries and one police involvement. The change in unit manager was reported by CHT support office to HealthCERT at the time the change occurred.</p> <p>One Covid-19 outbreak in May 2022 and gastroenteritis outbreak in November 2022 were reported to Public Health. These were appropriately notified, managed and staff debriefed.</p> <p>Cultural safety is embedded within the documented quality programme and staff training. Staff completed Māori cultural competencies in 2022. Staff are supported to learn te reo and e-learning material and resources are available.</p> <p>The service collects ethnicity data during the resident's entry to the service and is reviewing quality data in relation to improving 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</p>	<p>PA Moderate</p>	<p>There is a staffing rationale policy that describes rostering and staffing ratios and skill mixes in an event of acuity change and outbreak management. The unit manager interviewed confirmed staff needs are included in the monthly report to the area manager. Staffing is flexible to meet the acuity and needs of the residents, and this was confirmed during interviews with RNs and HCAs. There is a first aid trained staff member on duty 24/7.</p> <p>Six weeks of rosters were reviewed and evidenced that shifts where HCAs and support staff were absent/sick were replaced with another</p>

<p>services.</p>		<p>person.</p> <p>Interviews with staff confirmed that their workload is manageable. The unit manager interviewed confirmed an experienced workforce with the majority been employed for more than 12 months. There is a full complement of HCAs with no available vacancies. The unit manager confirmed the usual full time equivalent of RNs to be five; however, two full time RNs and two casual RNs available to cover the roster. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p> <p>There is one current registered nurse vacancy including a clinical coordinator role. Recruitment strategies and efforts are ongoing.</p> <p>There is access to an agency that is used to backfill RN vacant shifts. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Interviews with residents and family/whānau confirmed their care requirements are attended to in a timely manner. The facility has not requested to use virtual RN support services.</p> <p>The unit manager is on call 24/7.</p> <p>An RN is allocated Sunday to Friday with a medication competent HCA; two medication competent HCAs on a Saturday (the RN from dementia unit provides support) in the mornings. Four HCAs (long shifts) with two floaters (shorter shifts) in the morning, the same for the afternoon and two at night.</p> <p>An RN is allocated to the dementia unit on a Monday, Tuesday, and Saturday from midday to 8.30 pm and an enrolled nurse (EN) on Wednesday, Thursday, and Friday midday to 8.30 pm. Two HCAs in the morning, two in the afternoon and one at night. There is a medication competent HCA on each shift.</p> <p>There are insufficient numbers of RNs employed to cover annual leave or RN sick leave. The service utilises agency RNs to cover the roster and the unit manager also provides cover; however, there are three nights shifts where RNs are unavailable, and the shifts are covered by medication competent level 4 HCAs. One night RN has</p>
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	<p>been recruited but has not yet commenced employment.</p> <p>There are enough HCAs to cover the roster and there are sufficient non-clinical staff to ensure non-clinical duties are performed. Kitchen services are contracted out, cleaning and laundry staff are rostered seven days a week. Activities staff covers seven days a week by an activities coordinator and diversional therapist (DT).</p> <p>The training schedule for 2022 reviewed evidenced all education topics have been implemented. There is an annual education and training schedule being implemented for 2023. The education and training schedule lists compulsory training which includes cultural awareness training, informed consent, pain management, complaints management and communication and management of the deteriorating adult. Cultural safety and awareness training occurred twice in 2022. External training opportunities for care staff include training through Te Whatu Ora - Waikato.</p> <p>Health equity training has been provided to staff as part of the cultural safety training. Educational outcomes and objectives include mandatory training for staff including an understanding of health equity. On interview, staff confirmed a knowledge of the Treaty of Waitangi and cultural practices relating to Māori. The learning platform and expertise of Māori staff creates opportunities for the workforce to learn about and address inequities. Staff interviewed described how they are supported to learn te reo Māori.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-eight healthcare assistants are employed. Thirty-one HCAs have achieved level three NZQA qualification or higher. Staff are supported by a Careerforce assessor to complete their qualifications.</p> <p>Twenty HCAs are allocated to work in the dementia unit. Sixteen completed the relevant required dementia unit standard training and four are currently enrolled to complete the dementia unit standards and all are due to complete within the required timeframe.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Competency assessments include but are not limited to restraint; emergency management including (six-monthly) fire drills;</p>
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		<p>moving and handling; hand hygiene; and donning and doffing of personal protective clothing. A selection of HCAs completed medication administration competencies that included second checker competency, oxygen administrator via a concentrator and insulin competency. A record of completion is maintained on their file. Additional RN specific competencies are listed and scheduled annually to include subcutaneous fluids, syringe driver and interRAI assessment competency.</p> <p>Two (including unit manager) of five RNs are interRAI trained. RNs attend in-service training and have completed sessions on recognising deterioration in the adult, sepsis, delirium and dementia related training, Covid-19 preparedness; wound management; pain management; communication and complaints management, medication management including administration of oxygen; and training related to specific conditions and medications. External training is available from Te Whatu Ora - Waikato and hospice.</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>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Five staff files reviewed 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>A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration. There is an appraisal schedule available.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. 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. The service demonstrates that the orientation programmes support RNs and</p>

