

Heritage Healthcare Limited - Karetu House

Introduction

This report records the results of a Partial Provisional Audit; Certification 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: Heritage Healthcare Limited

Premises audited: Karetu House

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

Dates of audit: Start date: 3 August 2023 End date: 4 August 2023

Proposed changes to current services (if any): This partial provisional audit was to verify 25 new beds as suitable for hospital or rest home level of care (dual purpose). The total number of beds will move from 43 to 68. This audit also added medical services to the scope of services offered.

Total beds occupied across all premises included in the audit on the first day of the audit: 33



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

Karetu House is owned and operated by Heritage Healthcare Limited with two facilities owned by the company. The service provides care for up to 43 residents at hospital (geriatric and medical) and rest home level care. On the day of the audit there were 33 residents.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard and the contract with Te Whatu Ora Health New Zealand - Te Toka Tumai Auckland. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, management, the general practitioner, and staff.

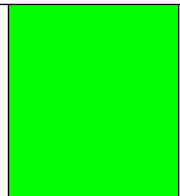
A partial provisional audit was also conducted to establish the level of preparedness for Karetu House applying for certification of a new wing to provide a further 25 dual purpose beds. Total number of beds will be 68. The new wing has not been opened to date; however, the service wishes to open on the 14 August 2023 or as soon as approved.

Karetu House is governed by the owner/director (registered nurse) who is supported by a facility manager and clinical manager (registered nurse). All have extensive experience in managing an aged care facility. Quality systems and processes are implemented. Feedback from residents was positive about the care and the services provided. Equipment requirements, and documented systems and processes are appropriate for the increase in beds.

The certification audit identified an improvement required in relation to registered nursing (RN) staffing.

The partial provisional audit identified an improvement related to the call bell system.

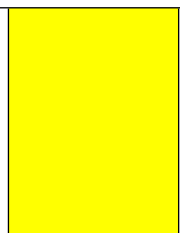
Ō tatou motika | Our rights

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.
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Karetu House provides an environment that supports resident rights and safe care. The service works to provide high-quality and effective services and care for all its residents. Staff demonstrated an understanding of residents' rights and obligations. There are Māori and Pacific health plans with a stated commitment to providing culturally appropriate and safe services. Staff are employed, where able, to represent the ethnicity of the group of residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents (and family/whānau if engaged with the service) are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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.
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Services are planned, coordinated, and are appropriate to the needs of the residents. The strategic document informs the annual business plan. Service objectives are defined and regularly reviewed. Internal audits, and the collection/collation of data were documented as taking place as scheduled, with a robust corrective action process implemented. Quality and risk performance is reported in management and staff meetings.

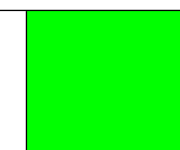
Health and safety processes are implemented with this itemised as a regular agenda item at all meetings. Contractors and staff are orientated to health and safety processes.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme that covers relevant aspects of care and support.

The staffing policy aligns with contractual requirements and includes skill mixes. Residents reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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On entry to the service, information is provided to residents (and their whānau if engaged with the resident) and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents'

files reviewed demonstrated evaluations were completed at least six-monthly. Residents who identify as Māori or Pasifika have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The activity programme is managed by a diversional therapist. The activity programme provides residents with a variety of individual, group activities and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. A contracted dietitian reviews the menu plans. Residents confirmed satisfaction with meals provided.

Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

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.		Some subsections applicable to this service partially attained and of low risk.
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The building holds a current building warrant of fitness certificate, and a certificate of public use for the newly completed wing. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Bedrooms are a mixture of single, double, ensuites or shared facilities. There are communal shower rooms with privacy locks. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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.

Infection prevention and control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

Pandemic plans and the Covid-19 response plan are in place and the service has access to personal protective equipment supplies. There have been two Covid-19 outbreaks, and these has been well documented and reviewed.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Infection prevention and control processes established will not need to be changed to accommodate the new wing.

