Care Alliance 2016 Limited - Waimarie Private Hospital

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:

Legal entity:	Care Alliance 2016 Limited
Premises audited:	Waimarie Private Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 December 2023 End date: 6 December 2023

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 34

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 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 haumaru │ 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
	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
	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

Waimarie Private Hospital provides rest home and hospital level care for up to 52 residents. The service is operated by Care Alliance 2016 Limited. The facility is managed by the owner/business manager who is supported by the clinical nurse manager who oversees the clinical team. Residents and families interviewed spoke highly about the care and management provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's contract with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland). The certification process included review of policies and procedures, review of residents' and staff records, and observations and interviews with residents and family members. The general practitioner and staff were interviewed.

Areas identified as requiring improvement were in relation to staffing and validation of contracted health professionals' annual practising certificates, entry and decline processes, care planning, medication management and emergency training.

Ō tātou 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.

Waimarie Private Hospital has systems in place to ensure Māori and Pasifika world views of health in service delivery are supported for any Māori or Pasifika residents and their whānau. The service aims to provide equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Residents and their family/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.

Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status.

Residents and family/whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed whenever possible.

Residents and family/whānau are informed about the complaints process at the time of admission. A complaints policy and process guide staff to ensure any complaints are resolved promptly and effectively.

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

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes and achieving equity for Māori and tāngata whaikaha (people with disabilities).

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and family/whānau provide regular feedback and staff are involved in internal audit activities. An integrated approach includes collection and analysis of quality improvement data, identifies any trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe and equitable service provision.

Residents' information is accurately recorded, securely stored and is not accessible to unauthorised people.

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

The service's policies and procedures provide documented guidelines for access to the service. There is a paper-based system for entry to services. Residents are assessed before entry to the service to confirm their level of care.

When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau.

The nursing team is responsible for the assessment, development, and evaluation of care plans. Interventions are evaluated by the RNs as per policy requirement.

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 family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. The organisation uses an electronic system in prescribing, dispensing, and administration of medications. There are policies and procedures that describe medication management that align with accepted guidelines.

The food service provides for specific dietary preferences of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week. Food is safely managed. Residents verified satisfaction with meals.

Residents are transferred to other health services as required. Transition, exit, discharge, or transfer is planned, coordinated, and includes ongoing consultation with residents and family/whānau.

Te aro ki te tangata me te taiao haumaru | 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and an approved fire evacuation plan. Electrical equipment has been tested as required. Calibration records were current.

External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff receive training on emergency management at orientation and this is ongoing. Staff, residents and whānau understood emergency and security arrangements. Residents and family reported timely staff response to call bells.

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 prevention and control officer leads the programme.

The infection prevention and control officer were fully conversant with the role requirements as detailed in a role description.

Education in relation to infection prevention is ongoing and staff demonstrated good principles and practice. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan and the required actions in the event of such an event.

Aged-care-specific infection surveillance is undertaken at facility, regional and organisational levels, with follow-up action taken as required.

The environment was clean, well maintained and supports both preventing infections and mitigating their transmission. With support from external contractors, waste and hazardous substances are well managed. Laundry services are 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.

The service aims for a restraint-free environment. This is supported by the management team and policies and procedures. There were no residents using restraints at the time of the audit. No restraint has been used for over five years. A comprehensive assessment, approval, monitoring process, with regular reviews would occur for any restraint used. Staff demonstrated a sound knowledge and understanding of providing least restrictive practices, de-escalation techniques and alternative interventions.

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	21	0	2	4	0	0
Criteria	0	158	0	3	7	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	Waimarie Private Hospital has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. A Māori health plan has been developed with input from cultural advisers and is available for residents who identify as Māori. The Māori health plan is in line with Te Tiriti o Waitangi and the Māori health strategy 'He Korowai Oranga'. The clinical nurse manager (CNM) has established links with a local marae and with Te Whatu Ora Te Toka Tumai Auckland. Waimarie Private Hospital is committed to creating employment opportunities for Māori through actively recruiting a Māori heath workforce across all organisational roles. There were residents who identified as Māori. No staff identified as Māori on the day of the audit.

		The clinical nurse manager (CNM) and staff reported that they have completed cultural safety training. This was confirmed in documentation reviewed.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino 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.	FA	Waimarie Private Hospital works to ensure Pacific peoples' worldviews, and cultural and spiritual beliefs are embraced. There were staff who identify as Pasifika who bring their own skills and expertise. Staff reported at interview that they are guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan. Cultural needs assessments at admission are completed by the CNM and the diversional therapist to identify any requirements. The Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan was sighted and is available for reference. Waimarie Private Hospital has a Pacific plan with cultural guidelines and standard operating procedures developed with input from the wider Pasifika community. They include Pacific models of care. There were residents and staff who identified as Pasifika at the time of the audit. Waimarie Private Hospital identifies and works in partnership with Pacific churches and organisations to support culturally safe practices and wellbeing for Pacific peoples using the service.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions	FA	The Code of Health and Disability Services Consumers' Rights (the Code) and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were displayed in the hallways. The Code

