

Ativas Limited - Cairnfield House

Introduction

This report records the results of a 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:	Ativas Limited
Premises audited:	Cairnfield House
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 18 July 2023 End date: 19 July 2023
Proposed changes to current services (if any):	This service was assessed to determine their suitability to provide residential disability services to young persons under the age of 65.
Total beds occupied across all premises included in the audit on the first day of the audit:	76



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

Cairnfield House is owned by Ativas Limited and provides rest home and hospital levels of care for up to 89 residents. On the day of audit, there were 76 residents.

This certification audit was conducted against the Health and Disability Standards and the contract with Te Whatu Ora Health New Zealand -Te Tai Tokerau (Northland). The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with whānau (family), management, and staff.

The facility manager is experienced and is supported clinically by a clinical manager and a team of registered nurses and enrolled nurses. There are quality systems and processes implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This service was also assessed as suitable to provide residential disability services to young people under the age of 65.

The certification audit identified that four improvements are required in relation to staffing, performance appraisals, medication management and restraint monitoring.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

Cairnfield 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 residents. Staff demonstrated an understanding of residents' rights and obligations. The service aims to provide 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 are kept informed. The rights of the resident and/or their family/whānau 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.

Residents and families/whānau are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumer Rights' (the Code). The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and principles of mana motuhake.

Services provided support personal privacy, independence, individuality, and dignity. Staff interact with residents in a respectful manner. There was no evidence of abuse, neglect, or discrimination. Open communication between staff, residents, and families/whānau is promoted and was confirmed to be effective. Family/whānau and legal representatives are involved in decision-making that complies with the law. The service works alongside other community health agencies.

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 annual business plan informs the annual quality plan. Service objectives are defined and regularly reviewed. Internal audits, and the collection/collation of data were all documented as taking place as scheduled, with a robust corrective action process implemented where applicable. Quality and risk performance is reported, both to the director (owner) and in staff meetings.

Health and safety processes are implemented, led by a health and safety team. Health and safety is 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 and families/whānau 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.		Some subsections applicable to this service partially attained and of low risk.
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There is an admission package available prior to or on entry to the service. 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 family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

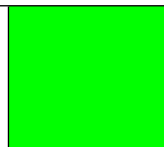
The activities coordinators provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

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

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

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



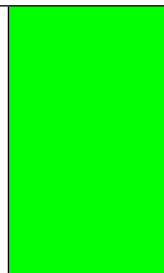
Subsections applicable to this service fully attained.

There are documented systems in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. Fire drills are held six-monthly. There is a call bell system responded to in a timely manner. Appropriate security measures are implemented.

The building has a current building warrant of fitness and an emergency evacuation plan. The facility is divided into four wings, each with an individual lounge, dining area and kitchenette. All bedrooms apart from three are single occupancy and there are a mixture of ensuites and communal showers and toilets. There is sufficient space to allow the movement of residents around the facility using mobility aids. Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible. Maintenance staff are providing appropriate services.

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 management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection 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. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The pandemic plan and Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There has been one Covid-19 outbreak since the previous audit, and this has been well documented.

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.

Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. Staff receive regular training around restraint minimisation and the management of challenging behaviours. The service has appropriate procedures and documents for the safe assessment, planning, and review of restraints. The restraint coordinator is a registered nurse. The restraint register is held in an electronic format. During the audit, eight hospital level residents were using restraints. The owner is kept informed of restraint use.

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	4	0	0	0
Criteria	0	177	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>	<p>FA</p>	<p>Cairnfield 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. Māori health plan documentation includes input from Māori and acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The facility manager liaises with a kaumātua who has strong ties to the local marae and Māori communities. This kaumātua was interviewed during the audit. The service demonstrates that they are committed to ensuring that the needs of Māori residents are met in a way that is culturally safe and acceptable to both the residents and their whānau/hapu/iwi.</p> <p>Te reo Māori signage is on display throughout the facility. Links are established with local Māori providers (eg, Ringa Atawhai Matauranga, Te Hau Awhiowhio O Otangarei Trust, a local kapa haka group). Te Tiriti O Waitangi (Treaty of Waitangi) is included in all aspects of the service, including respecting the Treaty and all it stands for and ensuring staff are trained in the Treaty. External</p>