		<p>HCAAs to provide a culturally safe environment to Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Information held about staff is kept secure. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>CHT Te Awamutu entry and consumer rights policy is in place, which provides guidelines for the management of inquiries and entry to service. All enquiries and those declined entry are recorded on the pre-enquiry form.</p> <p>There were Māori residents and staff members with Māori whakapapa at the time of the audit. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. The service works in partnership with local Māori communities and organisations to benefit Māori individuals and whānau. The unit manager stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions can be 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>Five resident files were reviewed which included two rest home residents (one on an ACC contract), two hospital residents and one dementia level resident. All residents have admission assessment information collected and an interim plan completed at time of admission.</p> <p>The service contracts a GP from a local health centre for weekly visits. The permanent residents' files evidenced that the GP visits the service at least weekly and is available on call. The GP had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. The GP (interviewed) commented positively on the service and confirmed appropriate and</p>

	<p>timely referrals.</p> <p>Registered nurses are responsible for all resident assessments, care planning and evaluation of care. Resident care plans are developed using an electronic system. Residents and family/whānau are involved in the development and evaluation of the care plan.</p> <p>Care plans include cultural goals, spiritual support, whānau, physical and mental health of residents. The care plan identifies resident focused goals. For end-of-life care the service uses Te Ara Whakapiri.</p> <p>All assessment and care planning is undertaken by a registered nurse. Initial care plans are developed with the resident's enduring power of attorney (EPOA) consent within the required timeframe. Long-term care plans had been completed within 21 days for long-term residents and the first interRAI assessments had been completed within the required timescales for all resident files reviewed. All resident files (including ACC) had an interRAI assessment completed.</p> <p>The care plans identify resident-focused goals (pae ora outcomes). InterRAI assessments sampled had been reviewed six-monthly and care plans evaluated within the required six-month timeframe with written progress towards goals. The residents' activity needs are reviewed six-monthly at the same time as the care plan review process.</p> <p>Where progress was different from expected, the RN, in collaboration with the resident or 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. Evaluation of care plans occurred within the required timeframes; however, care plan interventions did not always describe in detail, all support required to address needs in three (one rest home, one hospital and one dementia level of care) of the five files reviewed.</p> <p>The interRAI assessment forms the basis of the care plan. Interventions are recorded for key identified areas that require support; the interventions are recorded to a detail that is sufficient to guide staff in the care of the resident. The service supports tāngata</p>
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	<p>whaikaha and whānau to independently access health information and multidisciplinary health services as required. Any barriers are identified, minimised and documented in care plans.</p> <p>The long-term care plan is holistic and aligns with the organisations model of care. Cultural assessment details are weaved through all sections of the care plan. The lifestyle questionnaire reflects the partnership and support of residents, family/whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the care plan. Behaviours that challenge are assessed when this occurs and include triggers and personal strategies. The diversional therapist (DT) completes a 24-hour leisure plan for all residents in the dementia unit, describing the resident's usual morning, afternoon, and night-time habits/routines.</p> <p>Short-term care plans are developed for the management of acute problems. These were also noted on the staff handover sheets, which were comprehensive in nature. Healthcare assistants described a verbal and written handover (observed) between the shifts. Progress notes are maintained on every shift and for all significant events.</p> <p>Resident electronic files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist and dietitian are available by referral. A podiatrist visits six-weekly. Other allied health professionals involved in care include hospice, clinical nurse specialists, mental health nurse, and medical specialists from Te Whatu Ora - Health New Zealand – Waikato.</p> <p>Family/whānau were notified of all changes to health, including infections, accidents/incidents, GP visits, medication changes and any changes to health status. Family/whānau notifications and discussions were evident in the files reviewed.</p> <p>A wound register is maintained. There were 10 wounds in total. These included two pressure injuries (one resident) and was an unstageable and deep tissue injury; one chronic leg ulcers and the remaining wounds were skin tears, and minor lesions. Wound dressings were being changed appropriately in line with the documented management plan. The service can access the local wound nurse specialist if required. Photographs were uploaded to</p>
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		<p>evaluate the progression towards healing and a clinical nurse specialist is involved for wound care advice.</p> <p>Continence products are available and care plans reflect the required health monitoring interventions for individual residents.</p> <p>Healthcare assistants and RNs complete monitoring charts, including bowel charts; blood pressure; reposition charts; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regimens. There is a falls prevention and management policy and procedure for recording neurological observations; these were not consistently recorded for unwitnessed falls.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is conducted by an activities coordinator and diversional therapist over seven days a week. The activities coordinator reported that the service supports community initiatives that meet the health needs and aspirations of Māori and family/whānau. This included visits and activities held in conjunction with the local marae. Opportunities for Māori and family/whānau to participate in te ao Māori are facilitated. Residents and family/whānau interviewed felt supported in accessing community activities such as celebrating national events. Matariki, Waitangi Day and Anzac holidays, and Māori language week are celebrated. Other activities included harakeke crafts and sing-along. Karakia in meetings, promotion of te reo and celebratory meals are included in day-to-day operations of the facility. The planned activities and community connections are suitable for the residents. Van trips are conducted twice a week utilising a community minibus.</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</p>	FA	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (electronic system) 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. The GP or</p>