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.		was available in English and te reo Māori. Residents and family/whānau interviewed reported being made aware of the Code and the Advocacy Service during the admission process and were provided with opportunities to discuss and clarify their rights. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights. Waimarie Private Hospital has access to interpreter services as required. Education/training on the Code is included as part of the orientation process for all staff employed. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes. The clinical nurse manager reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whānau, or their representatives in its updated cultural safety policy and Māori health policy. The assessment process includes the residents' wishes and support needs. Church services are held weekly.
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.	FA	Waimarie Private Hospital's annual training plan demonstrated training that is responsive to the diverse needs of people across the service. The service promotes holistic and collective care by educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Care plans included documentation related to the resident's abilities, and strategies to maximise independence. Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan. Staff interviews described how they support residents to choose what they want to do. Residents stated they had choices and are supported to make decisions about whether

		they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. Staff were observed to use person-centred and respectful language with residents. Te reo Māori is celebrated, and staff are encouraged and supported with the correct pronunciation. Te reo Māori resources are available on the education platform. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori. Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices. Staff were observed to maintain privacy throughout the audit. Resident, family/whānau and staff interviews, and observation confirmed that privacy is respected. Staff knock on bedroom and bathroom doors prior to entering, ensure that doors are shut when personal cares are being provided, and residents are suitably dressed when taken to the bathroom. Interviews and observations also confirmed that staff maintain confidentiality and are discrete, holding conversations of a personal nature in private.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	An abuse and neglect policy are in place. All staff are held responsible for creating a positive, inclusive and safe working environment. Cultural diversity is acknowledged, and staff are educated about this. The clinical nurse manager (CNM) stated that any observed or reported racism, abuse or exploitation would be addressed promptly. Safeguards are in place to protect residents from abuse and revictimization; these include the complaints management processes, residents' meetings and satisfaction surveys. Residents' property is labelled on admission. The facility has a system in place for lost property acknowledgment and investigation. All

		residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually. Family and staff members stated that residents were free from any type of discrimination, harassment, physical and/or sexual abuse, neglect or exploitation and were safe. Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents. Staff interviewed stated they are treated fairly and with respect. They were treated without discrimination and felt comfortable talking to management if they had any concerns.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Policies and procedures relating to accidents/incidents, complaints, and the open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. This is documented in the progress notes. Six accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau. Residents and family members interviewed stated they were kept well informed about any changes to their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was also supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code. The service communicates with other agencies involved with the resident, such as the hospice and Te Whatu Ora Te Toka Tumai Auckland (eg, dietitian, speech and language therapist, geriatric nurse specialist, older adult mental health and wound nurse specialist). Care

		delivery includes a multidisciplinary team, and residents/family/whānau provide consent and communication regarding the services involved. The RN described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion if required. Residents and family/whānau interviewed confirmed they knew what was happening within the facility and felt informed regarding events/changes related to COVID-19 through emails, regular newsletters, and resident meetings. Interpreter services are used where indicated.
Subsection 1.7: I am informed and able to make choices 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. 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. 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.	FA	Six residents' records reviewed included signed general consent forms. Other consent forms included vaccinations and van outings. Residents and family/whānau interviewed described what informed consent was and knew they had the right to choose. There are policies around informed consent. In the records reviewed, appropriately signed resuscitation plans were in place. 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 family/whānau confirmed that they are involved in the decision-making process and the planning of residents' care. Admission agreements had been signed and sighted in all the files. Copies of the enduring powers of attorney (EPOAs) were on residents' files where available. Resuscitation treatment plans and advance directives were available in residents' records. A medical decision was made by the general practitioner (GP) for resuscitation treatment plans for residents who were unable to provide consent in

		consultation with family/whānau and EPOAs.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaints forms and a complaints/compliments box are located at the entrance to the facility. One complaint from the Health and Disability Commissioner's Office (HDC) was followed through and remains open at the time of the audit. No other complaints had been received until the day prior to this audit. This complaint was followed through for Te Whatu Ora Toka Tumai Auckland as requested. The complaint was not able to be fully substantiated during the audit. No other additional external or internal complaints had been received since the previous audit. The business manager (BM) and staff interviewed reported they knew what to do should they receive a complaint. The register is maintained by the BM and if related to clinical issues the CNM and senior nurse manager (SNM) are involved, for their clinical expertise. A compliments board with letters and cards sent to the staff were on display in the entrance to the hospital. The BM and CNM interviewed reported that interpreter services can be accessed as needed. The nationwide advocacy service is accessible, with the local contact details being available.

Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	Waimarie Private Hospital provides aged related residential care for rest home and hospital level care residents. There are two owner directors. One is the business manager, and the other is the senior nurse manager. The senior nurse manager works part time. Both are supported by the full-time clinical nurse manager who oversees the day-to-day clinical care provided to residents. The CNM has been in this role for one year. All were present and interviewed during the audit. The governing body is focused on improving outcomes and achieving equity for Māori and people with disabilities. This objective was also present in the business plan reviewed. No identified barriers were discussed for Māori seeing care at this care home. This is occurring through oversight of care planning and reviews, family/whānau meetings, feedback and communication with residents and their family/whānau, and health care assistants' (HCAs) knowledge of the resident and their likes and dislikes, including cultural and spiritual needs. Routines are flexible and can be adjusted to meet the residents' needs. A Māori health advisor was available from the local marae. Management and staff have completed training on Te Tiriti o Waitangi and health equity. Core cultural competencies are completed by staff at orientation and ongoing updates are provided. The CNM and the SNM interviewed reported residents receiving services and family/whānau participate in the planning, implementation, monitoring, and evaluation of service delivery through the review of care plans, surveys and meetings. A sample of staff, resident, and family/whānau meeting minutes evidenced positive feedback. The general practitioner of the service (also interviewed by telephone) spoke highly of the care and services provided.

