

Presbyterian Support Services Otago Incorporated - Taieri Court Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Presbyterian Support Otago Incorporated

Premises audited: Taieri Court Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 14 June 2023 End date: 15 June 2023

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 32



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

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

General overview of the audit

Taieri Court Rest Home is part of the Presbyterian Support Otago organisation. Taieri Court is one of nine aged care facilities managed by Presbyterian Support Otago. The service is certified to provide rest home level of care for up to 33 residents. On the day of the audit, there were 32 residents.

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

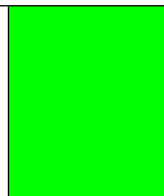
The manager has been in the role for seventeen years and is supported by two registered nurses and a part time administrator. The management team are supported by the Director of Enliven, a regional quality advisor and a regional clinical advisor and support staff at head office. The resident and family/whānau interviewed spoke positively about the care and support provided.

The service has addressed the previous certification audit relating to staff appraisals.

This surveillance audit identified shortfalls around meetings, assessment timeframes, neurological observations, and care plan evaluations.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

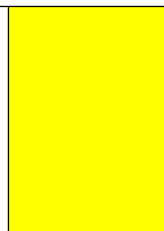


Subsections applicable to this service are fully attained.

Presbyterian Support Otago (PSO) Taieri Court Rest Home supports increasing Māori staffing capacity. They acknowledge and are committed to the unique place of Māori under Te Tiriti o Waitangi. The PSO code of conduct is discussed with staff during their induction to the service that addresses harassment, racism, and bullying. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service.

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 are partially attained and of low risk.

There is a documented and up-to-date strategic plan, which informs the quality plan and includes the organisation's vision, mission, and values. One of the aims of this plan is to implement a bi-cultural strategy to ensure alignment with Te Tiriti o Waitangi.

Taieri Court Rest Home established quality and risk management programmes include performance monitoring and benchmarking through internal audits and through the collection, collation, and benchmarking of clinical indicator data. Data is benchmarked with other PSO facilities and against other aged care facilities in New Zealand.

The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The education and training schedule lists all mandatory topics and competencies. Staff are provided with opportunities to attend in-services. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service are partially attained and of low risk.</p>
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The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input.

Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities programme includes cultural celebrations, entertainment and meaningful activities that meet the individual recreational preferences.

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

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service are fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged.

There is an approved evacuation scheme and emergency supplies for at least three days. Appropriate security measures are implemented.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service are fully attained.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level. Adequate supplies of personal protective equipment were sighted.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. There have been outbreaks since the previous audit which were well managed.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The restraint coordinator is the manager. Taieri Court Rest Home is a restraint-free environment. Training is included in the education and training plan. The service would only consider the least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use 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	18	0	2	0	0	0
Criteria	0	51	0	4	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>	FA	<p>Careful attention is paid to matching the right caregivers with the residents. Presbyterian Support Otago (PSO) Taieri Court supports increasing Māori capacity by employing more Māori staff, confirmed during an interview with the manager. PSO processes are regularly reviewed by human resources to support engagement and retention of a Māori workforce. The Māori health plan includes processes to support engagement and retention of a Māori workforce. At the time of the audit, there were no Māori staff.</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>	Not Applicable	<p>Plans are underway for the PSO organisation to develop a Pacific health plan that will focus on achieving equity and efficient provision of care for Pasifika. This will include working collaboratively with Pasifika communities for guidance.</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>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy. A Māori health plan and a cultural services response policy are documented for the service. As a key element of organisational cultural awareness, safety, and competency, PSO acknowledges and is committed to the unique place of Māori under Te Tiriti o Waitangi with reference to Te Pātikitiki o Kōtahitanga. The organisation is committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person's culture is acknowledged, respected, and maintained. This was confirmed in interviews with two relatives and four residents.</p> <p>Interviews with the nine staff (four HCAs, two RNs, one activities coordinator, one maintenance staff, one housekeeper) and one quality advisor and the manager confirmed that Māori mana motuhake is recognised through the Valuing Lives model of care.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Annual satisfaction surveys are examples of ways that tāngata whaikaha participate in te ao Māori and that their needs are responded to. Te reo Māori is used during a selection of activities, with plans underway to continue to promote te reo Māori. The new training package around Te Tiriti o Waitangi and tikanga Māori is in the final development stages. Cultural awareness training is included in orientation packages and continues to be held annually as part of the education plan. There is PSO organisational training planned for Te Tiriti o Waitangi and tikanga Māori is planned for later in 2023. The orientation package has been updated to include a cultural competency which all new staff have completed.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>PSO policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities. The organisation employs a diverse workforce. Cultural days are held to celebrate diversity. A PSO code of conduct is discussed with staff during their induction to the service that addresses harassment, racism, and bullying. Staff acknowledge that they accept the PSO code of conduct during initial employment processes.</p> <p>A strengths-based and holistic model is prioritised through the Valuing Lives model of care and is reinforced in the Māori health plan to ensure wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the resident receiving services wants them to be involved. Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</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</p>	<p>FA</p>	<p>The PSO complaints procedure is provided to residents and relatives on entry to the service. The manager maintains a record of complaints, both verbal and written. There have been no complaints lodged since the previous audit. The manager has the documentation in place including follow-up letters to manage complaints within the guidelines set by the Health and Disability Commissioner (HDC). The manager described the complaint process which aligned with policy and HDC guidelines. There have been no complaints received from external</p>