<p>and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>NP has completed three-monthly medication reviews on all medication charts.</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.</p> <p>A total of 10 medicine charts were reviewed. Allergies are indicated, and all photos on medication charts were current. Indications for use are noted for pro re nata (PRN) medications, including over the counter medications and supplements. Efficacy of PRN medication is documented in the progress notes and electronic management system and evidence of this was sighted. Eye drops were dated on opening.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents forms were completed in the event of a medication error and corrective actions were acted upon. A medication round was observed, and the RN was observed to administer medications safely and correctly. Medications were stored safely and securely.</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 attended to promptly. Records were sighted. There were no residents self-administering medications; however, there are policies and procedures in place should a resident wish to administer their medications. No standing orders were in use, and no vaccines kept on site.</p> <p>The medication policy clearly outlines residents (including Māori residents and their whānau) are supported to understand their medications. This was confirmed in interviews with the registered nurses. The registered nurses and unit manager described how they work in partnership with all residents to ensure the appropriate support and advice is in place. Residents are involved in their three-monthly medical reviews and six-monthly multi-disciplinary reviews. Any changes to medication are discussed with the resident and or family/whānau.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The chef manager advised that as part of cultural celebrations such as Matariki there is choice of Māori foods. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, dislikes and cultural needs. Food safety training completed by kitchen staff includes cultural concepts such tapu and noa. The chef manager described how they provide menu options culturally specific to te ao Māori.</p> <p>There is a documented food control plan. Food temperatures were checked at all meals. Kitchen fridge and freezer temperatures are monitored and recorded daily through an electronic monitoring system. All fridges in resident areas were monitored and within required and acceptable ranges. The previous audit shortfall (HDSS:2008 criteria 1.3.13.5) around monitoring of fridge temperatures in resident areas has been addressed.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Residents and their family/whānau were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents’ records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents’ needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers. There is evidence of referrals for re-assessment from rest home to hospital level of care or dementia level of care.</p> <p>Interviews with the unit manager 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>FA</p>	<p>The building has a current warrant of fitness which expires on 16 May 2023. The maintenance person works part-time and oversees the annual planned and reactive maintenance programme in place, all equipment is maintained, serviced and safe, and the environment is</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>inclusive of peoples' cultures and supports cultural practices (as observed during audit).</p> <p>There are no renovations planned; the unit manager interviewed advised future developments will include consultation with local iwi to ensure they reflect aspirations and identity of Māori; this is also documented in the Māori Plan and organisational plan reviewed to include mana whenua when planning services.</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. Fire evacuation drills are held six-monthly (last occurred on 24 November 2022). The dementia unit is secure.</p> <p>The building is secure after hours and staff complete security checks at night. Visitors and contractors are identified through a sign in process. Staff wear name badges and uniforms for easy identification.</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 is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. Sufficient infection control resources including personal protective equipment (PPE) were sighted. The infection control resources were readily accessible to support the pandemic plan if required.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. The infection prevention resource nurse (coordinator) partners with Māori residents and staff to ensure the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. In interviews, staff understood tikanga guidelines related to infection prevention. The Māori Health plan includes the importance of ensuring culturally safe practices in infection prevention. The infection prevention resource nurse has access to a Māori Health advisor at Te Whatu Ora - Waikato as needed.</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>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 unit manager reported that the GP or NP 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 an HAI are practiced as sighted in the progress notes, infection control meeting and resident meeting minutes. All infections are collated and reported on monthly to the Board. Where there are significant incidents, these are reported to the Board as soon as possible. Ethnicity data for infections surveillance can be extracted from the electronic system for analysis.</p> <p>There has been one Covid-19 outbreak in May 2022 and one gastroenteritis outbreak in November 2022 since the previous audit. This was managed effectively with support and advice from Te Whatu Ora - Waikato, area manager and Public Health.</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>CHT Te Awamutu is currently restraint free. The restraint policy identifies the organisations commitment to minimising restraint use. Restraint use is benchmarked and linked to operational goals of reducing and eliminating restraint. The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints.</p> <p>The restraint coordinator is the unit manager, who provides support and oversight to maintain a restraint free environment. The restraint coordinator is conversant with restraint policies and procedures. The quality reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. Review of restraint is an agenda item at staff meetings. A review of the records related to restraint should this be needed, included assessment, consent, monitoring, and evaluation documentation.</p>