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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit there were no residents using a restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	2	0	0	0
Criteria	0	166	0	2	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Karetu House has embraced Māori culture, beliefs, traditions and te reo Māori, and is committed to respecting the self-determination, cultural values, and beliefs of their residents and family/whānau (noting that there are very few family involved in the lives of the residents at the service).</p> <p>The service completed a basic facility cultural health check in June 2022 that included a review of the current policies, a facility environmental review and a staff survey. As a result of the review, key policies were reviewed, and updated and there is now a Māori Health Plan; policies including Te Reo in the Workplace, a Treaty Policy, Death and Tangihanga and other additional policies were added to support Māoridom in the facility including Māori nutrition, and traditional or complimentary medication. Te Tiriti principals were referenced. The service consulted with Te Whatu Ora Health New Zealand - Te Toka Tumai Auckland and a Kaupapa Māori service in the community who has continued to provide support, advise and a review of practice for Māori. A new cultural advisor role has been put</p>

		<p>in place with a Māori staff member recruited for 16 hours a month to implement the job description. Staff are surveyed regarding their understanding and knowledge of tikanga and te ao Māori including whanaungatanga, manakitanga, Kōtahitanga, rangatiratanga, and mana. Support is also available from Māori wardens who visit the service.</p> <p>The Māori health plan confirms the organisation is committed to ensuring that the needs of Māori residents are met in a way that is culturally safe and acceptable to both the resident and their whānau/hapu/iwi. Individual care plans for residents who identify as Māori reflect their individual needs. Records for residents who identify as Māori were reviewed and both reflected their needs with interventions provided to meet these needs. The staff and management meeting minutes describe activities provided to all residents and those specifically provided to Māori residents. Matariki celebrations have recently been held. Resident requests for food that reflects their culture has been heard and the menu and impromptu cooking demonstrates the commitment to providing appropriate services for Māori.</p> <p>The staff and management meeting minutes record discussion related to the clinical philosophy; 'Me mahi tahi taatou mo te oranga o te katoa – we should work together for the wellness of everyone,' values such as pono - integrity and Kotahitanga/mahi tangi – teamwork with how these have been practiced over the past month.</p> <p>The service analyses health outcomes of Māori vs non-Māori and actively strives to try to achieve equitable outcomes. The management meeting minutes summarize progress against Māori indicators and the documentation reflects a focus on improving individual Māori health and wellbeing. The service has residents who identified as Māori at the time of the audit with Māori staff who can speak te reo Māori and support both staff and Māori residents.</p> <p>Staff interviewed confirm they feel supported by the organisation and the organisation's commitment to Māori. Te reo learning is supported and encouraged with an online course offered to all staff. The Māori cultural advisor trains staff annually and as opportunities are presented around Te Tiriti o Waitangi and te ao Māori. The last training was provided in June 2023 with very positive feedback</p>
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		<p>provided from staff.</p> <p>Residents (and whānau whenever possible) are involved in providing input into the resident's care planning, their activities, and their dietary needs. A resident who identifies as Māori confirmed their satisfaction with the cultural aspects of the service. The service has actively recruited and retained a Māori workforce with the service showing a commitment to career progressions for Māori staff. A staff member who has been in the service for a long time for example has been promoted into a senior role recently.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>There is a Pacific peoples policy that follows the guidance provided in Ola Manuia: Health and Wellbeing Action Plan 2020-2025. Pacific support is provided by staff who identify as Pasifika (Cook Island, Fijian Indian, Samoan, Niuean, Tongan). These individuals provide support for the local Pacific community and provide a pathway for family/whānau to contact other members of the Pacific community to provide support for residents. The managers and staff have strong links into local Pacific providers in the community.</p> <p>On admission, all residents state their ethnicity. There are residents who identify as Pasifika. The resident's whānau are encouraged to be involved in all aspects of care, satisfaction of the service and recognition of cultural needs. Seven residents (four rest home and three hospital) interviewed confirmed that individual cultural beliefs and values are respected. Interviews with managers and staff and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p> <p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is accessible in a range of Pacific languages.</p> <p>Three managers interviewed (owner/director/registered nurse, facility manager and clinical manager/registered nurse) and staff interviewed (four healthcare assistants [HCAs], one registered nurse, one cook, one cleaner, and one diversional therapist) described how care is based on the resident's individual values and beliefs.</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>Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The owner/director, clinical manager and/or registered nurse discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the two-monthly resident meetings. Residents interviewed reported that the service is upholding the residents’ rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>A spirituality policy is in place. There are links to spiritual supports. Church services are held on site regularly. The service recognises Māori mana motuhake and this is reflected in the Karetu House Māori health plan.</p> <p>Staff receive education in relation to the Code at orientation. This training is repeated annually through the education and training programme and includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. An advocate from the Nationwide Advocacy Service visits Karetu House at least annually. Residents interviewed confirmed that services were provided as per the Code.</p> <p>There are only a very small number of residents who have family engaged with them and none were available for interview during the audit. The records for six residents reviewed noted that family were not engaged in the lives of the resident and the GP interviewed confirmed that family did not wish to be involved. Residents interviewed also stated that family of theirs were not engaged in their lives.</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>Healthcare assistants and registered nurses interviewed described how they support residents to make informed, independent choices. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and other forms of support. Residents also have control over and choice over activities they participate in and are encouraged and assisted to exercise freedom of choice, and their right to autonomous decision-making related to their health and wellbeing. It was observed that residents are treated with dignity and respect.</p> <p>The staff education and training plan reflects training that is responsive to the diverse needs of people across the service. The service promotes cultural safety through educating staff about te ao Māori and listening to tāngata whaikaha when planning services. Satisfaction surveys completed in 2023 confirmed that residents are treated with respect. This was also confirmed during interviews with residents. Staff were observed to use person-centred and respectful language with residents.</p> <p>A sexuality and intimacy policy is in place with training as part of the orientation programme and education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There are shared rooms in the service and each resident gives consent to share a room. There are curtains in shared rooms to give each individual their own privacy.</p> <p>Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' gender and sexuality are respected. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission (with family involvement when possible) and is integrated into the resident's care plans.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available for staff to access. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori.</p>
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<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>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days celebrate diversity in the workplace with the recent Matariki celebrations evidencing this.</p> <p>A staff code of conduct is discussed during the employee’s induction to the service, with evidence of staff signing this document. This document addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Policy acknowledges institutional racism and seeks to abolish it through education and training.</p> <p>Staff complete education during orientation, and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. The residents interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents’ comfort funds. Professional boundaries are defined in job descriptions. Interviews with a registered nurse and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace with the aim to improve outcomes for Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Monthly resident meetings identify feedback from residents and subsequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms include a section to indicate if next of kin have</p>

