

Moana House - Moana House

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by 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:	Moana House
Premises audited:	Moana House
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 28 November 2023 End date: 28 November 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:	40

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 haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	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

Moana House provides rest home and hospital level care for up to 47 residents in the care facility and there are four serviced apartments that are also approved as suitable for rest home care, to give a maximum capacity of 51 residents. The service is operated by Moana House Trust Board.

An acting GM was recently appointed by the trust board. This person is supported by the clinical manager (CM) and other heads of department who are overseeing service delivery.

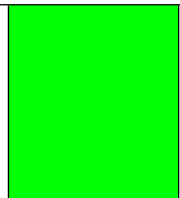
This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and contracts with Te Whatu Ora - Health New Zealand Waikato (Te Whatu Ora Waikato). The process included reviewing a sample of residents' and staff files, observations, and interviews with residents and whānau, the acting general manager and CM, a range of staff, and a general practitioner (GP) by telephone.

Residents, whānau and the GP were complimentary about the care provided.

This audit identified three areas of non-conformance. These relate to governance ensuring that services are delivered equitably, that outcomes from interRAI assessments are consistently documented in resident care records, and that residents who are self-medicating are reviewed as competent at a frequency determined by the service policy.

There was evidence that the three previous non-conformances have been corrected. These related to documentation of the quality system, overdue interRAI assessments and evaluations of care, and a non-conformance in medicines management.

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.
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The service works collaboratively to support and encourage a Māori world view of health in service delivery. A Māori health plan, policies and procedures are in place to ensure Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of self-determination/mana motuhake.

Policies, processes, and staff knowledge ensure Pacific peoples are provided with services that recognise their worldviews and enable culturally safe care.

Staff understood the requirements of the Code of Health and Disability Services Consumers’ Rights (the Code). There is a current policy on abuse and neglect. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. Residents' property and finances are respected, and professional boundaries are maintained. Staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Informed consent for specific procedures is gained appropriately.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

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 low risk.
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The organisation is governed by a board of trustees who work with management to monitor organisational performance and ensure ongoing compliance. The board assumes accountability for delivering a high-quality service. All board members are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

Organisational planning ensures the purpose, values, direction, scope, and goals for the service are defined. Progress toward meeting goals and organisational performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care and include processes to meet these standards, legislation, regulations and health and safety requirements. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated. Essential notification reporting occurs as required.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced. Staff competencies are monitored, and their individual performance was being reviewed.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Some subsections applicable to this service partially attained and of low risk.

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

There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements were met.

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

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

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

Subsections applicable to this service fully attained.

The facility meets the needs of residents and was observed to be clean and well maintained. There is a current building warrant of fitness. Electrical and medical equipment is being tested as required.

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 service ensures the safety of the residents and of staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The registered nurse coordinates the programme.

Orientation and ongoing education of staff are maintained. There were sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support the plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. The infection outbreak of COVID-19 in April 2023 was managed according to Ministry of Health (MoH) guidelines.

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 is committed to maintaining a restraint-free environment which is endorsed by governance. There are clearly documented restraint policies and procedures, a nominated restraint coordinator and restraint approval group, if restraints are ever required.

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	15	0	3	0	0	0
Criteria	0	46	0	3	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The service provider has developed policies and a Māori Health Plan 2023-2025 which describe commitment to the principles of Te Tiriti o Waitangi and equitable service delivery in all aspects of its work. This is also reflected in the organisation's values, across a wide range of service documents. Tikanga Māori is embedded in day-to-day practices, for example, using a person-centred approach to care planning and specific Māori health care plans. Residents' cultural and spiritual beliefs, and kawa around death and dying are recognised and upheld.</p> <p>Less than 1% of the resident population and just under 5% of staff identified as Māori on the day of audit.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. 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</p>	FA	<p>The organisation has knowledge of local Pacific communities and organisations that are available to advise and provide information. The Pacific plan and policies support culturally safe practices and promote equity of Pacific peoples using the service. There have never been any residents who identify as Pasifika, which reflects the local population demographic. Although there were no Pasifika residents or staff who identify as Pasifika, the processes and resources in place provide sufficient guidance for staff to ensure a resident's cultural and spiritual needs and beliefs are considered.</p>