		<p>educators provide this comprehensive training programme.</p> <p>The service had residents who identified as Māori at the time of the audit. One Māori resident and their whānau were interviewed. They reported that they were welcomed on entry, and it felt as though they were at home in their own whare (home). They stated that they are eager to tell those at their marae how lovely it is living at Cairnfield House. They reported that they are treated with respect and dignity by the staff.</p> <p>At the time of the audit, there were staff members who identify as Māori. Staff were observed speaking te reo Māori to the residents. The facility manager stated that they are employing more Māori staff members when they apply for work opportunities. Māori staff interviewed confirm they feel supported by the service and the service's commitment to Māori. Extensive cultural training is required for all staff and te reo Māori learning is supported and encouraged.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Two managers (facility manager, clinical manager) and twenty staff interviewed (one internal auditor, one administrator, five healthcare assistants, four registered nurses (RNs), three enrolled nurses (ENs), two cleaners, one laundry, one maintenance, one diversional therapist, and one cook) described how care is based on the resident's individual values and beliefs.</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</p>	<p>FA</p>	<p>Pacific health documentation focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith and whānau values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The guiding document for the Pacific Health Plan is Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025 and other Pasifika health and wellbeing plans published on the Ministry of Health website.</p> <p>On admission all residents state their ethnicity. There were no</p>

<p>outcomes.</p>		<p>residents that identified as Pasifika. Whānau members of Pasifika residents will be encouraged to be present during the admission process, including completion of the initial care plan. Specific care plans are available for residents who identify as Pasifika. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The facility manager described how the equitable employment process ensures Pasifika staff who apply would be welcomed to increase the capacity and capability of the Pasifika workforce. There were staff that identified as Pasifika at the time of the audit. There are linkages to local Pacific communities through staff.</p> <p>Interviews with the facility manager and staff confirmed the service puts people using the services and the local community at the heart of their services. The Code of Rights is accessible in a range of Pacific languages.</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 facility manager, clinical manager or registered nurse discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. Residents and family/whānau interviewed reported that the service is upholding residents' rights. Interactions observed between staff and residents during the audit were respectful. Interviews with two young people confirmed that they are treated with respect. Young people with disabilities are able to maintain their personal, gender, sexual, cultural, religious, and spiritual identity.</p> <p>Information about the Nationwide Health and Disability Advocacy</p>

		<p>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>There are links to spiritual supports. Church services are held regularly. The service recognises Māori mana motuhake and this is reflected in the Cairnfield House Māori supporting documents. Six residents interviewed (five hospital, including two younger persons with a disability; and one rest home) and five whānau (three hospital, including one YPD whānau; two rest home) interviewed confirmed that individual cultural beliefs and values are respected.</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.</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 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. This was also confirmed during interviews with residents and family/whānau. Young people with disabilities are able to maintain their personal, gender, sexual, cultural, religious, and spiritual identity.</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 March 2023 confirmed that residents and family/whānau are treated with respect. Staff were observed to use person-centred and respectful language with</p>

		<p>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 was one married couple residing at Cairnfield House.</p> <p>Residents and family/whānau 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.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</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. Training is provided over a five-week timeframe and is presented by those with cultural expertise.</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>An abuse and neglect policy is being implemented. Cairnfield House policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days celebrate diversity in the workplace.</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. Cultural diversity is acknowledged. Policy acknowledges institutional racism and seeks to abolish it through education and training.</p>

		<p>Staff complete education on 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 and younger person with a disability, showing them respect and dignity. All residents and family/whānau 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 registered nurses and healthcare assistants 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 as part of staff wellbeing, 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.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Monthly resident meetings identify feedback from residents and consequent 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/whānau/next of kin of any accident/incident that occurs. Electronic accident/incident forms include a section to indicate if next of kin have been informed (or not) of an accident/incident. Ten accident/incident forms reviewed identified families/whānau are kept informed following consent by the resident (if able). This was also confirmed during interviews with family/whānau.</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</p>