<p>people who use our services and effectively communicate with them about their choices.</p>		<p>been informed (or not). Accident/incident forms reviewed identified that families/whānau are kept informed following consent by the resident (if able) or documentation is completed stating that the resident does not have family involved in their care.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak or understand English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora-Te Toka Tumai Auckland specialist services. The delivery of care involves a multidisciplinary team approach, and residents provide consent and are communicated with regarding services involved. The clinical manager and registered nurse described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents confirmed they know what is happening within the facility and felt informed through resident meetings and an open-door philosophy.</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>FA</p>	<p>Informed consent processes are discussed with residents and families/whānau on admission. Six resident files sampled included written consents signed by the resident. These included consent for care and support, for photographs, sharing of information, family involvement, and for sharing a room. Advanced directives were documented in all files reviewed. HCAs and registered nurses interviewed, confirmed verbal consent is obtained when delivering care and this was observed as being requested on the days of audit. Tikanga best practice is reflected in informed consent policies. All residents make decisions as per their capacity. Any legal</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>representative is described by staff and managers as only making decision on their behalf in the event of an emergency noting that this has not happened since the last audit.</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 on entry to the service. Complaints forms are available at the entrance to the facility. A record of all complaints, both verbal and written is maintained by the owner/director in the complaint register. The staff interviewed could describe directing the complainant to the most senior person on duty. Residents advised that they are aware of the complaints procedure and how to access forms.</p> <p>There have not been any complaints received since the previous audit. Discussions with residents confirmed they are provided with information on complaints and are aware complaints forms are available. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly where concerns can be raised. Residents interviewed stated that they would have no problem making a complaint or talking with any of the managers or registered nurse if they had concerns. The owner/director acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p> <p>There have not been any complaints referred to the organisation from external providers.</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</p>	<p>FA</p>	<p>Karetu House is owned by Heritage Healthcare Limited and is a family owned and operated company. Heritage Healthcare Limited owns two facilities with the owner/director (RN) overseeing all activities. Karetu House was opened in 2005. The majority of residents in the service have identified mental health issues and the service caters for and recognises the needs of a significant range of ages, gender mix and cognitive needs of the residents. The management team works to ensure that all barriers for residents accessing information and specialist services are identified and reduced. The service has good</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>working relationships with a range of specialist services available through Te Whatu Ora-Te Toka Tumai Auckland. The owner/director (RN), the facility manager, clinical manager and staff have completed cultural training and training around discrimination and equity.</p> <p>The service is currently certified for 43 residents (16 for residents requiring rest home level of care and 27 for residents requiring hospital level of care). On the day of the audit, there were 33 residents. This included 25 requiring rest home level of care including one resident funded by ACC and two residents on a Long-Term Support- Chronic Health Conditions (LTS-CHC) contract. There were eight residents requiring hospital level of care including two young people with disability (YPD) contract, and two on an LTS-CHC. All other residents were under the Age-Related Residential Care (ARRC) contract.</p> <p>The governance of the service is via the owner/director who has input into all activities at the service. The owner/director is also a registered nurse and ensures that all legislative, contractual, and regulatory requirements are adhered to. This includes ratification of all policies and procedures and oversight of implementation of these. The structure is appropriate to the size of the service. The owner/director gathers information and feedback via the monthly resident meeting. Residents interviewed described this as a forum that was useful for them to have input into planning and implementation of service delivery. Residents interviewed stated that they did not want to fill in forms and this was also reiterated by the managers. There is an open-door process put in place by the owner/director and managers and this offers residents the opportunity to escalate any concerns at any time. The owner/director ensures that there is Māori representation at all levels of the organisation. This includes feedback via the facility cultural health check completed in June 2022 with review of key policies and the development and ongoing implementation of a Māori Health Plan. The service consulted with Te Whatu Ora and a Kaupapa Māori service in the community who provides support, advise and a review of practice for Māori residents. The newly appointed cultural advisor has input into planning etc and attends all meetings. The owner/director has completed training in Te Tiriti, health equity, and cultural safety as core competencies in 2023. Plans are in place for</p>
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		<p>the remaining Board members to attend.</p> <p>Karetu House overall vision and values is documented in the business plan 2022-2023 along with the mission statement and goals. All staff are made aware of the vision and values during their induction to the service. The business plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The annual quality and risk management programme reflects evidence of regular compliance and risk reporting that highlight operational goals. Outcomes and corrective actions are shared and discussed in the range of meetings that take place across the service with the owner/director also attending these.</p> <p>The owner/registered nurse has over 20 years' experience in aged care. The facility manager (non-clinical) is an experienced manager with over 20 years in similar roles. The day-to-day clinical operations are overseen by the clinical manager who is a registered nurse with a current practising certificate. The clinical manager has over seven years' experience in aged care, and they oversee the care provided to residents with the assistance of a registered nurse on each shift.</p> <p>Partial Provisional:</p> <p>This partial provisional audit was to verify 25 beds as suitable for hospital or rest home level of care (dual purpose). This included 19 beds upstairs and six downstairs. All are connected to the main building, and all are ready (bar one identified shortfall related to call bells link 4.2.1) to have residents admitted. A transitional plan is in place with that reviewed and signed off as tasks have been completed. The owner director would like to open the new beds on 14 August 2023 or when approval has been provided through this audit process. This partial provisional audit included reviewing staffing plans; policies/procedures; sighting the environment, service areas and clinical areas; and interviews with staff and management. There are no changes required to governance or management of Karetu House as a result of the additional beds being put in place.</p>
