

# Te Kauwhata Retirement Trust Board - Aparangi Village Residential Care Unit

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## 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Te Kauwhata Retirement Trust Board
<b>Premises audited:</b>	Aparangi Village Residential Care Unit
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 21 November 2023      End date: 22 November 2023
<b>Proposed changes to current services (if any):</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Total beds occupied across all premises included in the audit on the first day of the audit: 51**

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou 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

Aparangi Village Residential Care Unit provides rest home and hospital level care for up to a potential 59 residents. The care unit and surrounding retirement village is owned and operated by the Te Kauwhata Retirement Trust Board.

The most significant change since the previous surveillance audit in late June 2022 is a new residential care unit manager (RCM) who was appointed in May 2023. This person has been employed at Aparangi for five years as an RN and was previously one of two clinical nurse leaders. The other clinical nurse leader is now the clinical nurse manager (CNM). The RCM reports to a general manager (GM) who oversees business and operations for the entire site, including a large retirement village.

This certification audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand Waikato (Te Whatu Ora Waikato). The audit process included a pre-audit review of policies and procedures, residents' and staff files, observations, and interviews with residents, family/whānau members, all managers, and the general practitioner (GP). All interviewees were positive about the care provided.

There were no findings requiring remedy identified during this audit. Strengths of the service, resulting in a continuous improvement rating is the development of external areas for the benefit of residents.

## Ō tātou motika | Our rights

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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Staff at Aparangi work 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 the principles of mana motuhake. There is a Māori health plan to guide staff to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs.

There were no residents who identify as Pasifika on the days of audit. The Pacific plan, policies and procedures reviewed would provide clear guidance if a resident who identified as Pasifika was admitted, and there are Pasifika staff employed.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld. Personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible. The provider maintains a socially inclusive and person-centred service. The residents confirmed that they are treated with

dignity and respect at all times. Cultural and spiritual needs are identified and considered in day-to-day service delivery. Information is communicated in a manner that enables understanding. Consent is obtained where and when required. All staff receive in-service education on Te Tiriti o Waitangi and the Code.

There was no evidence of abuse, neglect, or discrimination.

The complaints process aligns with consumer rights legislation. All complaints have been well managed and resolved to the satisfaction of the complainant.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The organisation is governed by a board of trustees who work with senior managers to monitor organisational performance and ensure ongoing compliance. The mission, values, scope and business goals of the organisation are documented and monitored for achievement. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. Quality data including adverse events is analysed to identify wanted and unwanted trends. All incidents are being reliably reported and recorded.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced. A sufficient number of qualified staff are employed and rostered to be on site to meet the needs of residents 24 hours a day, seven days a week. Competencies are defined and monitored. Staff performance is reviewed.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

Policies and procedures provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with whānau and residents noting their activities of interest. In interviews, residents and whānau expressed satisfaction with the activities programme provided.

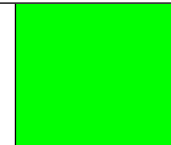
There is a medicine management system in place. The general practitioner (GP) is responsible for medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week.

Residents are referred or transferred to other health services as required.

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

Includes two 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.



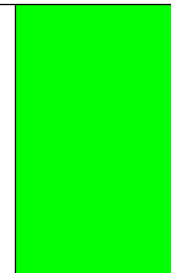
Subsections applicable to this service fully attained.

The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. There is a current building warrant of fitness.

Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. Security is maintained. Hazards are identified.

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

Includes five 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.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.




The infection control coordinator, who is the clinical nurse manager (CNM), is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan. Aged-care specific infection surveillance is undertaken with follow-up action taken as required. There have been infection outbreaks of COVID-19 and norovirus reported since the last audit and these were well managed.

The environment supports both the prevention of infections and mitigation of their transmission. Waste and hazardous substances were being well managed. Cleaning and linen services were safe and effective.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Governance is committed to eliminating the need for restraint. There were five residents with restraint intervention in place on the days of audit. The restraint coordinator is a senior registered nurse with designated authority and expertise in the role.