		<p>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 Health New Zealand -Te Tai Tokerau specialist services. The delivery of care involves a multidisciplinary team approach and residents and families/whānau provide consent and are communicated with regarding services involved. The clinical manager 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 and family/whānau interviewed confirmed they know what is happening within the facility and felt informed through emails, and regular face to face communication. Effective communication occurs for younger persons; language and communication needs, and use of alternative information and communication methods are available and used where applicable.</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>There are policies around informed consent. Resident files reviewed included informed consent forms signed by either the resident or enduring powers of attorney. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and one advance directive in place. The advanced directive policy is implemented. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were in resident files where available.</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. The facility manager maintains a record of all complaints, both verbal and written, in a complaint register. Five complaints have been received since the previous audit. The five complaints reviewed indicated that the complaints process is being followed, meeting requirements set forth by Health and Disability Commissioner. There have been no external complaints received. The staff interviewed could describe directing the complainant to the most senior person on duty. Residents and family/whānau advised that they are aware of the complaints procedure and how to access forms. The family/whānau interviewed stated they feel comfortable discussing concerns with the management.</p> <p>Discussions with residents and family/whānau 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. During interviews with family/whānau, they confirmed that staff and management 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. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The facility manager acknowledged the understanding that for Māori, there may be a preference for face-to-face communication.</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</p>	<p>FA</p>	<p>Cairnfield House is owned by Ativas Limited and is operationally managed by a facility manager. Cairnfield House provides rest home and hospital (medical and geriatric) levels of care for up to 89 residents.</p> <p>On the day of audit, there were 76 residents: 25 rest home level and 51 hospital level. There are 62 beds approved for dual purpose.</p>

<p>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>Three residents (two rest home level, one hospital level) were under the long term support - chronic health conditions (LTS-CHC) contract; six residents (hospital level) were under the younger person with a disability (YPD) contract; two residents (rest home level) were under Te Whatu Ora Health New Zealand -Te Tai Tokerau interim funding contract; one resident (hospital level) was under a palliative care contract; five residents (one rest home level, four hospital level) were under ACC; and one resident (rest home level) was on respite care. The remaining residents were under the age-related residential care services agreement (ARC).</p> <p>The owner (director) is on site most days, as reported by the facility manager; however, was not available to be interviewed at the time of the audit. The director has completed training on cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha.</p> <p>The governing body comprises of the director (owner), facility manager, clinical manager, and administrator. The governance body oversees the running of the facility and day to day operations. There are monthly manager meetings with the Director and daily discussions between the governing body are held. The management team (governing body) ensure there are no barriers, and they are open to all cultures and abilities, and ensure all residents, are treated equally and fairly, as well as each resident being treated individually with their care planning and culture. The director is involved in the culture of the home, working in partnership with the management team, clinical team, administration teams and housekeeping teams, by talking to each department on a regular basis.</p> <p>The 2023 business plan has clearly identified their mission, vision, and objectives. The service philosophy reflects a person/family centred approach. Objectives are regularly reviewed and signed off when achieved. The business plan and Māori health documentation reflect a commitment to collaborate with Māori, to address barriers to equitable service delivery for Māori. The business plan reflects the goal of improving outcomes for Māori and tāngata whaikaha people with disabilities. Tāngata whaikaha provide feedback around</p>
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		<p>all aspects of the service through satisfaction surveys and regular resident meetings, any concerns are discussed at the governance meetings and corrective actions are implemented where required. The service has a good relationship with a kaumātua, who provides advice around all aspects of the service.</p> <p>The annual quality and risk management programmes reflect evidence of regular compliance monitoring and risk reporting. Outcomes and corrective actions are shared and discussed in the range of meetings that take place including (but not limited to) regular meetings with the owner, staff meetings and clinical meetings. Clinical governance is overseen by the clinical manager, with evidence of monthly RN/EN meetings.</p> <p>The facility manager is a registered diversional therapist who commenced employment at the facility 21 years ago as a healthcare assistant and has progressed through various roles since then. The facility manager was appointed to the role of facility manager in September 2013 and is supported by a clinical manager, who is a registered nurse (RN) with a current practising certificate, and experience in the aged residential care industry. She has been in her role at Cairnfield House for over 10 years. Both individuals attend more than eight hours annually of professional development relating to their respective roles.</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>	FA	<p>Cairnfield House managers and staff are collectively implementing their annual quality plan. Quality systems are led by an internal auditor who is responsible for internal audits, corrective action planning and maintaining all policies and procedures. Quality activities cover performance monitoring through internal audits, satisfaction survey results, through the collection, collation, and analysis of clinical indicator data, staff training and development, and implementing 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. Policies are regularly reviewed and have been updated to meet the Ngā Paerewa Health</p>