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<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>Karetu House implements the business plan 2023-2024 which includes quality goals. Quality activities cover performance monitoring through internal audits, satisfaction survey results and through the collection, collation, and analysis of clinical indicator data, staff training and development, and implementing organisational quality initiatives. There are 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 and have been updated to meet the Ngā Paerewa Health and Disability Services Standard 2021. New policies or changes to policy are communicated and discussed with staff.</p> <p>There are monthly staff meetings, clinical meetings(recently introduced) and management meetings. The meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and the collection/collation of data takes place as scheduled. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off by the owner/director when achieved or the facility or clinical manager. Meeting minutes are provided to staff who are unable to attend meetings. Corrective actions are discussed in relevant meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Examples of quality activities since the last audit have been the new build (25 beds), refurbishment of other rooms and working towards addressing the shortage of nurses (link 2.3.1); staff completing training to comply with Te Tiriti o Waitangi requirements in Ngā Paerewa Health and Disability Services Standard 2021; appointment of the Māori cultural advisor. Work is underway to evaluate each quality initiative.</p> <p>The 2023 resident satisfaction surveys indicate that residents have high levels of satisfaction with the services being provided. Results have been communicated to residents through resident meetings (meeting minutes sighted). There were no areas for improvement</p>
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		<p>identified.</p> <p>Reports are completed for each incident/accident. Immediate actions are documented with any follow-up action(s) required, evidenced in 14 accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. A health and safety system is in place. The health and safety team consists of the facility manager who takes a lead in oversight of health and safety. There are regular moving and handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form as sighted on two forms where this was required. There have been no serious staff injuries since the last audit. Hazard identification forms and an up-to-date hazard register was sighted. Each hazard is risk rated with controls put into place. Hazards are regularly monitored. The hazard register has been reviewed in 2023 and includes the new wing. Staff incidents, hazards and risk information is collated at a facility level, is reported to the owner/director via meetings, and is also provided to staff. Health and safety is a regular agenda item in staff, clinical and management meetings.</p> <p>Discussions with the owner/director evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT in relation to RN staffing levels (link 2.3.1) and for two pressure injuries. There have been two Covid-19 exposure outbreaks in November/December 2022 and in March 2023. External providers were appropriately notified.</p> <p>The service completes a facility cultural health check annually. Outcomes are monitored through review of care plans to ensure that staff are delivering a high quality of care for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p>	<p>PA Low</p>	<p>Interviews with staff confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirmed their care requirements are attended to in a timely manner.</p> <p>The owner/director is on site a minimum of three days a week and can work up to full time hours. This person is supported by the facility and</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>clinical managers who both work in full-time position.</p> <p>Staffing levels are adjusted based on resident acuity. RN staffing levels have not been meeting contractual requirements; however, steps have been put in place to mitigate the risk. Senior staff are overseas trained nurses and four are completing their competence assessment programme (CAP) course (one has only to receive the certificate to confirm registration). They are rostered onto a shift when a registered nurse is not available. There are currently four RNs and the clinical manager. Adequate HCAs are rostered. The clinical manager is on call for clinical issues, with the owner/director relieving for the clinical manager if they are on leave. The facility manager also provides on call services for property related issues.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. External training opportunities for care staff include training through Te Whatu Ora Te Toka Tumai Auckland and hospice. Three of the registered nurses and the clinical manager have completed interRAI training.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes, disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training. This learning platform and the expertise of Māori staff creates opportunities for the workforce to learn about and address inequities. Staff are expected to answer competency assessment questions that address health equity, Te Tiriti O Waitangi, and the meaning of mana motuhake.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. HCAs employed are supported to transition through the NZQA Careerforce Certificate for Health and Wellbeing.</p> <p>A competency assessment policy is being implemented. Staff complete competency assessments as part of their orientation (eg, hand hygiene, moving and handling, falls prevention, injections, personal protective equipment, oxygen therapy). Additional RN and senior HCA competencies cover medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin</p>
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		<p>administration, and wound management.</p> <p>All RNs are encouraged to attend in-service training and Covid-19 preparedness, palliative care, and wound management. Training occurs on specific topics at the end of the clinical meetings. The business plan reflects a leadership commitment to collaborate with Māori, aligns with Te Whatu Ora strategies and addresses barriers to equitable service delivery. The managers discuss data and information at all meetings and this, along with training for staff, encourages the collection and sharing of high-quality Māori health information. Documentation reviewed in meeting minutes confirmed that health information was shared on a monthly basis. The managers and staff work as a team. All managers and staff interviewed confirmed that this promotes a positive work environment with each person interviewed stating that there was always someone they could go to if they needed assistance or support. There are opportunities for debriefing following incidents or issues when these arise. Staff wellness is to be encouraged through participation in health and wellbeing activities. Information supporting the Employee Assistance Programme (EAP) is available to staff when employed.