<p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>agencies since the previous audit.</p> <p>Interviews with residents and family/whānau confirmed the manager and RN are available to listen to concerns and act promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose which may include representation from Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>PSO Taieri Court is in Mosgiel. Rest home level care is provided for 33 residents and on the day of the audit there were 32 residents. There was one resident having respite care and the remaining residents were on the age-related residential care contract (ARRC).</p> <p>PSO Taieri Court is one of nine residential aged care homes in Otago. The organisation is governed by a Board of nine representatives who meet monthly. There is Māori representation in the Board, current members have a wide range of experience and can demonstrate expertise in Te Tiriti, health equity and cultural safety. There is a documented 2022-2025 strategic plan, which informs the quality plan and includes the organisation’s vision, mission, and values. The organisation philosophy and strategic plan reflects a resident/family/whānau-centred approach to all services. One of the aims of this plan is to implement a bi-cultural strategy to ensure alignment with Te Tiriti o Waitangi. The strategic plan has a focus on improving equitable outcomes for Māori and addressing barriers for Māori. The Māori health plan confirms health equity is a standing agenda item on clinical governance group meetings. Presbyterian Support Otago are working through the process of appointing a Cultural Advisor and increasing Tāngata Whenua connection and further representation on the Board. The Director of the Family works service is currently investigating with Te Rūanga Ngāi Tahu around how they can work together to achieve equity, identify and minimise barriers and improve outcomes for all residents within the organisation.</p> <p>The experienced manager is a registered nurse (RN) who has been in her role for the past 17 years. She attends a minimum of eight hours per year of education and training relating to managing an aged care facility.</p>

<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Taieri Court has an established quality and risk management programme that includes performance monitoring and benchmarking. The programmes are led by the PSO quality advisor. Staff interviewed confirmed their involvement in quality and risk management systems.</p> <p>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. New policies or changes to policy are communicated to staff. Internal audits, satisfaction survey results and the collation of data are completed as scheduled.</p> <p>Data is benchmarked with other PSO facilities and against other aged care facilities in New Zealand. Taieri Court shares all benchmarking results as well as the specific Taieri Court information for staff to review.</p> <p>The 2022 resident and family satisfaction survey process was completed in June 2022. Responses about family involvement, meaningful activities, meals, and laundry had a 100% - totally agree response. There were no corrective actions required following the surveys.</p> <p>The quality meeting includes health and safety and infection control with a staff meeting are planned two monthly. The staff meetings have not occurred with their planned frequency; however, the manager and RN report they meet daily with the shift staff at morning and afternoon handovers and ensure staff are updated on current activities and happenings (eg, number of falls, new policy, health and safety and any other important points; these meetings are not documented).</p> <p>Health and safety policies are implemented and monitored by health and safety representatives which are part of the quality committee. There are regular manual handling training sessions for staff with the most recent happening in May 2023. Staff noticeboards keep staff informed on health and safety. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme.</p>

		<p>New staff employed have completed a cultural competency through the orientation process. All remaining staff will complete the training currently in the final stages of development (1.4.5). The remaining staff are very experienced and have completed the annual cultural awareness training. HCAs were able to describe culturally safe practices and how they would work alongside any Māori residents to accommodate their individual preferences to provide high quality care.</p> <p>Critical analysis of practice is undertaken to improve health equity through the inclusion of ethnicity in quality data which is benchmarked. Results are used to identify areas to improve health outcomes for residents within the organisation.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. Electronic reports are completed for each incident/accident. Immediate action is noted along with any follow-up action(s) required, as evidenced in the ten accident/incident forms reviewed. Incident and accident data is collated and analysed using the electronic resident management system.</p> <p>Discussions with the manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Since the previous audit, there have been, no section 31 notifications. There have been two Covid-19 outbreaks with subsequent facility lockdowns and one respiratory outbreak. Te Whatu Ora – Southern, and public health authorities were notified for each outbreak.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. Turnover of HCAs has been very high over the past twelve months.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Casual staff are available to help fill gaps in the roster. Good teamwork amongst staff was highlighted during the healthcare assistant (HCAs) interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff</p>

