

McKenzie Healthcare Limited - McKenzie HealthCare

Introduction

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

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

Premises audited: McKenzie HealthCare

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 15 January 2024 End date: 16 January 2024

Proposed changes to current services (if any): The previous audit report stated there were 13 dual purpose beds in the independent unit; however, the service confirmed that there are in fact only 10 beds. McKenzie Healthcare have sent a reconfiguration letter to Ministry of Health to change the total bed numbers from 85 to 82 and thereby changing the 13 dual purpose beds in the independent unit to 10.

Total beds occupied across all premises included in the audit on the first day of the audit: 61

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

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

General overview of the audit

McKenzie HealthCare provides rest home, hospital and dementia level of care for up to 82 residents. At the time of the audit there were 61 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand – South Canterbury. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, general practitioner, and management.

There have not been any changes in management since the last audit. The general manager oversees the day-to-day operations of the facility and is supported by a clinical nurse manager, registered nurses, experienced enrolled nurses, and healthcare assistants.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. The service continues to improve the residents' outdoor environment, especially in the dementia unit.

This certification audit identified shortfalls in quality and risk; care planning; medication management; and antimicrobial monitoring.

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 are fully attained.
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McKenzie HealthCare provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place. Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

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 are partially attained and of low risk.
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The business plan 2024-2027 includes a mission statement and operational objectives. The service has quality and risk management systems in place that take a risk-based approach and these systems meet the needs of residents and their staff. There are human resources policies which cover recruitment, selection, orientation, and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service

education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Relevant information is provided to the potential resident and their family/whānau. The clinical manager and unit coordinators are responsible for each stage of service provision. Medication policies and procedures reflect legislative requirements and guidelines. Annual medicine administration competencies are completed. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities coordinators provide and implement a robust activity programme which includes outings, entertainment, and activities which are meaningful to the residents.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The service has a current food plan in place. Nutritious snacks are available 24 hours a day.

Residents are transitioned 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 are fully attained.

The building has a current warrant of fitness displayed. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised. The dementia unit is secure, with a secure enclosed outdoor area.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly.

Security of the facility is managed to ensure safety of residents and staff.

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.

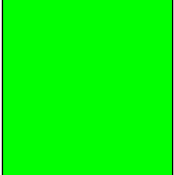
Some subsections applicable to this service are partially attained and of low risk.

Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention control programme is implemented and meets the needs of the McKenzie HealthCare and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines.

Antimicrobial stewardship policies and processes are in place and infections are discussed at handovers and staff meetings. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. The clinical nurse manager who is the infection prevention and control coordinator has been in her role for less than one year.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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 are fully attained.
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McKenzie HealthCare is committed to providing service to residents without use of restraint. This is supported by the governing body. Restraint minimisation is overseen by a registered nurse (restraint coordinator). There were no residents using restraints at the time of audit. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.

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	23	0	3	1	0	0
Criteria	0	163	0	3	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents and staff who identify as Māori. The service could demonstrate they support increasing Māori capacity by employing Māori applicants when they do apply for employment opportunities at McKenzie HealthCare. McKenzie HealthCare has engaged with a Māori cultural advisor (Kaumātua of Ko Moeraki Ka Marae) who provides guidance and support for staff, residents and family/whānau.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, their individual values and beliefs, and enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with four residents (two hospital and two rest home) and five family/whānau members (four hospital and one dementia level care). Two managers (general manager and clinical</p>

		<p>manager) and eighteen staff interviewed (six healthcare assistants (HCA), four registered nurses (RN), one activities team leader, one activities assistant, one chef, one chef assistant, one laundry, one housekeeper, one educator and one administrator) described how the delivery of care is based on each resident's values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>During the admission process, the resident's whānau are encouraged to be present to assist with identification of all needs, including cultural beliefs. On admission all residents' ethnicities are captured. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Cultural awareness training introduced the staff to components of the Fonofale of Pacific health model. At the time of the audit, there were no residents at McKenzie HealthCare of Pasifika descent.</p> <p>McKenzie HealthCare has a Pacific health plan in place that sets the key direction and long-term priorities to achieve equity in Pacific health and wellbeing outcomes. The service links with Pacific groups in the local community facilitated by current staff members who identify as Fijian, Samoan, and Tongan. The Māori cultural advisor also acts as the Pacific advisor and provides guidance and support for Pacific people.</p> <p>The service is able to access pamphlets and information on the service in most Pacific languages, and these are displayed at the entrance to the facility. The general manager confirmed how they encourage and support any staff that identify as Pasifika through the employment process. There are currently staff that identify as Pasifika. On interview, Pacific staff members confirmed they were welcomed and supported by management to attain qualifications, including dementia unit standards.</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-</p>	<p>FA</p>	<p>McKenzie HealthCare procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents</p>

<p>determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>and their families/whānau. The Code is displayed in multiple locations in English and te reo Māori. The general manager, clinical nurse manager or RNs discuss aspects of the Code with residents (where appropriate) and their family/whānau on admission. Information about the Nationwide Health and Disability Advocacy is available in the information packs provided. Other formats are available such as information in te reo Māori, and Pacific languages.</p> <p>Resident and relative meetings provide a forum for residents to discuss any concerns. The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans.</p> <p>Staff interviewed could describe professional boundaries and practice this in line with policy. Spiritual needs are identified, church services</p>

		<p>are available according to resident need and spiritual support is available. It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Matariki and Māori language week are celebrated at McKenzie HealthCare. Healthcare assistants interviewed described how they use common te reo Māori phrases when speaking with Māori residents and for everyday greetings. Te reo Māori signage was evident in a range of locations. Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori training are in place.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. McKenzie HealthCare policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities. Cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff receive code of conduct training. There is a safe anonymous pathway for staff to report issues related to racism and harassment and the Māori Health Equity policy addresses institutional racism. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency. Professional boundaries are defined in job descriptions. Interviews with RNs and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as</p>