</p> <p>Partial provisional</p> <p>There is a staffing policy that describes rostering and safe staffing ratios. The rosters currently reflect sufficient staff on duty for up to 38 residents. Rosters have been developed for an additional RN on a morning shift if there are 48-52 residents in the service and a further additional RN on an afternoon shift when there are between 55-60 residents. Extra HCAs will be rostered onto the morning and afternoon shifts if there are 38 residents with further HCAs rostered on when there are 44 residents, 52 residents and 56 residents. An additional cleaner and kitchen staff will be added as the acuity and numbers of residents increases as per the rosters documented. The roster currently does not provide sufficient and appropriate RN coverage to meet contractual requirements. There are sufficient RNs, senior HCAs (overseas RNs) and HCAs employed to take up to 44 residents. The owner/director states that more than 44 residents will not be accepted at hospital level of care until a full suite of RNs is in place.</p> <p>A first aid trained staff is on duty 24/7.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Staff files reviewed (three HCAs, one RN, one clinical manager and one cook) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. An agreement is signed by both the new staff member and the facility manager. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The appraisal policy is implemented. All staff who have been employed for over one year have completed annual performance appraisals on file. The service has implemented an orientation programme that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff.</p> <p>Partial Provisional:</p> <p>Current employment practices have been implemented for those who will be working in the new wing.</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</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected.</p> <p>The resident files are paper based, appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Any signatures that are documented include the</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</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>On enquiry, an information booklet detailing entry criterion is provided to prospective residents and their family/whānau. There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>The service has a process in place if access is declined, should this occur. It requires that when residents are declined access to the service, residents and their family/whānau, the referring agency, and general practitioner (GP) are informed of the decline to entry. Alternative services when possible are to be offered and documentation of reason in internal files. The resident would be declined entry if not within the scope of the service or if a bed was not available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed prior to entry to the service to determine the level of care.</p> <p>The admission policy requires the collection of information that includes but is not limited to; ethnicity, spoken language, interpreter requirements, iwi, hapu, religion, and referring agency. Interviews with residents and review of records confirmed the admission process was completed in a timely manner.</p> <p>Residents ethnicity is being collected and analysed by the service. The clinical manager described relationships with identified Māori service provider groups within the community.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Six resident files reviewed: two at hospital level, including one younger person with a disability (YPD), and four at rest home level care, including one ACC and one on a long-term support chronic health contract (LTS-CHC). Initial care plans are developed in partnership with the residents/EPOA within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>The individualised long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment. The long-term care plans and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs.</p> <p>The residents who identified as Māori have a Māori health care plan in place which describes the support required to meet their needs. The registered nurse and clinical manager interviewed describe removing barriers so all residents have access to information and services required to promote independence and working alongside residents and relatives when developing care plans so residents can develop their own pae ora outcomes.</p> <p>Short-term care plans are developed for acute problems, for example, infections, wounds, and weight loss.</p> <p>The initial medical assessment is undertaken by the GP within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. The GP visits the facility at least fortnightly. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The facility is provided access to an after-hours service by the GP. A physiotherapist visits the facility as required and reviews residents referred by the clinical manager or</p>
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		<p>RNs.</p> <p>Contact details for family are recorded in the clinical file. Resident records evidenced that family are informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There was one resident with a stage 2 pressure injury. Other wounds included skin tears, abrasions, surgical wounds, and chronic ulcers. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Each event involving a resident, triggers a clinical assessment and the timely follow up by a registered nurse. Registered nurses collaborate with HCAs to evaluate interventions for individual residents at risk of falling. Neurological observations reviewed and these were recorded for unwitnessed falls and/or suspected injuries to the head as per policy or with documentation if the residents refused to have the observations completed. Family/whānau (whenever possible) are notified following incidents, as evidenced on the accident/incident forms. Opportunities to minimise future risks are identified by the clinical manager in consultation with RNs and HCAs.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the RN. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p>
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		Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.
<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 residents' activities programme is implemented by a full-time diversional therapist and the team of HCAs. Activities for the residents are provided Monday to Friday, with HCAs having access to trolleys with table games, puzzles, quizzes, and other resources to assist with activities after hours and weekends. A selection of movies is available for residents. The activities programme is displayed on a noticeboard in the communal area and on individual resident noticeboards. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from the activities staff occur regularly. Two outings are organised weekly and regular visits from community visitors occur. Communion church services are held weekly, multi-denominational services, and bible study groups are also available.</p> <p>The diversional therapist integrates te reo in the daily programme with the use of te reo phrases and everyday words as part of the daily activities programme. Cultural celebrations have included Māori language week, Te Tiriti o Waitangi and Matariki celebrations. Kapa haka, poi making and harakeke (flax) weaving form part of the activities on offer, and family/whānau participation in the programme is encouraged.</p> <p>The residents' activities assessments are completed by the diversional therapist in conjunction with the RN on admission to the facility. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review</p>