		The service holds contracts with Te Whatu Ora Te Toka Tumai Auckland to provide age-related residential care (ARRC), rest home, hospital, respite care and long-term support - chronic health care (LTSCHC). The service also holds an interim care (ACC) contract. Thirty-four residents were receiving services under the contracts on the day of the audit. Nine residents were receiving rest home level of care, 18 hospital level care and two respite (short-term care), and five residents were under the interim care contract.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls. Residents, whānau and health care assistants (HCAs) contribute to quality improvement through meetings and surveys. Resident meeting minutes were reviewed, and these are maintained by the diversional therapists. Six-monthly resident/family surveys are completed and evaluated and analysed by management. Any outcomes are used for continuous quality improvement. Staff also provide feedback annually and comments are respected. Interim care residents complete a satisfaction survey when the resident is discharged. Results have been positive. The BM and CNM are responsible for quality with input of the SNM as needed. A sample of quality and risk-related meeting minutes were reviewed and confirmed there have been regular review and analysis of quality indicators, and that related information is reported and discussed. Staff meetings are held monthly (set agenda reviewed) and cluster meetings only if needed, fortnightly. The RNs also meet monthly to discuss staffing, interRAI and other topics at the time. Monthly quality meetings cover health and safety, infection prevention

		and control, incidents/accidents, falls prevention, staff education, complaints, wound care and restraint elimination. The BM (who is one of two owner/directors) is present at all meetings except for the RN meetings held. The SNM is also an owner/director of the facility and works at another clinical service. Policies and procedures are reviewed by the BM and the CNM. The BM is responsible for the governance – management related policies and the CNM and SNM have input when reviewing the clinical policies and procedures. The policies reviewed covered aspects of the service and contractual requirements were current. The 2023 internal audit schedule was updated in March 2023. Audits are performed monthly, including infection prevention, kitchen, laundry, residents' records, and staff records. For example, a standard precautions audit and other audits completed 2 October 2023 resulted in 100% compliance, hand washing 92 %, and the document review 99.5%. All audit outcomes are discussed at the quality meetings held monthly and progress against quality outcomes are evaluated. The CNM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Documented risks include falls, infection prevention and cross infection, sharps, oxygen management and potential inequalities. Staff documented adverse and near miss events. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident-related incidents are being disclosed with the designated next of kin. A copy of the new National Adverse Event Policy 1 July 2023 was sighted, and the

		service is planning to work towards implementation. The CNM and SNM understood and have complied with essential notification reporting in respect of Section 31 notifications. Examples were discussed. Those sighted related to RN shortage and roster coverage (fortnightly since July 2022), pressure injury reporting (one Section 31 notification in 2022 and three this year - 2023) to HealthCERT. Copies are available for review. These are maintained by the SNM electronically. Staff are supported to deliver high-quality health care should any residents identify as Māori through, for example, training, including cultural safety, cultural assessments, care planning, and communicating with the resident and family/whānau. Staff reported they understood tikanga best practice. No benchmarking occurs, except for infection prevention and control with an external provider.
Subsection 2.3: Service management 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.	PA Moderate	There is documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week across all levels of the facility (two in total) (24/7). The CNM adjusts staffing in any unplanned absence. The service has a core of staff who have worked at this facility for some time. The physical environments are considered, as the hospital and rest home areas are located across two floors and an additional wing. Residents, family/whānau and HCAs interviewed confirmed there were sufficient care staff. The CNM stated that they have 52 certified beds but, at the time of audit, were staffed to provide care for the current 45 residents and their level of acuity. The CNM and HCAs reported that at least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse coverage with use of bureau staff on the afternoon and night duty currently, until more registered nurses are employed. This is an area

		for improvement. Advertising is ongoing. The CNM is on call 24/7. However, the SNM is available to cover as needed, but does not have permanent shifts. Another RN is employed to complete the interRAI assessments. The service has six internationally qualified nurses who cover the senior roles as HCAs. The three RNs have current annual practising certificates which were reviewed. Care staff reported that good access to advice is available when needed. There is a core of staff who have worked at this facility for some time. The BM described the recruitment process, which includes referee checks, police vetting and validation of qualifications and practising certificates for the RNs. There are two diversional therapists (Level 4) NZQA, three cooks and two cleaners. The competency policy guides the service to ensure competencies are assessed and support equitable service delivery. On-line learning is provided monthly. A sample of competencies, for example, the aging process, cultural training, handwashing, hoist, infection prevention, interRAI, and restraint competencies confirmed the training in the staff records reviewed. Continuing education is planned on an annual basis and included mandatory requirements. The BM confirmed that there are 22 HCAs employed, 17 are at level 4 on the New Zealand Qualifications Authority (NZQA) framework, two at level 3, and two at level two. One HCA is not currently enrolled. New Zealand Qualification Authority (NZQA) education qualifications were recorded accurately. The CNM and the casual RN are interRAI trained and ensure the assessments are completed in a timely manner. Training for staff is recorded by the BM and the training online calendar was reviewed and displayed for staff.