		<p>Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered. Restraint will only be used as a last resort when all alternatives have been explored. Regular training occurs in management of challenging behaviour and restraint minimisation. Staff completed restraint competencies.</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>	<p>PA</p> <p>Moderate</p>	<p>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. The roster continues to evidence insufficient RN cover with no RN on approximately three-night shifts. In the absence of an RN, an international qualified nurse (IQN) who is medication competent is rostered to provide cover.</p> <p>The unit manager is on call 24/7. Interviews with staff confirmed that their workload is overall manageable, and that the unit manager is very supportive. Staff and residents are</p>	<p>There are not enough RNs employed to provide coverage on the roster to meet the requirements of the ARRC D17.4.a. i.</p>	<p>Ensure there are a sufficient number of RNs employed to provide coverage of RN shifts to meet the requirements of the ARRC D17.4.a. i.</p> <p>180 days</p>

		informed when there are changes to staffing levels, evidenced in staff interviews. There are enough staff with first aid certificates to cover the roster.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a</p>	<p>PA Moderate</p>	<p>InterRAI assessments and reassessments are completed within the contractual requirements. Residents and family/whānau interviewed stated they are involved in the planning, goal setting and evaluation of care. Cultural, spiritual and lifestyle needs are identified. The care plan evidenced multidisciplinary involvement. Medical conditions, medication risks and interRAI key areas are addressed in the care plan; however, the interventions required to manage these are insufficient in three of the five files reviewed.</p> <p>When a person needs change the provider did not always complete a reassessment. Three of five files reviewed evidenced that reassessments of risks were not always completed when a resident health care needs has changed.</p> <p>Interviews with HCAs evidenced progress notes are required to be completed on every shift; however, one resident's progress notes did not reflect a true picture of the resident's care journey.</p>	<p>(i) Interventions were insufficient for the following files reviewed: (a) one hospital resident behaviour did not include interventions to describe the triggers and de-escalation required; (b) one rest home resident did not have sufficient interventions recorded to manage pain, falls prevention strategies and cardiopulmonary interventions; (c) one dementia level resident did not have recorded interventions to manage a hand brace and assistance needed.</p> <p>(ii) There was no evidence of pain assessments and mobility reassessments for three residents returning from hospital after sustaining fractures following a fall (one from the dementia unit and two from the rest home).</p> <p>(iii) One rest home resident returning from hospital progress notes did not reflect their return form hospital: nor other entries for a period of 10 days.</p>	<p>(i) Ensure interventions are recorded in detail to provide the required support to address assessed needs.</p> <p>(ii) Ensure reassessments of risks are completed when health care needs change.</p> <p>(iii) Ensure progress notes reflect a true picture of the resident's journey.</p> <p>90 days</p>

<p>person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Low</p>	<p>Monitoring charts are utilised to monitor residents care needs. Behaviour monitoring charts are established as a short-term strategy to identify triggers. Monitoring charts are reviewed weekly, and changes are linked to the long-term care plan. There is a policy that guides staff in the management of unwitnessed falls and the requirement of completing neurological observations; however, not all neurological observations were completed as per policy requirements. Both falls did not result in any injury and the residents recovered well.</p> <p>There is evidence of family/whānau involvement in the implementing of the support plans.</p>	<p>Two of four incident forms reviewed related to unwitnessed falls did not have neurological observations completed as per the policy.</p>	<p>Ensure neurological observations are completed as per policy.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.