		<p>process.</p> <p>Younger residents have individualised, age-appropriate activity plans which include the use of information technology, exercise, and community contact.</p> <p>The residents and their families reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular resident meetings are held and include discussion around activities.</p> <p>Partial Provisional: The addition of the 25 care beds will have no impact upon the activities programme as it operates with sufficient resources, using a team approach between the diversional therapist and HCAs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using a paper-based was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. The medication charts reviewed had allergies documented, and all signing sheets were completed correctly.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily. Medications are stored securely in accordance with requirements.</p> <p>The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. All staff who administer medications have current competencies in place. The RN oversees the use of all pro re nata (PRN) medicines and</p>

		<p>documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the clinical manager or registered nurses. Medication information for residents and whānau can be accessed online as needed.</p> <p>There were no residents self-administering medication on the day of the audit; however, policy and procedures including assessment, review, and the provision of safe storage were in place should it be required. No vaccines are stored on site. Standing orders are used, documented with indications for use, had been reviewed and authorised by the GP at least annually.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with and prescribed by a medical practitioner. Interview with RN and clinical manager confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau.</p> <p>Partial provisional:</p> <p>Registered nurses and HCAs assessed as medication competent will continue to responsible for medication administration. The service will implement a paper-based medication system and use the existing medication room as per their current practice. The service has sufficient equipment in place (including medication trolleys) to cater for the new wing.</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</p>	<p>FA</p>	<p>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the cook at interview confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents.</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>These are accommodated in daily meal planning. For residents identifying as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>All meals are prepared on site and served in the dining room or in the residents' rooms if requested. There is a main dining room for the facility, located near to the kitchen. Meals are served directly from the kitchen into the dining room or transported in heated scan boxes to other areas of the facility as required. The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian. The food control plan is current. The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>On interview the cook was familiar with the concepts of tapu and noa. The cook discussed occasions where the service has provided culturally appropriate meal services and has menu options available for Māori and Pasifika.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Residents and families interviewed stated that they were satisfied with the meals provided.</p> <p>Partial Provisional:</p> <p>The addition of 25 care beds will have no impact on food services as the residents will the existing dining area or have food delivered to their rooms in heated scan boxes which the service already has on site. It is the resident's choice whether they would like to eat in the dining area or their own room.</p>
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<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>There is a documented policy that relates to resident transfer and discharge. Transition, exit, discharge, or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents and family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the clinical manager, RN, and review of residents' files confirmed there is open communication between service and the resident. 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 is a building warrant of fitness certificate that expires on 15 June 2024, and a certificate of public use issued 31 July 2023 for the newly completed area (25 beds).</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, residents' equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Checking and calibration of medical equipment, hoists and scales was completed in February 2023. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>All corridors have safety rails that promote safe mobility. Corridors are spacious, and residents were observed moving freely around the</p>