## 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	29	0	0	0	0	0
Criteria	1	175	0	0	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.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The organisation has embedded a Māori model of health into their care planning process. The principles of Te Tiriti o Waitangi are actively acknowledged when providing support to Māori residents. Partnership, protection and participation were evident and confirmed in interview with the two residents who identified as Māori. The organisation’s Māori health plan reflected a commitment to Te Tiriti and providing inclusive person-centred and whanau-centred support. Approximately 8% of staff identify as Māori. Those interviewed said their advice is sought and considered. They considered that services are provided in a culturally safe manner. A Māori resident reported that their mana is protected, that they are treated with dignity and respect, and that they are not afraid to speak up if they felt their world view has not been fully considered.</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</p>	FA	<p>On the days of audit, there were no residents who identify as Pasifika and one staff member whose ethnic origins are Pasifika.</p> <p>The organisation’s Pacific health policy refers to the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The policy lists contact</p>

<p>rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>details for Pasifika groups available for guidance and consultation. The policy also states Pacific models of care will be utilised within the plan of care when indicated.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). 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>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in te reo Māori and English. Staff training on the Code was conducted and evidence of this was sighted.</p> <p>The registered nurses (RNs), and clinical nurse manager (CNM) reported that the service recognises Māori mana motuhake (self-determination) of residents, whānau, or their representatives in its updated cultural safety policy. The assessment process includes the residents' wishes and support needs.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. 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>Residents are supported in a way that is inclusive and respects their identity and experiences. Family/whānau and residents confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>The CNM reported that residents were supported to maintain their independence by staff through daily activities. Residents were able to</p>

		<p>move freely within and outside the facility. There is a documented privacy policy that references current legislation requirements. All residents have an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas, and knocking on doors before entering.</p> <p>All staff had completed cultural training as part of orientation and annually through the education programme, along with Te Tiriti o Waitangi, te reo Māori, and tikanga practices. The CNM reported that te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe 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>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The CNM reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy in place identified strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the registered nurses (RNs) and CNM who reported that all outcomes</p>

		<p>are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</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>Residents and whānau reported that communication was open and effective, and they felt listened to. Enduring Power of Attorney (EPOA)/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use family members as appropriate. The general practitioner (GP), CNM, and RNs reported that anticipatory conversations relating to the impending death of residents on palliative care is conducted on an ongoing basis with the resident, and EPOA/whānau/family. This was further reiterated by the GP who stated that the nursing team is always proactive in ascertaining a resident's preferences and choices regarding interventions and place of care.</p> <p>The staff reported that verbal and non-verbal communication cards and regular use of hearing aids by residents when required, is encouraged.</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>The staff interviewed understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation treatment plans, and advance directives were signed by residents who were competent and able to consent, and a medical decision was made by the geriatrician, or GP for residents who were unable to provide consent. The CNM reported that the GP discusses the resuscitation treatment plan with the resident, where applicable, or with the resident's whānau. This was verified in interviews with residents, their whānau, and the GP. Staff were observed to gain consent for daily cares.</p> <p>Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person is involved with the resident's consent. Information about the nominated resident's representative of choice, next of kin, or EPOA is provided on admission. Communication records verified the inclusion of residents where applicable. The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints policy and procedures comply with consumer rights legislation. All residents and their whānau are provided with information regarding the complaints process, and advocacy services, on entry. Information regarding the complaints process is displayed and is available in te reo Māori. All interviewees said they were comfortable raising complaints or concerns as needed. They confirmed they have had the complaints procedure explained to them and they knew how to make a complaint if required. Staff are aware of their responsibility to record and report any resident or</p>