		The CNM interviewed reported that Waimarie Private Hospital is building on their own knowledge through cultural training, which included Te Tiriti o Waitangi and e-learning modules being available and accessible to staff. Certificates were sighted. Ongoing training is being undertaken by the management team to ensure staff fully understand about health equity and the collecting and sharing of high-quality Māori health information. The organisation has a commitment to include, provide and to invest in staff equity expertise through the local marae. A marae visit is being arranged for the 2024 education calendar. Staff reported being well supported and safe in the workplace through, for example, the employee assistance programme, flu vaccinations, cultural events, and staff can participate in the resident activities programme if they wish.
Subsection 2.4: Health care and support workers 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. 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. 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.	PA Low	Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of seven staff records reviewed confirmed the organisation's policies are being consistently implemented. Position descriptions are documented and were sighted in the records reviewed. Professional qualifications, where required, are sourced prior to employment and annually thereafter. The BM described the procedure to ensure professional qualifications are validated prior to employment and a record is maintained. Current annual practicing certificates (APCs) were sighted for the CNM, the SNM and the RN who completes the interRAI assessments. The records for the contracted health professionals were not current except for the contracted podiatrist and the general medical practitioner (GP), who both had a current APC. This is an area identified for improvement. Staff orientation includes all necessary components relevant to the role. An experienced HCA interviewed reported that the orientation

		process prepared them well for the role. New HCAs described their orientation and that they were buddied with an experienced HCA for up to three weeks if required. Orientation includes falls, bedmaking, documentation and communication, residents' personal cares, hygiene and security. HCAs confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted. Paper-based staff records are kept locked and confidential. Ethnicity data is recorded and used in line with health information standards. HCAs reported incident reports are discussed at the staff meetings. The HCAs interviewed explained how they have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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.	FA	Policies and procedures guide staff in the management of information. Backup database systems are in place. Residents' and staff records reviewed are held securely for the required period before being destroyed. No personal or private residents' information was on public display during the audit. Archive records are stored safely and securely onsite. The provider is not responsible for registering residents' National Health Index (NHI) number. All residents have a National Health Index number on admission.

Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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.	PA Low	The entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services; however, the facility had three systems running to collect the entry and decline information and none of them had reason for decline of entry. There was no evidence of communication around declined entries. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Residents enter the service when their required level of care has been assessed and confirmed by the Needs Assessment Service Coordination agencies (NASC). Assessment confirming the appropriate level of care was held in files reviewed. Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements. Residents' rights and identity are respected. Support for Māori individuals and whānau can be accessed if required. The facility has connection with Ruapotaka marae to support Māori residents. There were Māori residents in the facility at the time of the audit. There was no evidence of routine analysis of entry and decline rates including specific rates for Māori.
Subsection 3.2: My pathway to wellbeing 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.	PA Moderate	The service uses paper-based record management systems. The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation. The initial nursing assessments sampled were developed after 24 hours of

Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.		admission. The facility has used three different versions of initial nursing assessment. There was evidence of family and resident signature on the initial nursing assessment document, but no registered nurse had signed the initial nursing assessment. Information is documented using validated nursing assessment tools such as pain scale, falls risk, skin integrity, and nutritional screening, to identify any deficits and to inform care planning. There were Māori residents on the day of the audit. Residents' cultural needs had not been identified during the cultural assessment. The service has a Māori health policy in place which includes Te Whare Tapa Whā model of care but there was no Māori health care plan specific to the Māori residents' needs in their file. All residents have current interRAI assessments completed within three weeks of an admission. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, and the NASC assessments served as a basis for care planning; however, the outcome measures from the interRAI were not reflected in the long-term care plans. Residents and family/whānau or enduring power of attorney (EPOA), where appropriate, were involved in the assessment and care planning processes. Residents and family/whānau confirmed their involvement in the assessment process. Short-term care plans (STCPs) are developed for acute problems, for example, infections, wounds, and weight loss. Short-term care plans were reviewed weekly or earlier if clinically indicated. The six records reviewed had generic goals which were not specific to residents' identified needs. The support required to achieve the goals was not documented in the care plan. The review of the care plan did not evidence the degree of achievement against residents' agreed goals. Where goals had not been met, the interventions had not been

		reviewed to reflect the current needs of the resident. The early warning signs and risks that affected the residents' wellbeing were identified but there were no interventions documented to prevent further deterioration of the condition; for example, a resident was on weight monitoring due to fluid overload, but the care plan intervention required had not been updated. Where progress was different from expected the service did not initiate changes to the care plan. Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed three-monthly, and more frequently as determined by the resident's condition where required. Medical records were evidenced in sampled records. The GP interviewed verified that medical input was sought in a timely manner, that medical orders were followed, and care was excellent. The facility is provided access to an after-hours service by the GP. Family/whānau/EPOA interviews and residents' records reviewed provided evidenced that families were informed when there was a change in health status. Residents' care was evaluated on each shift and reported at handover and recorded in the progress notes by the caregivers. Cultural guidelines to use to ensure tikanga and kaupapa Māori perspectives permeate the assessment process are documented in the Māori health policy. The Māori health policy includes Māori healing methodologies, such as karakia, mirimiri and rongoā. The staff confirmed they understood the process to support residents and

		whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision are acknowledged in the Māori and Pacific people's policy and the registered nurse reported that these will be eliminated as required. Tāngata whaikaha and whānau are supported to access information as required.
Subsection 3.3: Individualised activities 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.	FA	Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by two diversional therapists, who support residents to maintain and develop their interests. A monthly activities planner was sighted. The activities provided are suitable for residents' ages and stages of life. Activities for the residents are provided seven days a week. At weekends, puzzles, quizzes and movies are available for residents. The activities programme is displayed in the dining and hallway area. The activities programme provides variety in its content and includes various activities incorporating education, happy hour, cultural, spiritual, and community events. For those residents who choose not to participate in the programme, one-on-one visits from the diversional therapist occur regularly. Residents' birthdays are celebrated, and families are invited to join in. Activity progress notes and activity attendance checklists were completed monthly. The residents were observed participating in a variety of activities on the audit days. The facility has a connection with Meadowbank primary school and the residents have been visiting the school to watch the children perform different activities.

		The facility has a cultural board where information on different cultural backgrounds, such as Samona, Tongan, Indian, Philippines, are displayed. Cultural events celebrated have included Waitangi Day and Matariki. Waimarie Private Hospital encourages the use of te reo Māori if residents choose to communicate in this way and encourages services to support community initiatives that meet the needs and aspirations of Māori and whānau. There were residents on the day of audit who identified as Māori. The facility has connection with Ruapotaka marae. Residents and families/whānau are involved in evaluating and improving the programme through resident satisfaction surveys. This was evident in the records sampled. Residents interviewed confirmed they find the programme interactive.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Moderate	A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. Four of the twelve medication charts reviewed showed overdue three-monthly medication reviews. Eleven of the twelve residents' allergies and sensitivities were not documented on the medication chart. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures are checked daily; however, the treatment room temperature was not being recorded as per the facility policy, which was for daily checks. Medications are stored securely in accordance with requirements. The service uses pre-packaged pharmacy medicines that the RN checks on delivery to the facility. There were eleven eye drops being used that had no open dates on them. The medication charts showed that medication reconciliation had been completed within 24 hours of admission.

		Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. Standing orders are not used. There were no residents self-administering medications at the time of audit. The registered nurse (RN) interviewed was able to demonstrate knowledge on self-administration of medications. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines were competent to perform the function they manage. The RN oversees the use of all pro re nata (PRN) medicines, and documentation regarding their effectiveness was sighted in the progress notes. Current medication competencies were evident in staff files. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. Education for residents regarding medications occurs on a one-to-one basis by the clinical manager, clinical manager assistant or registered nurse. RNs interviewed demonstrated knowledge on management of adverse events. The service has policies and procedures on management of adverse events. The medication policy described the use of over-the-counter medications and traditional Māori medicines. Interviews with RNs confirmed that where over-the-counter or alternative medications were being used, these were added to the medication chart by the GP following a discussion with the resident and/or their family/whānau.

Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and 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.	FA	The food is prepared on site by chefs and was in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian and the last review was done on 13 November 2023 and was currently under review. The menu follows summer and winter patterns in a four-weekly cycle. Documentation, observations, and interviews verified the food service meets the nutritional needs of the residents, with special dietary and cultural needs catered for. The chef verified during interview that the menu planning process was inclusive of residents and whānau, to ensure likes and dislikes and the desired size of meals are taken into consideration. Diet preference forms are completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual diet preference forms were available in the kitchen folder. Evidence of resident satisfaction with meals was verified by resident and family interviews and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided. Meals were served in respective dining rooms, and residents who chose not to go to the dining room for meals had them delivered to their rooms. Residents are offered an alternative food choice if they do not want what is on the menu. All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with a food safety plan and registration issued by the Ministry for Primary Industries. The current food control plan will expire on 8 June 2024. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food

		preparation and serving. The chef interviewed had undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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.	FA	Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau/EPOA. The service uses the 'yellow envelope' system from Te Whatu Ora to facilitate transfer of residents to and from acute care services. Of the six files reviewed, two of them were of the most recent transfers to hospital due to falls. It had all documented evidence that stated the transfer was appropriate and timely. The service facilitates access to other medical and non-medical services. Residents/family/whānau are advised of options to access other health and disability services and social support. Where needed, referrals are sent to ensure other health services, including specialist care, are provided for the resident. Referral forms and documentation are maintained on residents' files. Referrals are regularly followed up. Communication records reviewed in the residents' files confirmed family/whānau are kept informed of the referral process. InterRAI reassessments were completed for transfers to another facility. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed and the residents' progress notes.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe	FA	A current building warrant of fitness was publicly displayed. It expires on 30 June 2024. Appropriate systems are in place to ensure the