<p>Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood Moana House's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The registered nurse (RN) reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand</p>	<p>FA</p>	<p>All signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation and service plans were signed by residents who were competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide</p>

<p>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.</p>		<p>consent. This was confirmed in interviews with residents and family/whanau.</p>
<p>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.</p>	<p>FA</p>	<p>The complaints/concerns/issues policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so. The general manager (GM) is responsible for complaints management and follow-up.</p> <p>There have been no formal complaints received since the previous audit in February 2022. This was confirmed by review of the complaints register, incident accident records and minutes of residents' meetings. Communication with families, residents and staff is open and any expressed concerns are quickly acted upon to address the concern. The complaints policy and residents interviewed demonstrated that the process for raising and investigating complaints would be safe and acceptable for Māori and their whānau.</p> <p>All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no known complaints submitted to the Office of the Health and Disability Commissioner or Te Whatu Ora since the previous audit.</p>
<p>Subsection 2.1: Governance</p>	<p>PA Low</p>	<p>Moana House and Village is governed by a seven-member board of trustees.</p>

<p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>The trustees are completing training in Te Tiriti o Waitangi, cultural safety, and health equity. There is liaison and input from Māori representatives and iwi associated with the group Community Trusts in Care Aotearoa (CTCA) which Moana House Trust belongs to. The organisation’s strategic/business plan and quality plan state a commitment from governance to quality and risk systems, the infection control programme, minimising and eliminating restraint, and ensuring that services are delivered safely and appropriately for Māori and tāngata whaikaha (people with disabilities), to facilitate improvement in their health outcomes and achieve equity. No board members were available for interview and the sample of board meeting minutes for 2022/2023 did not confirm the board receive and consider information about the care facility as required in this subsection. The minutes from head of department meetings are shared with the board but these do not discuss health equity, ethnicity data or other matters related to health improvements or ensuring equitable service delivery. A corrective action is identified in criterion 2.1.5. This service provider did not have the opportunity of a transitional audit to the Ngā Paerewa 2021 New Zealand Health and Disability Service standards. There was no obvious evidence of infrastructural, financial, physical, or other barriers to equitable service delivery.</p> <p>The most notable change in the governance and management of Moana House is the unexpected loss of the general manager in early November. An acting GM who was/is the fundraising manager has been appointed interim. This person has extensive business and management experience in various sectors, including the health sector, and has been involved in Moana House administration for two years. The only changes to the building have been interior enhancements and the conversion of an office to an ORA apartment. This did not change the footprint of the building. The current occupant is living independently, but should they require rest home care an application for a change in bed numbers/capacity will need to be submitted so the apartment can be assessed as suitable for service delivery. The facility’s current maximum capacity remains at 51 beds.</p> <p>The organisation holds an age-related residential care (ARRC) agreement with Te Whatu Ora Waikato for rest home, hospital, medical, respite and palliative care. There are additional agreements with Te Whatu Ora for the</p>
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		<p>provision of primary care and post-acute care (PAC), long term support-chronic health conditions (LTS-CHC) and a contract for a community day activities programme. There is also a young persons with disability (YPD) contract in place with Whaikaha/Ministry for Disabled People, although there have been no YPD residents admitted for some years.</p> <p>On the day of audit there were 40 beds occupied. Twenty-three residents were receiving rest home level care, and 17 were receiving hospital level care including a person on the post-acute care agreement. There were no residents under the age of 65 years. None of the residents living in the serviced apartments were receiving rest home care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service provider has a documented and implemented quality and risk management system which is reviewed and kept current by the GM in consultation with other members of CTCA. The system includes a detailed and time-framed quality plan, risk management plan, and policies and procedures which describe all potential internal and external risks, including potential inequities and corresponding mitigation strategies.</p> <p>Activities to monitor adherence to the business, quality and risk plan, and the service provider's policies and procedures include regular internal audits, management, RN and staff meetings, provision of staff education and professional development opportunities, analyses of quality data such as incidents, infection and outbreak events, complaints and compliments, resident/relative satisfaction surveys and staff surveys. Where these monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs.</p> <p>Essential notification reporting occurs. Notifications related to RN shortages had been submitted until 27 October 2023 when the RN situation eased. Changes in management have been notified. The public health unit at Te Whatu Ora was notified of positive COVID-19 cases in 2022. There have been no other significant events.</p>