	<p>and Disability Services Standard 2021. New policies or changes to policy are communicated and discussed with staff.</p> <p>Monthly staff 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 take place as scheduled. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off by the facility manager when achieved. Meeting minutes are provided to staff who are unable to attend meetings. Corrective actions are discussed in staff meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The March 2023 resident and family/whānau satisfaction survey indicates that both residents and family/whānau have high levels of satisfaction with the services being provided. Corrective actions are implemented to improve on any specific comments. Work is underway to increase the survey return rate for the next upcoming survey.</p> <p>Young people with disabilities have input into quality improvements to the service. Satisfaction with choices, decision making, access to technology, aids, equipment, and services contribute to quality data collected by the service. As an example, one bariatric YPD resident has specialised equipment for use. Wheelchair modifications are also implemented for another YPD resident.</p> <p>Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori. Cairnfield House can analyse health outcomes of Māori vs non-Māori and actively strives to achieve equitable outcomes. If a trend demonstrated inequity, an action plan would be implemented.</p> <p>Reports are completed for each incident/accident. Immediate actions are documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Each event involving a resident, triggers a clinical assessment and the timely follow up by a registered nurse. Individual falls prevention strategies</p>
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		<p>are in place for residents identified at risk of falls. Clinical staff (RNs and ENs) collaborate with healthcare assistants to evaluate interventions for individual residents at risk of falling. Neurological observations reviewed were consistently recorded for unwitnessed falls and/or suspected injuries to the head. Family/whānau are notified following incidents, evidenced on the accident/incident forms and during whānau interviews. Opportunities to minimise future risks are identified by the registered nurses and are discussed in staff handovers.</p> <p>A health and safety system is in place. A health and safety representative (maintenance staff) was interviewed. This person has completed health and safety training. 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. There have been no serious staff injuries since the last audit. Hazard identification forms and an up-to-date hazard register were sighted. Each hazard is risk rated with controls put into place. Hazards are regularly monitored by the internal auditor. Health and safety is a regular agenda item in quality and staff meetings. The director is kept informed regarding any serious event (eg, severity assessment code (SAC) one or two).</p> <p>Discussions with the facility manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed in relation to RN staffing and (applicable) pressure injuries since the previous audit. There was a Covid-19 exposure outbreak in June 2023. This outbreak was appropriately notified. Notification was made at the time of the audit to apply to HealthCERT for residential disability certification.</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</p>	<p>PA Low</p>	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. Seven full time and part-time RNs and three ENs are employed by the service. There were five RN vacancies at the time of the audit.</p>

<p>the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>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 facility manager is on site full-time hours. This person is supported by a clinical manager who is rostered Monday – Friday. One to two RNs are always rostered on the AM shift and one RN is always rostered on the PM shift. There has been no RN rostered on the night shifts for the past 18 months. A Careerforce level four/ team leader healthcare assistant is rostered on the night shifts with an on-call RN roster. Seven overseas RNs are employed as senior healthcare assistants. The on-call RN is contacted by phone prior to coming on site. Protocols are in place for the night shift (eg, blocked catheters and syringe drivers). The clinical manager reported that there have been no serious events on the night shifts and that she feels it is being managed extremely well. The level four team leader healthcare assistant who is rostered on the night shift was interviewed. They reported that they have had additional responsibilities since November 2022. They reported that they have received additional training to allow them to work in this senior role. There were two occasions (to date) that they requested an RN come to assess a resident. The RN arrived promptly. They feel that although an RN on the night shift would be ideal, this alternative strategy is working well.</p> <p>Sixteen healthcare assistants are rostered on the AM and PM shifts and seven are rostered on the night shifts. One team leader/level four experienced healthcare assistant is rostered on each of the wings without a resident load to support the other caregiving staff.</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 and a Māori cultural competency. External training opportunities for care staff include training through Mahi Taki, Te Whatu Ora -Te Tai Tokerau. Six RNs and one EN have completed interRAI training. All staff participate in education relevant to physical disability and young people with physical disabilities.</p> <p>Staff are encouraged to participate in learning opportunities that</p>
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		<p>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 online 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 healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty healthcare assistants are employed. They are supported to transition through the NZQA Careerforce Certificate for Health and Wellbeing. Four healthcare assistants hold a NZQA level four qualification, with one currently working towards this; eight staff hold a NZQA level three qualification; and six hold a NZQA level two qualification. This is in addition to the overseas RNs working as HCAS and one team leader who has a level six diploma.</p> <p>A competency assessment policy is being implemented. Staff complete competency assessments as part of their orientation and following education and training sessions (eg, cultural training; Code of Rights; pain control; emergency preparedness; continence management; elder abuse; pressure injury prevention; fire safety; hand hygiene; wound care; moving and handling; infection control; medication and storage; and dealing with grief and dying). Annual medication competencies are completed by suitable qualified staff (eg, RNs, EN, team leader healthcare assistants).</p> <p>Training and support are provided to staff to ensure health and safety in the workplace, including manual handling; hoist training; chemical safety; emergency management including (six-monthly) fire drills; personal protective equipment (PPE) training; and hazard reporting. Staff wellness is encouraged through participation in health and wellbeing activities. Contractors are orientated to health and safety by the maintenance staff. 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>PA Low</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are held in the facility manager' office in a locked filing cabinet. Nine staff files were reviewed (six healthcare assistants, one RN, one kitchen assistant, one laundry assistant) and evidenced implementation of the recruitment process, employment contracts, and completed orientation. Each staff member receives a copy of the code of conduct. 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. The appraisal policy is implemented. Appraisals are scheduled to be completed three-monthly followed by annually. These were behind schedule.</p> <p>The implemented orientation programme provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the orientation programme supports RNs, ENs and healthcare assistants 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 available for staff, with examples provided by the managers and staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<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 appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Any signatures that are documented include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information</p>