		<p>family/whānau complaint they may receive.</p> <p>The complaints register contained two complaints received from residents or their whānau since the last audit. Records confirmed that each complaint was managed in line with Right 10 of the Code and that they had been closed to the satisfaction of the complainant. The care manager stated there had been no complaint investigations from external authorities such as Te Whatu Ora, the Office of the Health and Disability Commissioner or Manatū Hauora.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Te Kauwhata residential care unit is governed by a seven-member board of trustees. The board membership will increase when two new trustees join the board in early 2024. The currently serving trustees have completed training in Te Tiriti o Waitangi, cultural safety, and health equity. There is liaison and input from Māori representatives and iwi associated with the Community Trusts in Care Aotearoa (CTCA) group which Aparangi/Te Kauwhata Trust belongs to.</p> <p>Other changes to the service include the appointment of a new residential care unit manager in April 2023 and enacting the previously approved (April 2022) reconfiguration of beds. The trust board have bought back apartments that were previously owned under occupation right agreements (ORA). One apartment has been converted to two single rest home bedrooms, which brings the facility's current maximum capacity to 57 beds. One other ORA is still owned and occupied. This apartment will be converted to two more rest home beds when it is vacated, which will increase the maximum capacity to 59 beds, comprising 12 designated hospital level care rooms, 22 dual purpose rooms and 25 designated rest home level care rooms.</p> <p>The organisation holds agreements with Te Whatu Ora Waikato for aged residential care (ARC) in rest home, hospital, medical, respite and palliative care, Long Term Support-Chronic Health Conditions</p>



		<p>(LTS-CHC), and Whaikaha (Ministry for Disabled People) Young People with Disabilities (YPD). There is also a contract for a community day activities programme which is not currently operating.</p> <p>On the day of audit, 51 of the available 57 beds were occupied, although two residents were not on site. Twenty-eight residents were receiving rest home level care, and 23 residents were receiving hospital care. One rest home level care person was funded as LTS-CHC.</p> <p>The organisation's three-year strategic plan describes a commitment from governance to quality and risk systems, the infection control programme, minimising and eliminating restraint and ensuring that services are delivered safely and appropriately for Māori and tāngata whaikaha (people with disabilities), to facilitate improvement in their health outcomes and achieve equity. The RCM submits comprehensive monthly reports to the board which contain details on occupancy, operational issues including clinical risks and staffing, health and safety, an analysis of quality data including incidents and infections, restraint, and a general update on any other matters. A sample of board meeting minutes demonstrated that the board consider and discuss the content of the care unit report.</p> <p>There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery. This was demonstrated by interviews with staff, residents and their whānau/family, results of satisfaction surveys, the demographic population of residents and ethnic composition of staff.</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>FA</p>	<p>The service provider has a documented and implemented quality and risk management system which is reviewed and kept current by the operator and the external owner of the quality system. The system includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks, including</p>

<p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>potential inequities and corresponding mitigation strategies.</p> <p>Activities to monitor adherence to the business, quality and risk plan, and the service provider's policies and procedures include regular internal audits, management, RN and staff meetings, provision of staff education and professional development opportunities, analyses of quality data such as incidents, infection and outbreak events, complaints and compliments, resident/relative satisfaction surveys and staff surveys. Where these monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs.</p> <p>A number of quality improvements have been implemented to good effect. These include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Installation of a new 'live' call bell monitoring system in October 2023, which allows immediate tracking and reporting of response times. This has significantly reduced the average time it takes for staff to respond to a call bell, from 17 minutes to 2 minutes.</li> <li>• The development of pictorial care plans which are displayed in resident bedrooms for quick and easy reference.</li> <li>• The introduction of another layer of medicine safety to alert and remind staff about same name residents.</li> <li>• A review and improvements to the new staff orientation programme.</li> <li>• A review and implementation of different wound care plans in May 2023, to facilitate healing and reduce cost.</li> <li>• New staff incentive and reward programmes, for example, birthday celebrations, monthly quality awards and long service recognition rewards.</li> <li>• Improvements to environmental safety by creating designated hoist storage areas.</li> <li>• Reintroducing 'inhouse' laundry for residents' personal</li> </ul>
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		<p>laundry.</p> <ul style="list-style-type: none"> <li>• The introduction of a new integrated client software recording system which enables quick monitoring and analysis of clinical adverse events, complaints and health and safety matters.</li> <li>• All risks are now segregated into incidents, risks, or hazards.</li> </ul> <p>Essential notification reporting occurs. Notifications related to RN shortages continue to be submitted. Changes in Management and the board have been notified. The public health unit at Te Whatu Ora was notified of a norovirus outbreak in early November 2023. There have been no other significant events.</p> <p>Ethnicity data is being consistently gathered. Internal audits, and review of Māori-specific service delivery, including feedback from whānau, confirmed that tikanga is followed, respected and health equity is being monitored.</p>
<p><b>Subsection 2.3: Service management</b></p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, 7 days a week (24/7). The service provider has determined the cultural makeup of their workforce and estimated the percentage of Māori health care and support workers. Approximately 3% of the staff identify as Māori, which is reflective of the resident population. Interviews with residents and whānau revealed that staff work in ways to deliver health care that is responsive to the needs of Māori.</p> <p>Recruitment for all types of staff is the responsibility of the RCM. On the days of audit there were five RNs and one casual RN employed. This number includes the clinical nurse manager and residential care unit manager. The service continues to recruit for RNs and is using bureau staff where needed to cover all shifts.</p>