<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service provider has determined the cultural make-up of their workforce. The estimated percentage of staff who identify as Māori is 5%, which exceeds the ethnicity of the resident population. Interviews with a Māori resident and their whānau revealed that staff work in ways to deliver health care that is responsive to their cultural needs.</p> <p>Recruitment for all types of staff is the responsibility of the GM. On the days of audit there were eight RNs and four casual RNs employed plus the clinical manager.</p> <p>Residents and whānau interviewed said that staff were always attentive to their needs and respond to call bells within a reasonable time. The CM is always on call after hours, or another senior RN is delegated when the CM is absent.</p> <p>A sample of staff rosters showed five care staff and two RNs (plus the CM Monday to Friday) are rostered for morning shifts, four care staff and one RN on the afternoon shift, and two care staff plus an RN are on night duty. A majority of staff and all RNs have current first aid certificates. Staffing levels are adjusted to meet the changing needs of residents.</p> <p>Allied staff such as kitchen, activities, cleaners, and laundry staff are allocated sufficient hours to meet residents' needs and provide smooth service delivery.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. Education includes mandatory training topics such as infection control, management of emergencies, manual handling and safe transfer, resident cares, and residents' rights. Management and governance confirmed people's right to speak their own language, endorse tikanga and support connections to iwi, hapū, and whānau. This was observed during the</p>
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		<p>audit and confirmed by staff and resident interviews and staff files.</p> <p>All staff who administer medicine are regularly competency assessed to ensure compliance with known best practice and safe procedures in medicine management.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora. Of the 34 care staff employed, 10 have achieved level four of the national certificate in health and wellness, 10 are at level three, eight are at level two and six are at entry level. The designated education officer is an NZQA accredited assessor and moderator with experience in the New Zealand health sector.</p> <p>The community, residents, and their whānau participate in service delivery planning, monitoring and evaluation through formal and informal feedback, multi-disciplinary reviews and one-to-one meetings, and attendance at open days or events hosted at the facility.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes police and referee checks, and validation of qualifications.</p> <p>The eight staff records sampled confirmed that the organisation's policies are adhered to. There were current position descriptions attached to each staff file outlining the role and responsibilities. Records confirmed that all regulated staff and contracted providers have proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ Medical Council, and the Pharmacy, Physiotherapy, and Podiatry boards.</p> <p>Personnel records were accurate and stored in ways that are secure and confidential. Records contained information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data is recorded and used in accordance with HISO. There is a diverse mix of staff employed.</p>

		<p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. The orientation programme has been reviewed and improved since the previous audit.</p> <p>Formal performance appraisals occur at least annually, and all staff had completed a performance review in 2023.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>A total of six files were reviewed. Needs Assessment and Service Co-ordination (NASC) confirmed the levels of care were completed and sighted in all files reviewed. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau/enduring power of attorney (EPOA). Long-term care plans were also developed, and six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs; however, outcome scores from interRAI assessments were not consistently documented. Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care.</p> <p>The general practitioner (GP) completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, that medical orders were followed, and care was resident centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The RN reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were</p>

		<p>updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The previous audit shortfalls (HDSS:2008 # 1.3.8.2) relating to interRAI reassessments and routine six-monthly care plan evaluations were addressed. All interRAI assessments and long-term care were completed in a timely manner.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Medication competencies were current, and completed in the last 12 months, for all staff administering medicines.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p>

		<p>The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards. There were no standing orders in use.</p> <p>The previous audit shortfall (HDSS:2008 # 1.3.12.1) relating to the transcribing of warfarin was addressed. All medications were currently being charted on the electronic medication management system. The clinical manager reported that there was no resident currently on warfarin medication.</p> <p>Self-administration medication competencies were not reviewed in a timely manner.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 18 May 2024.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. Snacks and drinks are available for residents throughout the day and night when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during</p>	FA	<p>The records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p>