		<p>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.</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>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families/whānau and residents prior to admission or on entry to the service. Nine admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Whānau/family and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service.</p> <p>The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager is available to answer any questions regarding the admission process and a waiting list is managed. The facility manager advised that the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. The service has their own kaumātua and relationships with Māori health organisations to improve health outcomes and, along with staff who identify as Māori, provide support for Māori residents and family/whānau.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Nine resident files were reviewed: three rest home (including a resident on an interim funding contract, and a respite), and six hospital (including a palliative care, a YPD, an ACC and an LTS-CHC)f.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. There is specific cultural assessment included in the lifestyle assessment. All initial assessments and care plans were signed and dated. Seven resident files reviewed had up to date interRAI assessments and care plans had been evaluated within the required six-month timeframe. The resident on ACC did not require an interRAI assessment; however, all other internal assessments and the care plan was up to date. The resident on the interim funding had an interim care plan documented.</p> <p>Care plans are developed by the RNs in partnership with the resident and/or their family/whānau to ensure residents and family/whānau identify their own pae ora outcomes, as evidenced in the electronic files reviewed. Care plans reviewed have been updated when there were changes in health conditions and identified needs. Residents and family/whānau were notified of these changes, as evidenced in the electronic file and confirmed during interview with relatives. The long-term care plan is holistic and addresses all medical, cultural, spiritual, sexuality, and social needs. There are six-monthly care plan reviews; residents and family/whānau are invited to attend. Progress towards goals is discussed at these reviews. Residents interviewed reported their needs and expectations were being met. The YPD residents were encouraged to be as independent as possible and to maintain links with the community. They were involved in all decision making concerning their care, as evidenced in their care plans.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission and the GP reviews each resident three-monthly. There is one GP who visits twice weekly. The GP is on-call after hours. The facility manager and clinical manager are also available for after-hours calls and advice. When interviewed, the GP expressed satisfaction with the care. The service works alongside all residents (including those with</p>
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		<p>disabilities) to ensure all identified barriers to accessing information or services are minimised or eliminated. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for three hours a fortnight. A podiatrist visits six-weekly and a dietitian, speech language therapist and wound care specialist nurse are available as required.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by healthcare assistants (HCA's) and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. When a resident's condition alters, an RN initiates a review with a GP. Family/whānau were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. There were 20 residents with wounds (all minor except for a chronic ulcer). There were four residents with pressure injuries on the day of audit (three stage II and one stage I). The stage II pressure injuries were non-facility acquired. A wound register is maintained.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources as sighted. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries.</p>
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<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>FA</p>	<p>Cairnfield House has implemented an activity programme over six days. The activities team consists of a diversional therapist (DT) and one activities coordinator. They work alternate Saturdays. Each resident has an individual activities assessment on admission and from this information, an individual activities plan is developed as part of the care plan by the registered nurses, with input from the activities staff. Residents are free to choose when and what activities they wish to participate in. An individual activities attendance register is maintained.</p> <p>The overall programme has integrated activities that is appropriate for all residents. The activities are displayed in large print on all noticeboards. They include (but not limited to) exercises; reading news; word games; board games; entertainers; happy hour; bingo; and arts and crafts. Celebrations include (but are not limited to) Anzac Day, Easter, Waitangi Day, St Patricks day, Father's Day, and Mother's Day. At the time of the audit, the facility was celebrating Matariki. Recently the residents had a hangi and on the days of audit there was a Kapa Haka performance and an arts and craft afternoon making pois. Many of the staff speak te reo Māori.</p> <p>The programmes allow for flexibility and resident choice of activity. One on one activities such as individual walks and chats occur for residents who are unable to participate in activities or who choose not to be involved in group activities. There are plentiful resources to accompany activities. The facility has a bird and a fish tank. A dog visits weekly. There are weekly Catholic church services, and an interdenominational group visits every Monday. This latter group includes waiata and karakia in their visit. Residents also enjoy van outings. Residents are encouraged to maintain links to the community. Residents go out for coffee and shopping with family/whānau. Some residents go out to 'forget me not' day-care centre and para-club.</p> <p>There are monthly resident meetings and resident surveys. Residents and family/whānau interviewed were happy with the variety of activities provided.</p> <p>There are currently six YPD residents. The DT has a weekly meeting with this group to ensure their needs are being met. They</p>
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		<p>enjoy socialising together and are not interested in going out, except with family/whānau. The facility has Netflix and a cupboard of 'modern' DVD's. The DT also ensures that some of the entertainers play younger more up to date music. The YPD residents interviewed were happy with the activities offered to them.</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>PA Low</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in a central medication room or in locked trollies in the nurses' stations. Registered nurses and medication competent HCA's administer medications, and complete annual competencies and education. All medications are administered from prepacked robotic sachets. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There were no residents self-medicating on the day of audit, including the YPD residents; however, there are policies and procedures available should any resident wish to administer their medications. There are no standing orders in use and no vaccines are stored on site.</p> <p>The medication fridge and room air temperatures are checked and recorded daily. Temperatures had been maintained within the acceptable temperature range. Eye drops were not always being dated on opening. There is a small stock of medications kept for use on prescription and these are routinely checked.</p> <p>Eighteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. 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 had been documented in the medication system. All medications are charted either regular doses or as required. There are currently no over the counter or supplements in use. These would be reviewed by the prescriber (GP) as part of the</p>