and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.		residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they meet legislative requirements. The BM described the maintenance schedule which was sighted. Residents confirmed they know the processes they should follow if any repair or maintenance is required, and any requests are appropriately actioned. Equipment tagging and testing was current and was last completed in March 2023. Current calibration of biomedical equipment was sighted. The facility has a lift from the lower ground floor to the ground floor and it is large enough to take a bed if required. The certificate of compliance was sighted and displayed in the lift. The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. A standing/transfer hoist was available and had been checked November 2023. Spaces were culturally and spiritually inclusive and suited the needs of the resident groups. Furniture is appropriate to the setting and resident needs. Eight of ten rooms on the lower ground floor have their own ensuites. The number of additional showers and toilets on the lower ground floor was adequate. Separate staff bathroom facilities and visitors' toilets were available. Appropriately secured and approved handrails are provided in the bathroom areas on both floors. Other equipment is available to promote residents' independence. Adequate personal space is provided to allow residents to move freely around within their bedrooms safely. Rooms are personalised with furnishings, photographs and other personal items displayed.

		Residents and family/whānau reported the adequacy of bedrooms. There are three shared rooms but only one was occupied by a couple at the time of the audit. Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Since the previous audit, electric heat pumps have been installed throughout the facility on both floors. The heat pumps assist with cooling in the summer. Each area visited was warm and well-ventilated throughout the audit. The BM reported that should any new design or building be required, consultation would be sought from the cultural advisor or family/whānau as needed.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	PA Moderate	The current fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 15 August 2000. A fire evacuation has not been completed since 20 February 2023. This is an area identified for improvement. The SNM did not understand that the trial evacuations are required six-monthly. Disaster and civil defence plans and policies direct the facility in their preparation for disasters and describe the procedures to be followed. The emergency policies were known to staff interviewed. The emergency plan meets the needs of people with disabilities in an emergency. The orientation programme includes fire and security training. Staff records provide evidence that staff are trained in emergency procedures. HCAs confirmed their awareness of the emergency procedures and attend the fire training when arranged. Fire extinguishers, call boxes, floor plans, sprinkler alarms, exit signs and

		fire action notices were sighted. The CNM reported that the RNs and senior care staff have completed and have current first aid certificates. Current first aid certificates were sighted in the staff records reviewed. Call bells alert HCAs to residents requiring assistance. Residents and family/whānau reported staff responded to call bells in a timely manner. The entrance call bell was reviewed due to the specific complaint review (refer to 1.8). This was battery operated. The contracted electrician was contacted to install an electric doorbell, which could be effectively heard in the hospital when activated. There is a separate call bell for the ambulance service to use in the case of a transfer after hours. Adequate supplies for use in the event of a civil defence emergency, including food, medical supplies, personal protective equipment (PPE) and a gas barbecue were sighted. A new 600 litre water tank was available onsite, and empty bottles were accessible to fill up in an emergency. The date the tank water is changed is recorded. Additional drinking water was also available if needed, in large bottles. Emergency power is available and an arrangement to hire a generator if required is in place. Closed-circuit cameras have been installed throughout the grounds and specific internal areas. Residents and family members are fully informed, and their use does not compromise personal privacy. Appropriate security arrangements are in place. The staff ensure the building is locked in the evening and the night duty. All windows and doors are checked by staff. Staff wear name badges for identification purposes. Residents and families are informed of the emergency and security arrangements at entry.

Subsection 5.1: Governance The people: I trust the service provider shows competent leadership 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.	FA	The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate for the size and nature and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. The programme is guided by a comprehensive and current infection control manual, with input from an external IP consultant if needed. The current business plan includes a goal to minimise the risk of infection. Expertise and advice are sought following a defined process. Specialist support can be accessed through Te Whatu Ora Te Toka Tumai Auckland, the medical laboratory, external consultants, and the attending GP. An infection control component is included in monthly staff meetings and is part of the quality meetings held monthly. The incident/accident reporting policy documents the pathway for the reporting of issues and significant events to the BM and CNM. The pandemic plan has been tested through the outbreak of COVID–19.
Subsection 5.2: The infection prevention programme and implementation 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	FA	The infection control nurse (IC nurse) is responsible for overseeing and implementing the IP programme at the service level with reporting lines to the business manager. The IC nurse's role, responsibilities and reporting requirements are defined in the infection control nurse's job description. The IC nurse is the clinical nurse manager who has the skills, knowledge, and qualifications the role requires, and confirmed access to the necessary internal and external resources and support. The IC nurse and the committee's advice is sought in decision-making processes around new product purchasing, new

scope of our services.		building design, or site renovation. The infection prevention and control policies mirrored the requirements of Ngā Paerewa and are based on current best practice. The IC nurse has access to cultural advice, as necessary. Educational resources on handwashing are available in te reo Māori and are accessible and understandable for Māori accessing services. The IC nurse reported that residents who identify as Māori would be consulted on IPC requirements as needed. Residents who identify as Māori expressed satisfaction with the information provided. There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IPC resources including personal protective equipment (PPE). The IPC resources were readily accessible to support the pandemic response plan if required. Staff interviewed were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention using methods aligned with their capacity for understanding. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis, and as a group in residents' meetings. 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.

Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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.	FA	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 IC nurse and the general practitioner are responsible for the appropriate use of antimicrobials. All use of antimicrobials is documented and recorded within surveillance documentation. Effectiveness of the AMS programme is evaluated at facility and governance levels by monitoring antimicrobial use and outcomes and identifying opportunities for improvement.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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.	FA	Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and actions plans are implemented. The HAIs being monitored include infections of the urinary tract, respiratory, skin, scabies, fungal, eye and multi-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data is included in surveillance records. Results of the surveillance programme are shared with staff in the staff meetings. The monthly collated and analysed data with improvement interventions are reported to the governance body/directors every three months. There was documented evidence in the three-monthly report. The trends, possible causative factors and actions plans are discussed in the staff meeting, as noted in the staff meeting minutes. Infection prevention audits were completed including cleaning and

		hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings. Records of monthly analysis sighted confirmed the total number of infections, comparison with the previous year and month, reason for increase or decrease and action advised. The IC nurse monitors the infection events recorded weekly and any high-risk infection is discussed with the business manager. Any new infections are discussed at shift handovers for early interventions to be implemented. Residents and family/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 family/whānau.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. Staff who handle chemicals have completed appropriate education and training for safe chemical handling. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide the relevant training for staff. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical room and staff interviewed knew what to do should any chemical spill/event occur. Cleaning products were in labelled bottles. Cleaners ensured that the trolley was safely stored when not in use. There are cleaning policies and procedures to guide staff. The facility was observed to be clean throughout. Laundry is undertaken onsite. The cleaners have attended training appropriate to their roles. Regular internal audits to monitor environmental cleanliness were completed. Residents and whānau reported that the laundry was managed well, and that the facility is kept clean and tidy. This was confirmed through

		observations.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The restraint policy reviewed stated a commitment from governance toward eliminating restraint. The CNM is the restraint coordinator providing support and oversight for any restraint management. There is a job description for this role. There are processes in place to report aggregated restraint data, including data analysis supporting the implementation of an agreed strategy. There has been no restraint in the facility for five years. The BM and the CNM are involved in the purchase of equipment to prevent use of restraint, should it be needed. Orientation and ongoing education related to restraint elimination included alternative cultural-specific interventions, least restrictive practices, de-escalation techniques, restraint minimization, and safe practice and management of challenging behaviour. HCAs confirmed they have received training. Policies and procedures meet the requirements of the standard. Given there has been no restraint for five years, subsections 6.2 and 6.3 have not been audited.

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)
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	PA Moderate	At the time of audit, the service provider, despite advertising for permanent full time or part time registered nurses, was down by four registered nurses. Section 31 notices have been completed fortnightly since July 2022 to Health CERT. One permanent full time registered nurse is the CNM, one RN is part time, with flexible hours (the owner/director SNM and one registered nurse are employed eight hours per week to complete interRAI assessments.) Bureau staff are contracted for the night duty. Staff complete 12-hour shifts to cover the facility, and this works effectively. There were six internationally qualified nurses (IQNs) employed as level four HCAs. One IQN always covers the facility for the	There were insufficient registered nurses employed to cover this service twenty-four hours a day, seven days a week (24/7). No additional coverage is available except through the contracted bureau to cover for planned and unplanned leave.	Ensure adequate registered nurses are employed to cover the roster every shift to meet the requirements of the Ngā Paerewa Standard and the service’s agreement with Te Whatu Ora Te Toka Tumai Auckland. 90 days

		afternoon shift to support the bureau staff member.		
Criterion 2.4.3 Professional qualifications shall be validated prior to employment, including evidence of registration and scope of practice for health care and support workers.	PA Low	Current annual practising certificates were sighted for the employed registered nurses, the general practitioner and the contracted podiatrist. There were no current records of the annual practising certificates for the contracted pharmacists and pharmacy licence, the two physiotherapists, or the dietitian, at the time of the audit.	Professional qualifications of health professionals contracted to provide services, had not all been reviewed annually to validate their registrations and scope of practice as required.	Ensure there is a system to review all annual practising certificates and scope of practice for all health professionals contracted to provide services. 180 days
Criterion 3.1.4 There shall be clear processes for communicating the decisions for declining entry to a service.	PA Low	The facility had three systems running to collect entry and decline to services information; however, there was no evidence of why a person was declined or evidence of communication of the decision to the person/whānau.	There was no clear process in place to communicate the decisions for declining entry to services.	A clearly documented process is in place to communicate the decisions for declining the entry to services. 180 days
Criterion 3.1.5 Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori.	PA Low	The service had collected the ethnicity data during enquiry but there was no evidence of routine analysis of entry and decline rates including specific rates for Māori.	The facility had no evidence of routine analysis of entry and decline rates including specific rates for Māori.	The service is to ensure there is documented evidence of routine analysis of entry and decline rates, including specific rates for Māori. 180 days
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be	PA Moderate	I. The facility has used three different versions of initial nursing assessment which is signed by family and residents but not the registered	I. Three different versions of initial nursing assessment had been used. The registered nurse had not	I. The service is to ensure initial nursing assessment is completed within 24 hours of resident