<p>services.</p>		<p>interviews.</p> <p>The manager is on site Monday to Friday. The RNs also work Monday – Friday and along with the manager they share the on-call roster.</p> <p>There are adequate numbers of HCAs with the manager reporting no staff vacancies at the time of the audit.</p> <p>There is an annual education and training schedule. The education and training schedule lists all mandatory topics and competencies and includes a wide range of topics relevant to the aging process. Staff are provided with opportunities to attend in-services. Education records are maintained to evidence attendance. The RN, activities staff and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Work is underway to ensure that the service invests in the development of organisational and staff health equity expertise, which will include staff education, training, and competency assessments to ensure that staff are able to see and identify inequities. Quality health information including ethnicity is shared at the informal meetings as confirmed during interview with staff and the manager. Graphs of quality data are available for staff to review.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification with one staff member having a level two certificate, five staff having a level three (three new staff members are enrolled) and two with a level four certificate. There are also five student nurses and three HCAs who have been RNs in the past but do not have a current annual practice certificate.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. Competencies cover restraint minimisation, infection prevention and control, skin management, medication management.</p> <p>The RNs are both interRAI trained. Both RNs complete competencies including (but not limited to) medications, syringe driver, and interRAI.</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>Taiari Court has human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the manager's office. Five staff files reviewed (one RN, two HCAs, one kitchen staff, one activity coordinator) evidenced implementation of the recruitment process. Staff appraisals were evident on the files reviewed. The previous shortfall (NZS 8134:2008 Criteria 1.2.7.5) has been addressed.</p> <p>Practising certificates are maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and are updated as per the PSO schedule.</p> <p>Staff ethnicity data is collected and reported at a governance level.</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>The manager keeps records of how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals, which is shared with the Director of Enliven. The service collects ethnicity information at the time of admission for individual residents and can do an analysis in the electronic system. The manager collects ethnicity data from prospective residents and can be analysed on the electronic system. Staff at head office are analysing the data for the purposes of identifying entry and decline rates for Māori.</p> <p>There is a Māori representative on the Board, and the manager could access Te Whatu Ora - Southern Māori health services if required. When there are residents who identify as Māori in the service, the manager described how they would utilise whānau connections in the first instance. The organisation is currently building relationships with Te Rūanga Ngāi Tahu.</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</p>	<p>PA Low</p>	<p>Six rest home resident files were reviewed, one resident was at Taiari Court on respite. The manager and RNs are responsible for conducting all assessments and for the development of care plans. A RN had</p>