		person's medication if used.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>There is a fully functional kitchen, and all food is cooked on site by kitchen staff. The cook is supported by a weekend cook and kitchen hands. Staff have been trained in food safety and chemical safety. The four-week winter/summer menu is reviewed by a registered dietitian. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The service caters for residents who require texture modified diets and other foods, with pureed/soft meals provided as required. The kitchen serves directly into one dining room but transports meals to the other dining rooms by temperature controlled hot boxes. Food is served directly from these. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm.</p> <p>The food control plan has been verified and expires on 30 December 2023. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), hot box serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through resident meetings which are attended by the cook when required. Resident preferences are considered with menu reviews. The cook stated that cultural preferences are catered for where residents request. The facility laid down a hangi for Matariki and also has six-weekly oven hangis. Residents interviewed expressed their satisfaction with the meal service and especially enjoyed the home baking.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents with weight loss are able to be referred to the dietitian. The dietitian can then inform the</p>

		care staff and kitchen of any extra requirements.
<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. All relevant documents are sent with the residents being transferred. The service works alongside residents and family/whānau to ensure they have access to other health and disability services and social support or Kaupapa Māori agencies where required 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 holds a current building warrant of fitness which expires 23 June 2024. The maintenance person works full time Monday to Friday and is on call as required. There is a part-time maintenance person who works five hours a day Monday to Thursday. The director attends to the gardens but lawnmowing is contracted. There is an online maintenance request. This is checked and signed off when repairs have been completed. There is an online monthly and 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. Essential contractors such as plumbers and electricians are available 24 hours as required. Testing and tagging of electrical equipment and calibration of medical equipment was completed in March 2023. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents. The bariatric YPD resident has personal equipment.</p> <p>The facility is divided into four wings, each with an individual lounge, dining area and kitchenette. There are three shared rooms. These have privacy screens if required. There are eighteen rooms</p>