that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.		nurse. Five of the Six files reviewed showed initial nursing assessments were developed between four to five days after the resident being admitted. II. Residents' cultural needs had not been identified during the cultural assessment (eg, the facility had Pasifika and Māori residents but there was no evidence of specific cultural needs documented). There was a Māori health policy in place but no Māori health care plan specific to the Māori residents' needs was seen in their files. III. The six records reviewed had a very generic goal which was not specific to the residents' identified needs. The support required to achieve the person's goal/s was not documented in the care plan. The review of the care plan did not provide evidence related to the degree of achievement against the residents' agreed goals. Where goals had not been met, the interventions had not been reviewed to reflect the current needs of the residents. IV. The early warning signs and risks that affected the residents' wellbeing were identified, but there was no intervention in place to prevent further deterioration of the condition; for example, a resident was on weight monitoring due to fluid overload, but the care plan intervention had not been updated.	signed the initial nursing assessments. The initial nursing assessments had been developed after 24 hours of the resident being admitted in the facility. II. There was no evidence that cultural needs were identified during cultural assessment and there was no evidence of Māori a health care plan for Māori residents. III. Six of the six files reviewed had very generic goals and there was no evidence of documented support required to meet the goals. The goals were not reviewed when the interventions were changed. IV. The early warning signs and risks that affected the residents' wellbeing were identified but there was no intervention in place to prevent further deterioration of the condition.	admission and the document to be used for initial nursing assessment to be same for every resident. II. The service is to ensure Māori residents have a Māori health care plan in their file which includes interventions to meet their cultural needs. III. The service is to ensure each resident has goals which is specific to heir identified needs and are reviewed and interventions amended when the goals are not met. IV. The service is to ensure interventions are put in place to prevent further deterioration of residents' conditions when early warning signs of deterioration are identified. 90 days

Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.	PA Moderate	The six files reviewed had current InterRAI assessments, but the care plan did not have the outcome measures from the InterRAI assessment. Six of the six care plans reviewed had documented six monthly care plan review however where the goals had not been met, the interventions had not been reviewed. Two of the six files showed that residents progress was different from expected and needed change of interventions to meet the residents' identified needs but there was no evidence that the change was initiated in the care plan.	The care plan did not have the outcome measures from the interRAI assessment. The goals were not reviewed when the care plan had been reviewed. Where the progress was different from expected the care plan interventions had not been reviewed.	I. The service is to ensure the InterRAI outcome scores are communicated in the resident's long term care plans. II. The service is to ensure that where the progress is different from expected, changes to the care plan is initiated. 90 days
Criterion 3.2.7 Service providers shall understand Māori constructs of oranga and implement a process to support Māori and whānau to	PA Moderate	There were Māori residents at the time of the audit. There was no evidence of Māori care plan in the Māori resident's file. The care planning process did not support Māori and whānau to identify	Residents preferred cultural customs, values and beliefs were not included in the care plan and there was no evidence of implemented	The service is to ensure there is an implemented process to support Māori and whānau to identify their own pae ora.

identify their own pae ora outcomes in their care or support plan. The support required to achieve these shall be clearly documented, communicated, and understood.		their own pae ora.	process to support Māori and whānau to identify their own pae ora.	180 days
Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.	PA Moderate	I. Twelve medication charts were reviewed and out of the twelve, four medication charts showed overdue three-monthly medication reviews. II. A total of eleven eye drops were used in the facility and all the eleven of them had no open dates on them. The medication competent staff were administering those eye drops. III. The medication refrigerator temperatures are checked daily; however, there was no evidence that treatment room temperature was monitored	I. Four of the twelve medication charts showed overdue three-monthly medication reviews. II. Eleven eye drops had no open date on them and were still being used. III. The treatment room temperature was not recorded.	I. Medication charts are reviewed every three months by the GP. II. Eye drops are dated when they are opened. III. The medication room temperature is monitored and recorded daily as per the facility policy. 30 days
Criterion 3.4.4 A process shall be implemented to identify, record, and communicate people's medicinerelated allergies or sensitivities and respond appropriately to adverse events.	PA Moderate	Twelve medication charts were reviewed; however, eleven of the twelve medication charts showed no evidence of resident allergies and sensitivities on it.	Residents' allergies and sensitivities were not recorded on eleven of the twelve medication charts reviewed.	The service is to ensure all medication charts have allergies and sensitivities recorded on them. 30 days
Criterion 4.2.3 Health care and support workers shall receive appropriate information, training, and	PA Moderate	The last fire safety evacuation drill was completed and recorded 20 February 2023. A copy was sent through to Fire and Emergency New Zealand as	Fire safety training is required to be undertaken six-monthly for aged residential care facilities as part of the	Ensure a fire safety training is arranged and completed as soon as possible, and thereafter six-monthly, with

equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.		required. Staff have completed fire emergency competencies at orientation and annually. Fire equipment was in place and checked by an external contractor monthly. The SNM was not informed that this is a contractual legislative requirement and drills are to be completed six-monthly with staff participation.	agreement obligations with Te Whatu Ora Te Toka Tumai Auckland, and this is a legislative requirement. A new date was arranged at the time of the audit.	the contracted fire safety company, and a copy sent to Fire Emergency New Zealand as required. 60 days

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

No data to display

End of the report.