		<p>areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas.</p> <p>There are nine double rooms, with the remaining being single occupancy. Rooms have a mixture of full ensuites, shared ensuites, and toilet only, with the remaining rooms utilising communal toilets and showers, of which there are sufficient numbers. All rooms have handbasins. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs and a hoist if appropriate. There are signs on all shower/toilet doors.</p> <p>There are large and small communal areas. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There are radiators or heat pumps in all areas. The temperature was a good ambient temperature on the day of the audit. Staff and residents interviewed stated that this is effective.</p> <p>Māori consultation was sought during the reconfiguration of rooms to ensure the design and aspirations of Māori were included. Currently there are no further plans for building or renovations.</p> <p>Partial Provisional:</p> <p>The reconfigured wing downstairs (six dual purpose beds), and a new wing upstairs (19 dual purpose beds) are in the same building as the current care services, and the environment was determined to be safe and appropriate for rest home and hospital level care. There are also 12 refurbished rooms added to the six new rooms downstairs. There is adequate equipment and amenities in place to provide rest home and hospital level care.</p>
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<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>	<p>PA Low</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (27 June 2023). A recent fire evacuation drill has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage there is back-up power available (hired locally) and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation and is included as part of the education plan. A minimum of one person trained in first aid is available 24/7.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. These are audible and are displayed on attenuating panels to alert care staff to who requires assistance. Residents were observed to have their call bells near to them. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, and staff complete security checks. Visitors and contractors are required to sign in on entry.</p> <p>Partial Provisional:</p> <p>An updated fire plan is in place that has been approved by the New Zealand Fire Service (27 June 2023). The call bell system is available for all residents living at Karetu House; however, these are evident next to toilets but not in the shower areas in the upstairs wing.</p>
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The clinical manager is the infection prevention and control coordinator, who described their role as overseeing the infection prevention and control programme and antimicrobial stewardship (AMS) programme. Their job description outlines the responsibility of the role. The infection prevention control programme, content, and detail is appropriate for the size, complexity and degree of risk associated with the service.</p> <p>Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the owner/director and the facility manager as part of the monthly management meeting. Infection rates are presented and discussed at staff, clinical and management meetings. Infection control and AMS are part of the strategic and business plan.</p> <p>The service has access to the infection prevention clinical nurse specialist from Te Whatu Ora - Te Toka Tumai Auckland. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection prevention and control coordinator, the owner/director, the GP, and the public health team.</p> <p>Visitors are asked not to visit if unwell. All visitors and contractors are required to wear masks. There are hand sanitisers strategically placed around the facility.</p> <p>Partial provisional:</p> <p>The infection prevention and control coordinator, clinical manager and the owner/director are knowledgeable around the infection prevention and control programme and responsibilities. There are no changes required with the addition of the new beds. There is adequate personal protective equipment (PPE) in stock. Hand sanitizers have been placed in the new wing and in the refurbished and new bed area downstairs.</p>
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<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>	<p>FA</p>	<p>Partial Provisional and Certification:</p> <p>The service has a pandemic plan, which includes the Covid-19 response plan. The plan includes preparation and planning for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests. There are outbreak kits readily available and adequate supplies of personal protective equipment. Extra personal protective equipment (PPE) is available onsite as required.</p> <p>The infection prevention and control coordinator has completed external infection training in 2023. There is good external support from the GP, laboratory, and Te Whatu Ora - Te Toka Tumai Auckland. nurse specialist.</p> <p>The infection and prevention control manual includes a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection prevention and control team, and training and education of staff. Policies and procedures are reviewed by the infection prevention and control coordinator and owner/director. Policies are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with a new audit process in place to check that this is being completed as per policy. Internal audit tools are in place to check these are being utilised and best practice standards are being met. Corrective actions (where identified) are signed off when completed.</p> <p>The service has access to information and resources in te reo Māori around infection prevention and control for Māori residents from Māori health providers locally and through Te Whatu Ora- Te Toka Tumai Auckland. Policies and training sessions guide staff around culturally safe practice and acknowledge the spirit of Te Tiriti o Waitangi. The infection prevention and control coordinator and the owner/director are involved in the procurement of all equipment and consumables and have been involved in the planning of the new extension.</p> <p>Karetu House is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any</p>
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		changes through meetings and at handovers. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Certification and Partial Provisional:</p> <p>The service has policies and procedures documented around antimicrobial stewardship. The service monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The policies are appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and discussed at all facility meetings with these attended by the owner/director. The GP interviewed reports they only prescribe antibiotics where required based on signs, symptoms, and microbiology results.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Partial Provisional and Certification:</p> <p>Infection surveillance is an integral part of the infection control programme and is described in the infection prevention control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data includes ethnicity and is monitored and analysed for trends and benchmarked monthly and annually. Infection control surveillance is discussed at all facility meetings and reported to the owner/director as issues arise or through regular monthly meetings. Meeting minutes and graphs are given to staff at meetings for discussion. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The facility incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>The service receives email notifications and alerts from Te Whatu Ora –Te Toka Tumai Auckland for any community concerns. All</p>