		<p>with ensuites. All rooms have handbasins. There are sufficient numbers of communal showers and toilets. Toilets and showers have privacy systems in place. There are separate toilets for staff and visitors. The resident rooms are of sufficient size to meet the residents' assessed needs. Residents are able to manoeuvre mobility aids around the bed and personal space. The bedrooms were personalised. Healthcare assistants interviewed reported that rooms have sufficient space to allow cares to take place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>There are small library areas, and seating alcoves throughout the facility. Fixtures, fittings, and flooring are appropriate. The external area is well maintained and has seating, shade, and decking.</p> <p>There are gas heaters in the older areas and heat pumps in the new areas and hallways. Residents and family/whānau interviewed reported the environment was suitable and maintained at a comfortable temperature. The facility has an external smoking area. Residents who wish to give up smoking are offered support. There are no plans for redevelopment; however, if there are in the future, the management are aware of their obligation to seek advice from the kaumātua to ensure their aspirations and identity is included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>There are comprehensive policies and procedures documented and available to staff around the management of an emergency and civil defence disaster. A current fire evacuation plan is in place. Fire drills are routinely held six-monthly. All staff complete fire and emergency training during orientation to the service and this is included in the education planner as ongoing education. There is a dedicated storage for all emergency equipment, including civil defence supplies (sighted during the audit). Stock is checked regularly for expiry.</p> <p>There is a minimum of one staff available 24/7 with a current first aid certificate. There are adequate supplies of water and food to meet current requirements.</p> <p>There are call bells in the residents' rooms and ensuites, communal</p>

		<p>toilets and lounge/dining room areas. All care staff carry pagers to alert them to who requires assistance. Residents were observed to have their call bells within reach. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secure in the evening and staff perform security checks throughout the night.</p> <p>The services emergency plan considers the special needs of young people with disabilities in an emergency.</p>
<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>	FA	<p>The infection control and antimicrobial stewardship (AMS) programme is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by the infection control coordinator and the clinical manager, and any changes are discussed with staff following this review. Infection control audits are conducted. Infection rates are presented and discussed at quality and staff meetings. Infection control data is also sent to the facility manager. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu - Te Tai Tokerau. The service monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, medical notes, as well as the prescribing patterns of the GP.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.</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</p>	FA	<p>The infection control coordinator oversees infection control and the AMS programme across the service. She is assisted by the clinical manager as required. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The service has a comprehensive pandemic plan</p>

<p>navigate and messages are clear and relevant. 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>which includes the Covid-19 response plan, which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is ample personal protective equipment, with extra stocks available as required.</p> <p>The infection control coordinator has completed infection control education. There is good external support from the GP, laboratory, and Te Whatu Ora Te Tai Tokerau infection control nurse specialist. The infection control coordinator has input to purchasing supplies and equipment. The clinical manager stated both she and the infection control coordinator would have input if there were any plans or refurbishments taking place.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed annually. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use, and internal audits have been updated to include this. The service can provide te reo Māori information around infection control for Māori residents. Māori protocols are adhered to, and staff are able to describe these practices, acknowledging the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility 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 changes by noticeboards and handovers. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings and emails.</p>
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<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>	<p>FA</p>	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. 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 is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality and staff meetings and with the facility manager. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance methods and data captured around infections. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from the local hospital for any community concerns.</p> <p>There has been one Covid-19 outbreak in June 2023. The outbreak was well documented and appropriately reported. The facility followed their pandemic plan. All wings were kept separate, and staff were kept to one wing if possible. Staff wore PPE. Residents and staff completed rapid antigen tests (RAT) daily. Residents were kept up to date with progress, and family/whānau were kept informed by phone or email. Visiting was restricted.</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 on the cleaning trolley and the trolley is kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharp’s containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are two sluice rooms which have sanitisers, sinks and separate hand washing facilities. Goggles are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. There are two full-time cleaners who are assisted by two part-time cleaners.</p> <p>There is a full- time laundry coordinator who is assisted by two part-time laundry assistants. There are defined clean/dirty areas. Dirty linen comes in bags and clean linen is returned on trollies. The laundry manager liaises with the clinical manager on any matters related to infection. The linen cupboards were well stocked.</p> <p>Cleaning and laundry services are monitored through the internal auditing system. Residents and family/whānau interviewed were satisfied with the standard of cleanliness and laundry services.</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 ensures that the use of restraints is kept to a minimum, and where possible work towards elimination of restraint/least restrictive restraint possible to ensure the safety of the client. The service ensures care staff who may be involved in restraint use have sufficient knowledge and skill to ensure resident safety. Restraint practices are relevant to individual resident requirements and are only used where it is clinically indicated and justified, and other de-escalation strategies have been ineffective.</p> <p>The service works in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. The facility</p>