<p>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.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. 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.</p>	FA	<p>A current building warrant of fitness (expiry date 11 June 2024) was publicly displayed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of biomedical equipment is current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. The environment was hazard-free, residents were safe, and independence is promoted. Residents and staff said they are happy with the environment and confirmed they know the processes they should follow if any repairs or maintenance are required.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Moana House has a clearly defined and documented infection prevention and control (IPC) programme implemented that was developed with input from external IPC services. The IPC programme was approved by the management team and is linked to the quality improvement programme. The IPC programme was current. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. 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. This included reminders about handwashing and advice about remaining in their</p>

		room if they are unwell. This was confirmed in interviews with residents.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds.</p> <p>Infection prevention audits were completed including cleaning, laundry, personal protective equipment (PPE), donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required. Results of surveillance and recommendations to improve performance is discussed at head-of-department meetings and RN meetings with the CM, and reported to the governance body.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed internally by comparing with the previous month's results and also with other sister facilities.</p> <p>Surveillance of health care-associated infections included ethnicity data. A COVID-19 infection outbreak was reported in April 2023 since the previous audit. This was managed in accordance with the MoH guidelines, and the pandemic plan in place. Appropriate notifications were completed as required.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least</p>	FA	<p>Governance is committed to the philosophy and practice of no restraint which has been maintained for many years. There were no residents using restraints on audit day. Staff discussed how two residents had been kept safe from harm without the use of restraints which had been in place at the care facilities they had been recently transferred from. Policies and procedures meet the requirements of this subsection and provide guidance on the safe</p>

<p>restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>use of restraints if required.</p> <p>One RN is designated as the restraint coordinator with the clinical manager providing support and oversight for enacting the policy. The service educator is providing staff with ongoing restraint education. Staff demonstrated a sound understanding of the organisation's policies, procedures and practice and the responsibilities of the role. Alternatives to the use of restraint include the use of low beds, with 'crash mats,' sensor mats, physiotherapy interventions, effective distraction and redirection, and provision of an engaging activities programme. This was evident by observations on the audit days, residents' files reviewed, and from interviews with staff from a range of roles.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.5</p> <p>Governance bodies shall ensure service providers deliver services that improve outcomes and achieve equity for Māori.</p>	PA Low	<p>The care facility has very few admissions from people who identify as Māori, which is consistent with the local demographic. There was no evidence that governance (the Trust Board) is kept informed about or can ensure that service delivery is focused on achieving equity and improving health outcomes for Māori. The strategic and business plans do not identify potential inequities or discuss how to address these or any perceived barriers to equitable service delivery.</p>	<p>There are no means for the board to monitor how care services improve outcomes and achieve equity for Māori.</p> <p>There are no implemented methods for identifying, reporting or addressing potential inequities.</p>	<p>Implement systems that keep the board informed about how care service improve outcomes and achieve equity for Māori.</p> <p>Implement methods for identifying, reporting or addressing potential inequities in service delivery.</p> <p>180 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined</p>	PA Low	<p>All interRAI assessments reviewed were current. Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely</p>	<p>Outcome scores from interRAI assessments were not consistently identified in long-term</p>	<p>Ensure outcome scores from interRAI assessments are consistently documented</p>

<p>intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>manner for residents requiring long-term care; however, Outcome scores from interRAI assessments were not consistently documented, identifying pain, mood, and communication issues.</p>	<p>care plans.</p>	<p>in long-term care plans. 90 days</p>
<p>Criterion 3.4.6 Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA Low</p>	<p>There were residents who were self-administering medication on the audit day; however, self-administration competencies were not reviewed as per policy requirements. Medication was kept in a safe manner. There is a self-medication policy in place, and this was sighted.</p>	<p>Two of three residents self-administering medications had competencies that were overdue for review.</p>	<p>Ensure self-administration competencies are reviewed as per policy requirements. 90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.