	<p>Residents and whānau interviewed said that staff were always attentive to their needs and that call bells were answered within a reasonable time. There is always an extra RN on call after hours.</p> <p>A sample of staff rosters showed nine care staff and two RNs (plus the CNM Monday to Friday) are rostered for morning shifts, six care staff and two RNs on the afternoon shift and three care staff plus an RN are on night duty. A majority of staff and all RNs have current first aid certificates. Staffing levels are adjusted to meet the changing needs of residents.</p> <p>Allied staff such as a diversional therapist and an activities assistant are allocated sufficient hours to meet residents' needs and provide smooth service delivery. Designated cleaners carry out housekeeping duties seven days a week. Meal services and laundry services are carried out daily under contract to external providers.</p> <p>Continuing education for staff is planned on a bi-annual basis to support equitable service delivery. Education includes mandatory training topics such as infection control, management of emergencies, manual handling and safe transfer, resident cares, and residents' rights. Management and governance confirmed people's right to speak their own language, endorse tikanga and support connections to iwi, hapū, and whānau. This was observed during the audit and confirmed by staff and resident interviews and staff files.</p> <p>All staff who administer medicine are regularly competency assessed to ensure compliance with known best practice and safe procedures in medicine management.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waikato. Of the 33 care staff employed, 20 have achieved level four of the national certificate in health and wellness, 6 are at level three and the others are on track to achieve level two. There is an</p>
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		<p>accredited career force assessor and moderator of the programme on staff.</p> <p>Two RNs are accredited and maintaining competencies to conduct interRAI assessments in addition to the clinical nurse manager and the residential care unit manager. Staff records sampled demonstrated completion of the required training and competency assessments. Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes police and referee checks, and validation of qualifications.</p> <p>The eight staff records sampled confirmed that the organisation's policies are being consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities. Records were kept confirming that all regulated staff and contracted providers have proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ Medical Council, and Pharmacy, Physiotherapy, and Podiatry boards.</p> <p>Personnel records were accurate and stored in ways that are secure and confidential. Records contained information that meets the requirements of the Health Information Standards Organisation. (HISO). Staff ethnicity data is recorded and used in accordance with HISO. There was a diverse mix of staff employed.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. This always includes being allocated to a peer/buddy for at least three shifts and having regular 'one-on-ones' with management staff. Formal performance appraisals occur at least annually, and all staff had completed a performance review in</p>

		<p>2023.</p> <p>There have been no significant events which required staff debrief but there are systems in place to support staff if and when this is required.</p>
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Residents' files and the information associated with residents and staff are retained in electronic and hard copies. Staff have their own logins and passwords. Backup database systems are held by an external provider. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, and timely, including staff signatures, designation, and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p> <p>Residents' and staff files are held securely for the required period before being destroyed. Paper-based files are archived onsite. No personal or private resident information was on public display during the audit.</p> <p>The provider is not responsible for registering residents' National Health Index (NHI) numbers. All residents have an NHI number on admission.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></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</p>	FA	<p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) agency authorisation forms for residents assessed as requiring rest home, hospital, and long-term support-chronic health conditions (LTS-CHC), level of care were</p>

<p>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>sighted.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. Family/whānau were updated where there was a delay to entry to service. This was observed on the days of the audit and in inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The CNM reported that all potential residents who are declined entry are recorded. When an entry is declined, relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. The service is collecting and analysing entry and decline rates, including specific data for entry and decline rates for Māori. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and 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>All files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, EPOA and/or whānau. Long-term care plans were also developed, and six-monthly evaluation processes ensured that</p>