		<p>manager, clinical manager, and restraint coordinator (RN) interviewed described the service's focus on working towards a restraint-free environment.</p> <p>There is a process of reporting to the managers and owner when restraints are required. The owner is involved in the service on a regular basis and supports the care team on eliminating any restraint use. Restraint use is part of the quality data collated, which is reported at all levels of the service.</p> <p>The restraint coordinator is an RN for which there is a job description. The restraint coordinator monitors environmental impacts on the use of restraint and implements changes that contribute to restraint minimisation. An example of this is the use of low-low beds. The clinical staff meet monthly and restraint usage is discussed at this meeting.</p> <p>There were eight hospital level residents using restraint (lap belts, bed rails). Restraint minimisation training is included as part of the annual training plan. An education register supports the clinical manager to monitor those staff who have not completed this training. The service does not practice seclusion.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>PA Low</p>	<p>The restraint committee (clinical manager, restraint coordinator) have determined and approved the following restraint equipment types, which includes bedrails, and chair lap belt. Restraint is only initiated and as a last resort after consultation with a GP, registered nurse and restraint coordinator and involve the resident and/or their next of kin/representative. The process describing the frequency and extent of monitoring restraint that relates to identified risks is not being followed.</p> <p>The assessment process includes alternatives and identifies interventions and strategies that have been tried or implemented. Two resident files of residents using restraints were reviewed. Restraint assessments were completed which link to the care plan. The care plan includes interventions to manage the resident's safety and dignity. Monitoring requirements are identified in the care plan. Records reviewed identified that regular (half- hourly)</p>

		<p>monitoring while the restraint was in place was not being followed. Progress notes describe restraint events. The restraint use is evaluated monthly. The evaluation considered those listed in 6.2.7. The resident and family/whānau are involved in the review.</p> <p>The restraint policy includes clear guidelines around the use of emergency restraint. The policy states a full review of each restraint incident will be completed, and the report forwarded to the restraint coordinator/CM for consideration. There have been no reported events of emergency restraint. Processes are in place should debrief meetings be required following the use of emergency restraints.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes monitoring a non-restraint environment in the internal audit programme. The outcome of an internal audit goes through to the restraint coordinator and clinical manager and the monthly clinical staff meeting. The restraint coordinator and clinical manager meet regularly, and this includes a review of restraint use, restraint incidents, and education needs. The restraint programme is formally reviewed annually.</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	There are five RN vacancies resulting in insufficient numbers of RNs on duty to provide on-site 24/7 RN cover. Strategies to manage this shortfall have been implemented.	The service does not have sufficient numbers of RNs to have an RN on duty at all times, as per the ARC contract D17.4 a. i. in the hospital wing.	<p>Ensure a registered nurse is on duty 24/7 to meet the requirements of the ARC contract.</p> <p>60 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	The clinical manager is responsible for completing performance appraisals three months following employment and annually thereafter. She reported that they are behind schedule, verified through reviews.	Five of ten staff performance appraisals reviewed were behind schedule.	<p>Ensure performance appraisals are completed as per the schedule.</p> <p>90 days</p>
Criterion 3.4.1	PA Low	The medication policies align with current legislation and best practice guidelines. Medication	There were eyedrops in use that were not dated on	Ensure eyedrops are

<p>A medication management system shall be implemented appropriate to the scope of the service.</p>		<p>charts reviewed were compliant and evidenced appropriate prescribing and indication for use of medications were documented. Staff who administer medications are competent and medication rounds observed evidenced safe practice. All medications are stored securely, and medication room temperatures were within ranges. Medication audits have been held as scheduled. There were no expired medications on site; however, not all eye drops were dated on opening.</p>	<p>opening.</p>	<p>dated on opening. 90 days</p>
<p>Criterion 6.2.2 The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.</p>	<p>PA Low</p>	<p>The frequency of restraint monitoring is documented on the restraint assessment and in the resident's care plan. Monitoring charts are used but fail to indicate monitoring taking place as determined.</p>	<p>Two of two monitoring charts of residents using restraint were not being followed as per the monitoring frequency prescribed.</p>	<p>Ensure restraint monitoring is documented as prescribed. 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.