		<p>communications were observed to be culturally appropriate.</p> <p>Covid-19 outbreaks in November/December 2022 and March 2023 was well managed. Daily logs were maintained, and staff were updated daily. Residents (and relatives when available) were updated regularly through emails and phone calls. External providers were appropriately notified of the outbreaks.</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>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard and the trolley is kept in the laundry which is locked when not in use. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and face shields are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit.</p> <p>There is a centrally located sluice room with a macerator, and adequate PPE including face shields and goggles. There is separate handwashing basins with flowing soap and paper towels. A second sluice room is located in the new wing.</p> <p>All laundry is laundered on site. The laundry has a dirty to clean workflow. Clean linen is returned to linen cupboards on trollies while personal laundry is returned in individual baskets. The linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly.</p> <p>There are dedicated cleaning staff. Cleaning and laundry services are monitored through the internal auditing and reviewed by the infection prevention and control coordinator. When interviewed, the cleaner was able to describe appropriate infection control procedures and was wearing appropriate personal protective equipment.</p> <p>Partial Provisional:</p> <p>There will be no changes to the cleaning and laundry processes.</p>

		<p>There is provision in the rosters for extra cleaning hours. The sluice room along with the additional one in the new wing will service the whole site. Cleaning and laundry chemicals will continue to be stored in the existing secure chemical storage areas. Extra linen has been ordered. No changes are required with the extra beds.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The 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. The clinical manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint elimination and implementation across the organisation. The reporting process to the governance body includes restraint data that is gathered and analysed monthly. There are processes for assessment, consent, monitoring, and evaluation should restraint use be required.</p> <p>The GP at interview confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>On the day of the audit there were no residents utilising restraint.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint elimination. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings. Training for all staff occurs at orientation and annually. This includes a competency assessment.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 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	As per the ARRC contract with Te Whatu Ora – Te Toka Tumai Auckland, an aged care facility providing hospital level care is required to always have at least one registered nurse on duty; however, the service has been unable to provide a registered nurse on site for a number of night shifts for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising overseas trained nurses (awaiting New Zealand competency and registration), and senior HCAs acting as night shift duty leads on site, in addition to having experienced registered nurses on-call.	The service does not have sufficient numbers of registered nurses to have an RN on duty at all times as per the ARC contract D17.4 a. i.	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p> <p>60 days</p>
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when</p>	PA Low	There are resident call bells in the facility; however, they are not yet present in the shower areas of the upstairs wing.	Resident call bells panels are not yet present in the shower areas of the upstairs	Ensure all resident call bells are operational and linked to the existing facility system.

required.			wing.	Prior to occupancy days
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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.