	<p>assessments reflected the residents' daily care needs. Resident, whānau/EPOA, and GP involvement is encouraged in the plan of care.</p> <p>The GP completed the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>The CNM reported that sufficient and appropriate information is shared between the staff at each handover, and this was witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve within three weeks. Any change in condition is reported to the nursing team and CNM, and this was evidenced in the records sampled.</p> <p>Interviews verified residents and EPOA/whānau are included and informed of all changes. Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau responded by initiating changes to the care plan. This was further evidenced through a resident file review which showed significant improvement in communication of a resident following staff interventions. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the</p>
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		<p>residents' needs.</p> <p>The service developed a feedback form for all residents' external appointments including hospital visits. The feedback form is completed per visit and brought to the service for quick updates to staff and timely change of medications by GP if indicated. The CNM reported this has significantly improved communication between services.</p> <p>The Māori health care plan in place reflected the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Planned activities were appropriate to the residents' needs and abilities. Activities are facilitated by a diversional therapist (DT) assisted by an activities coordinator. The programme runs from Monday to Friday and Saturday with Sundays reserved for church services, movies, EPOA/whānau/family visits, and other activities are facilitated by a volunteer. The activities were based on assessments and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated, and resident meetings are undertaken monthly. An activity profile detailing residents' life history was completed for each resident within two weeks of admission in consultation with the family and resident.</p> <p>The activity programme is formulated by the DT and activities coordinator in consultation with the management team, nursing staff, EPOAs, residents, and activities care staff. The activities were varied</p>

		<p>and appropriate for people assessed as requiring rest-home, hospital, and LTS-CH care. Residents have access to the Wi-Fi which enables them to use their electronic gadgets.</p> <p>Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Outings are conducted once a week in the company of staff, EPOA/whānau/family, and friends. Residents were observed walking outside the facility accompanied by staff, and family members.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals and Māori Language Week.</p> <p>EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Effectiveness of PRN medications was being consistently documented.</p>

		<p>Medication reconciliation was conducted by the nursing team when a resident was transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>The medication incident process was completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit. There are name alert stickers on medication packs for residents with similar names.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of the medicine fridge and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurse was observed administering medications safely and correctly in their respective wings. Medications were stored safely and securely in the trolleys, locked treatment rooms, and cupboards.</p> <p>There were residents self-administering medications. Appropriate processes were in place to ensure this was managed in a safe manner. There were no standing orders in use.</p> <p>The medication policy clearly outlines that all residents and their whānau are supported to understand their medications. This was reiterated in interviews with the CNM, registered nurses, and Māori residents.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines and is outsourced. All food and baking were being</p>

<p>consider my food preferences.  Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.  As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>prepared and cooked on site. There was an approved food control plan which expires on 30 January 2024. The menu was reviewed by a registered dietitian on 27 April 2023. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given the option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents’ weights were monitored regularly, and supplements were provided to residents with identified weight loss issues. Snacks and drinks are available for residents when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning was undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers were maintained, and these are recorded as per policy requirements. All decanted food had records of use-by dates recorded on the containers and no expired items were sighted. Whānau/EPOA and residents interviewed indicated satisfaction with the food service.</p> <p>The cook reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori; ‘boil ups’, hāngi, and pork were included on the menu, and these are offered to Māori residents when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge  The people: I work together with my service provider so they know</p>	<p>FA</p>	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The CNM reported that discharges are normally into other similar facilities or</p>

<p>what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>secure dementia units. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required. A discharge or transition plan will be developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' files.</p> <p>Referrals to other allied health providers were completed, with the safety of the resident identified. Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, was sighted in the files reviewed.</p> <p>Upon discharge, current and old notes are collated and scanned onto the residents' electronic management system. If a resident's information is required by a subsequent GP, a written request is required for the file to be transferred.</p> <p>Residents and EPOA/family/whānau were involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a current building warrant of fitness which expires on 22 April 2024.</p> <p>Inspection of the internal and external environments revealed no concerns. There has been extensive work and improvements made to the building and the grounds. For example, a total roof replacement, double glazed windows are installed throughout, a new and additional sluice room, upgrade to bathrooms, newly designated staff room, a whānau room and purpose-designed hair salon, new dining and lounge furniture and more development of external areas and the gardens. Facility and external area enhancement has resulted in an increase in resident satisfaction and an increase in the number of residents accessing outside areas. Criterion 4.1.2 is rated</p>