<p>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>undertaken the initial assessment “getting to know me” which is completed within the first 24 hours of admission; however not all residents had a “getting to know me” assessment completed. The “getting to know me” assessment includes all risk assessments including dietary details, emotional needs, spirituality, falls risk, pressure area risk, skin, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments that are completed if required. The outcomes of risk assessments formulate the long-term care plan.</p> <p>InterRAI assessments are completed for all residents on the ARRC contract; however, not all initial assessments were completed within expected timeframes. The service received an interRAI waiver for completion of six monthly interRAI reassessments and change in condition interRAI assessments (between March and July 2022); however, some of the files sampled did not have an interRAI reassessment completed at the time this was required.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and documented the needs and supports on the electronic system under sections: getting to know me, interactive me, supporting me and, healthy me. Long-term care plans included interventions to meet the residents’ assessed needs. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident family/whānau or significant others are included in the resident electronic file. Long term care plan evaluations were completed; however, not all care plans were reviewed six-monthly or sooner for a change in health condition. Evaluations have not always documented progress towards care goals.</p> <p>There was evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes and family/whānau contact forms.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP visits twice a week and completes three-monthly reviews, and admissions and sees all residents of concern. The GP stated he is notified via phone, text, or email in a timely manner for any residents with health concerns</p>
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	<p>between the hours of 8 am and 6 pm. The GP is also available afterhours as required. All GP notes are scanned into the electronic system. The GP commented positively on the care the residents receive. Allied health interventions were documented and integrated into care plans. The service contracts with a physiotherapist four hours per week. A podiatrist visits regularly for foot care. Specialist services including the mental health team, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through the local Te Whatu Ora - Southern. Family/whānau are invited to attend GP reviews, if they are unable to attend, they are updated of any changes. When a resident's condition alters, the RN initiates a review and if required, a GP visit.</p> <p>There was one resident with a chronic wound. Adverse event forms are completed as required. The electronic wound care plan documents a wound assessment with supporting photographs, the wound management plan, and evaluations. An electronic wound register is maintained. Registered nurses confirmed on interview that they have attended wound management training.</p> <p>Current infections and wounds assessments include care plan interventions to reflect resident care needs. Short-term needs are assessed and added to the long-term care plan when appropriate and removed when resolved.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written electronically every shift and as necessary by HCAs. The RNs further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs were being met. Family/whānau interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health as evidenced in the electronic progress notes.</p> <p>Taiari Court supports Māori and whānau to identify their own pae ora outcomes in their care plan. The RNs interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans. Care plans include the physical, spiritual, family, and</p>
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		<p>mental health of the residents. For end of life care they use a specific last days of life care plan which is based on Te Ara Whakapiri. The service supports all people with disabilities by providing easy access to all areas and is supportive of all residents (where appropriate) being in control of their care and are included in care planning and decision making.</p> <p>Healthcare assistants and RNs interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources as sighted on the day of the audit.</p> <p>A suite of monitoring charts are available on the electronic resident management system including (but not limited to) bowel charts, vital signs, weight, blood sugar levels, behaviour, toileting regime. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Relatives are notified following adverse events. Opportunities to minimise future risks are identified by the unit nurse manager who reviews every adverse event. Neurological observations are initiated for unwitnessed falls, or where there is a potential head injury; however, do not always adhere to policy timeframes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>Not Applicable</p>	<p>Celebratory days such as Waitangi Day, Matariki and Māori language week are celebrated. Celebrations recently included visits. Taieri Court staff are planning an initiative that meets the health needs and aspirations of Māori. This will include te reo Māori and tikanga Māori are actively promoted and included in the activities programme as well as by the HCAs and RNs. The activities coordinator reported when residents who identify as Māori are in the service, they are supported and encouraged to continue with their interests.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. The RNs (including the manager) and medication competent HCAs who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The RNs have</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>completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The RNs and HCAs interviewed could describe their role regarding medication administration. The service currently uses robotic rolls for regular medication and 'as required' medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored. The medication fridge and medication room temperatures are monitored daily, and the fridge temperatures were within acceptable ranges. The temperatures in the medication room met the requirements for temperatures under 25 degrees. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had allergy status notified and photo identification. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication is documented in the medication system. There were two self-medicating residents whose ability to self-medicate had been assessed appropriately, with secure medication storage available. No standing orders were in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects.</p> <p>The RNs described when required; working in partnership with all residents (including Māori when there are any) to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p>	<p>FA</p>	<p>The kitchen services manager (qualified chef) oversees the on-site</p>

<p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>kitchen, and all cooking is undertaken on site. The kitchen staff can accommodate cultural requests when required. There is a food control plan displayed. On the days of the audit, staff were observed adhering to tapu and noa consistent with a logical Māori view of hygiene and align with good health and safety practices.</p> <p>The kitchen receives resident dietary assessment forms and is notified of any cultural or dietary changes for residents. Residents and family members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies where indicated or requested.</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>	FA	<p>The building warrant of fitness is current until March 2024. The testing and tagging of equipment and calibration of medical equipment is current with annual checks. Records are maintained. All buildings, plant, and equipment are fit for purpose at Taieri Court, and comply with legislation relevant to the health and disability services being provided. There is an annual maintenance plan that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from PSO head office and records evidenced implementation as scheduled.</p> <p>There are no plans for building projects, or substantial refurbishments, however if this arises, there is Māori representation on the Board who</p>

		would be involved in all stages of the project.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>There is an approved fire evacuation scheme. A fire evacuation drill is completed six-monthly in accordance with the facility's building warrant of fitness. The last fire drill was held December 2022.</p> <p>The building is secure after hours, and a security firm and staff complete security checks at night. Visitors are asked to sign in and wear a mask at all times.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A pandemic response plan was developed at head office and included site specific procedures. An outbreak kit is readily available. There is good external support from the GP, laboratory, and the PSO clinical nurse advisor. Personal protective equipment (PPE) is readily available, and stock balance is maintained to support any outbreak. Adequate PPE stocks were sighted in a dedicated storage area. Hazardous waste is collected by approved contractors weekly. Hand sanitiser is available in the hallways and there are handwashing facilities available in resident rooms.</p> <p>The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and visitors. The organisation is able to source educational resources in te reo Māori information around infection control for Māori residents. The organisation has reviewed policies to include participation in partnership with Māori for the protection of culturally safe practice in IP and acknowledge the spirit of Te Tiriti o Waitangi. On interview the staff could describe culturally safe practices they adhere to in relation to infection control.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control policies. Monthly infection data is collected for all infections based on signs, symptoms,</p>