		<p>continuous improvement.</p> <p>Plant and equipment are being well maintained. Electrical equipment was tested on 30 June 2023. Medical and lifting equipment is checked (and calibrated where required) at least annually, confirmed by invoices and the records of inspection.</p> <p>All bedrooms are for single occupancy and are sufficiently spacious to allow mobility equipment, personal effects, a lounging chair, bed and bedside furniture. Many bedrooms have a shower and toilet ensuite, and others have these plus small kitchenettes with fridges. All bedrooms have a wash hand basin. There is easy access to shared bathrooms and toilets if these are not installed in bedrooms. Hot water temperature monitoring is occurring weekly and temperature records showed these were within a safe range, and no more than 45 degrees Celsius. Hospital-designated bedrooms are installed with ceiling hoists. Each room has at least one large opening window and some have decks. Heating and air conditioning systems are effective and provide comfortable and readily adjustable temperatures to suit individual preferences.</p> <p>There are two dining rooms and at least four lounges and sitting areas located conveniently throughout the home. Residents and their whānau expressed high satisfaction with the environment.</p> <p>There have been no new building developments. A kaumatua visits regularly to bless the rooms where residents have passed away.</p> <p>Interviews with senior management confirmed they understood the requirements to consult and co-design any proposed new environments to ensure they reflect the aspirations of Māori.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand (FENZ) on 14 October 2020. A trial evacuation takes place six-monthly with a copy sent to FENZ. The most recent planned evacuation took place on 13 October 2023. There was an unplanned fire evacuation on 14 April when a smoke detector was activated with no apparent cause. Both drills were managed well with evacuation completed within minutes according to the records sighted. Management described the impact of a serious lightning strike event during cyclone Dobi in January 2023 which effected emergency support systems. The electrical wiring was blown in one wing and the audio on call bells was disabled for 12 hours. Staff could still see and respond to the call system's visual display. The onsite generator and other emergency methods ensured there was no serious interruption in service delivery. The water reservoir for firefighting for the village has been destroyed. New above ground tanks are being installed – see note below.</p> <p>The service provider demonstrated that their emergency preparedness, including the storage of supplies, met the National Emergency Management Agency recommendations for the region. The service has more than enough drinkable water stored in other large tanks located throughout the grounds.</p> <p>The hazard register is reviewed annually; records show this occurred on 28 August 2023.</p> <p>Appropriate security arrangements are in place. The main entry to the home is locked after hours and visitors must ring a bell to get in. All external doors and windows are locked at a predetermined time each evening. These are accessible from the inside but not from outside the building.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the</p>

<p>to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the governing body.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The CNM oversees and coordinates the implementation of the infection prevention and control (IPC) programme. The infection control coordinator's role, responsibilities, and reporting requirements are defined in the infection control coordinator's job description. The CNM has completed external education on infection prevention and control for clinical staff. They have access to shared clinical records and diagnostic results of residents. The service has a clearly defined and documented IPC programme implemented that was developed with input from external IPC services. The IPC programme was approved by the management and external consultant. There was a current IPC programme in place. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient IPC resources including personal protective equipment (PPE) were available on the days of the audit. The IPC resources were readily accessible to support the pandemic response plan if required. The infection control coordinator has input into other related clinical policies that impact on health care-associated infection (HAI) risk. Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in</p>



	<p>response to the COVID-19 pandemic and norovirus outbreak. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The infection control coordinator liaises with the residential unit care manager and general manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Te Whatu Ora Waikato. The CNM stated that the management team will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented. Care staff, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique, and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and colour-coded towels are used for different parts of the body. These are some of the culturally safe practices in IP observed, and thus acknowledging the spirit of Te Tiriti.</p> <p>The CNM reported that residents who identify as Māori and their whānau are consulted on IP requirements as needed. In interviews, staff understood these requirements. The service has educational resources in te reo Māori.</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 AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the, governing body, management and external consultant. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm.</p> <p>Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The annual IP and AMS review and the infection control and hand washing audit include the antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated, and any occurrence of adverse effects.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. All infection data is reported to the residential unit care manager, general manager, and the governing body.</p> <p>Infection prevention audits were completed including cleaning, laundry, PPE donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they were informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason</p>

		<p>for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking was completed by comparing with previous monthly results.</p> <p>Residents and whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and whānau.</p> <p>There were COVID-19 infection outbreaks and a norovirus outbreak in 2022 and 2023 reported since the previous audit. These were managed in accordance with the pandemic plan with appropriate notifications completed.</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 documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys were safely stored when not in use. Sufficient PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There are designated cleaners (housekeepers). Cleaning guidelines were provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules were maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The housekeepers have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits. These did not reveal any significant issues.</p>

		<p>The bulk of laundry, for example, bed linen, towels, is outsourced, and resident personal laundry done in house. Residents personal laundry is managed in a well-equipped laundry which has a clear separation of clean and dirty areas. Clean laundry was delivered back to the residents daily. Washing temperatures were monitored and maintained to meet safe hygiene requirements. All laundry staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The laundry and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident and family/whānau interviews confirmed satisfaction with the cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The service continues to aim for a restraint-free environment. This is supported by the governing body and policies and procedures. The CNM provides monthly reports on restraint use, type and frequency to the care unit manager each month, who then reports this to the general manager and the board of trustees. This was sighted in a sample of board reports.</p> <p>There were five hospital level care residents using restraints at the time of audit. Four residents had bed rails in place when in bed. One of these required a pant brief support applied when seated to keep them safe from falling, and another one required a lap belt. One resident required a lap belt when seated and slept in a fall out chair due to their postural condition.</p> <p>The residents' restraint records confirmed that alternatives have been explored and that the restraint intervention was a last resort.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a senior RN. The role is defined in a job description which describes the coordinator's responsibilities for monitoring and reducing restraint usage, supporting staff in the safe application of interventions, and maintaining oversight of all restraint activities. The coordinator interviewed demonstrated a sound understanding of the organisation's policies, procedures and practice</p>

		<p>and their role and responsibilities.</p> <p>Staff receive information and education on alternatives and the least restrictive methods, safe restraint practice, culturally appropriate interventions, and de-escalation techniques. Those interviewed demonstrated understanding about restraint procedures, risks when using restraint, and monitoring requirements.</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>	FA	<p>Assessments for the use of restraint, monitoring and evaluation was documented and included all requirements of the Standard. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary.</p> <p>Sighted records of monitoring confirmed that entries are made each time an intervention is applied or taken off and that cares provided during the intervention are documented. The frequency if monitoring is determined by policy. Cultural, physical, or psychosocial and psychological considerations are documented.</p> <p>A restraint register is maintained and reviewed at each restraint group meeting. The register contained enough information to provide an auditable record. Evaluations of each restraint intervention is occurring six monthly or earlier when required.</p> <p>The restraint policy contains guidance for criteria 6.2.5, 6.2.6 and 6.2.8 but emergency restraint has not been used, nor have debriefs been required.</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</p>	FA	<p>The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated. The use of restraint has stayed constant since the previous audit. One resident had been requiring bed rails and a lap belt for 17 months, the other restraint interventions had started during 2023.</p>

data and implementing improvement activities.		
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## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	CI	<p>There has been a 30% increase in residents accessing external areas because of the garden development and renovation project that started in 2022. Residents take themselves to outside seating areas and are also actively participating in propagating and potting up plants in the covered area off Fernhill wing. The allocation of a golf cart for use by the care facility is allowing residents who could not previously access the 30 acres of ponds, bridges, and paths around the village to do so. This and other facility enhancements has led to an overall increase in resident satisfaction from 88.84% in the 2022 survey to 92% in 2023.</p>	<p>Facility and external area enhancement has resulted in an increase in resident satisfaction and an increase in the number of residents accessing outside areas.</p>

End of the report.