<p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The quality advisor completes monthly benchmarking, and this is reported locally to all staff and to the clinical advisory group and continuous quality improvement group at head office. Infection control surveillance is discussed at quality and staff meetings and the organisational clinical governance group. The organisation is incorporating ethnicity data into surveillance methods and data captured around infections. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Te Whatu Ora – Southern for any community concerns.</p> <p>There have been three outbreaks (two Covid-19 and one respiratory) since the previous audit. The outbreaks were documented with evidence of comprehensive management. The infection control coordinator and quality advisor interviewed described the daily update and debrief meeting that occurred, including an evaluation on what went well, what could have been done better and to discuss any learnings to promote system change and reduce risks. Residents and their family/whānau were updated regularly. All outbreaks were documented and reported accordingly.</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>Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. Policies have been updated to reflect the Ngā Paerewa Health and Disability Services Standards 2021. The facility remains restraint free.</p> <p>Taiari Court is committed to providing services to residents without use of restraint. The designated restraint coordinator is the manager. Restraint use is included in quality data and is benchmarked. Results are reported to the Board each month.</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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>The manager is responsible for holding staff meetings one-two monthly. Staff meetings have occurred once in the previous 12 months given staff availability. Staff report they meet every morning and afternoon for handover with the manager and the RN. This is the opportunity to ensure staff are aware of any current updates as well as resident handover. The manager documents the information shared at these meetings in the quality meeting minutes. As the handover meetings are not documented, there was no documented evidence of attendance, or the information shared with staff. The November staff meeting minutes are recorded and in the minute file – there are no other minutes documented for the year June 2022 –</p>	<p>Meetings have not been held as scheduled since June 2022, therefore there was no evidence of the sharing of quality information with staff.</p>	<p>Ensure staff meetings are held as scheduled, and minutes taken to evidence the sharing of quality data with staff.</p> <p>90 days</p>

		2023		
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>There are a range of risk assessments that contribute to the long-term care plans and all five permanent resident files had long term care plans completed within 21 days of admission. Family input was evident in all files. Initial interRAI assessments have been completed for one of four permanent residents and six-monthly reviews were completed for two of four residents who required six monthly reviews (one resident was on respite care and another had not been in the facility for six months). The initial assessment – “getting to know me” has been completed for five of the six files reviewed within 24 hours.</p>	<p>i) One of five resident files evidenced the initial interRAI was not completed within the 21-day timeframe.</p> <p>ii) Two of four residents files who required a six-monthly interRAI assessment these were not completed within the timeframes. These shortfalls were outside the waiver time of March to June 2022.</p> <p>iii) The initial assessment “getting to know me” has not been completed for one of the six files reviewed within 24 hours.</p>	<p>i - ii) Ensure interRAI assessments are completed within 21 days and reassessments are completed as per the schedule or more often if required.</p> <p>iii) Ensure the initial assessment “getting to know me” are within 24 hours of admission.</p> <p>90 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-</p>	PA Low	<p>A suite of monitoring charts are available on the electronic resident management system. Monitoring charts were in place for food and fluid intake, weight monitoring and neurological observations. There was evidence on the electronic residents files of family/whānau notifications, and this was verified during interviews. Neurological observations were not always completed in line with policy.</p>	<p>Three of five neurological recordings do not meet timeframes as per policy.</p>	<p>Ensure neurological recordings are completed according to policy.</p> <p>90 days</p>

<p>management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>				
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Low</p>	<p>Long term care plans are scheduled to occur at least six monthly or when there has been a significant change to resident condition. Progress notes are detailed and provide a daily evaluation of residents condition. A range of outcome measurements are used and evaluations which reflect the resident's care needs are scheduled.</p>	<p>i) Care plan evaluations have not occurred within required timeframes for three of four residents. ii) Residents progress towards achieving goals have not been documented in the evaluations reviewed.</p>	<p>i) & ii) Ensure care plans are evaluated and that progress is monitored against goals six monthly or sooner if health needs change. 90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.