		<p>part of orientation. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes. On interview, care staff confirmed an understanding of holistic care for all residents. Cultural awareness training completed included recognition of explicit and non-explicit bias and supports the recognition and reduction of bias in health care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and relatives on admission. Monthly resident/family/whānau meetings identify feedback from residents and any follow up by the service. Policies and procedures relating to accident/incidents alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). Twelve accident/incident forms reviewed identified family/whānau are kept informed; this was also confirmed through interviews with them. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents (or their appointed representative) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora - South Canterbury specialist services. The management team hold fortnightly head of department meetings to enhance internal communication and facilitate a holistic approach to care. The RNs described an implemented process around providing residents and families/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. All resident records reviewed contained written general consents sighted for photographs, release of medical information, and medical cares included in the admission agreement and signed as part of the admission process. Specific consent had been signed by family/whānau for procedures such as vaccines. Discussions with healthcare assistants confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>Enduring power of attorney (EPOA) evidence is filed in the residents' paper files and activated as applicable for residents assessed as incompetent to make an informed decision. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA, with tikanga protocols followed in respect of face-to-face discussions. Interviews with family/whānau members confirmed that the service actively involves them in decisions that affect the residents' lives.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is equitable and is provided to residents and family/whānau on entry to the service. The general manager maintains a record of all complaints, both verbal and written by using a complaint register which is kept electronically. There have been 16 complaints made since the previous audit in December 2022. The complaints included an investigation, follow up, and reply to the complainant. Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Two complaints have been made through HDC. McKenzie HealthCare have completed an internal investigation of the two complaints and provided all required information in the requested timeframe (February 2023 and January 2024). The service is awaiting a response from HDC</p>

		<p>for both complaints. No issues were identified in relation to the complaints in this audit. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>The general manager interviewed advised complaints logged were classified into themes (operational issues, quality of care, communication, customer rights) in the complaint register. The welcome pack included information on the process for making a complaint. Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held monthly. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The general manager was aware of the preference for face-to-face communication with people who identify as Māori. Residents and whānau interviewed confirm the management are open and transparent in their communications.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>McKenzie HealthCare, located in Geraldine, is certified to provide dementia, rest home and hospital levels of care for up to 82 residents. Of the 82 beds identified as being certified, 10 dual purpose beds are for residents living in the independent unit; 18 identified as being for residents with dementia requiring a secure unit; and 54 as available for residents requiring hospital or rest home (dual purpose) level of care. There are no double/ shared rooms.</p> <p>At the time of the audit, there were a total of 61 residents. There were 17 residents in the 18-bed dementia unit, 38 hospital residents (including three residents on palliative care contracts, two on ACC contracts) and six rest home residents in the 54 dual purpose beds, including one resident on respite care. There were no hospital or rest home level of care residents in the 10 dual purpose beds in the independent unit.</p> <p>The previous audit report stated there were 13 dual purpose beds in</p>

	<p>the independent unit; however, the service confirmed that there are in fact only 10 beds. McKenzie HealthCare have sent a reconfiguration letter to Ministry of Health to change the total bed numbers from 85 to 82 and also thereby changing the 13 dual purpose beds in the independent unit to 10.</p> <p>McKenzie HealthCare is privately owned by a governance body (Kawanatanga) which consists of five directors who maintain regular contact with the general manager. The governance body is accountable to the residence, family/whānau, and staff by leading, coordinating and supporting the general manager to provide effective quality management systems that enable McKenzie HealthCare to demonstrate they meet and exceed Ngā Paerewa Health and Disability Services Standard. All members of the governance body have attended cultural training. There is a strategic plan 2024-2027 in place. The strategic plan includes a mission statement and operational objectives with site specific goals. One of the directors (coordinating director) was interviewed and stated that he visits the site on a regular basis and actively engages with residents and staff, as evidenced through observations and interviews with the residents and staff. The governance body, general manager and Māori cultural advisor provide advice on clinical governance.</p> <p>McKenzie HealthCare has engaged with a Māori cultural advisor to work alongside the general manager and management team. The cultural advisor collaborates with the governance body and general manager in business planning and service development to improve outcomes and achieve equity for future Māori residents, to identify and address barriers for Māori for equitable service delivery and improve outcomes/achieve equity for tāngata whaikaha people with disabilities. The governance body work collaboratively to promote good workplace and health and safety practices, including employing a leadership engagement and wellbeing expert, workplace support counsellor, and Māori cultural advisor.</p> <p>The service is managed by a general manager (RN) who has experience with healthcare management overseas. The general manager has been in her current role for one and a half years and worked as the clinical nurse manager for one month prior to this time. The general manager is supported by a clinical nurse manager who</p>
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		<p>has been in the role for seven months and an experienced care team. The general manager liaises with the directors on a weekly basis.</p> <p>The general manager and clinical nurse manager have maintained at least eight hours annually of professional development activities related to managing a rest home. This includes an NZACA workshop (seven hours) and cultural training specific to Te Tiriti o Waitangi and te ao Māori.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>McKenzie HealthCare is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data which includes residents ethnicity. Management, quality improvement, full staff, RN/clinical, and health and safety/infection control meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings and collation of data were documented as taking place. There is an annual meeting schedule in place; however, not all meetings have been evidenced as occurring as per the required schedule, and not all actions have been signed off as completed. Quality data and trends are added to meeting minutes and held in folders in the staffroom. The internal audit schedule is documented annually, with audits completed as per schedule. Corrective action plans have been developed for results less than expected and signed off when completed.</p> <p>The service implements organisational policies and procedures to support service delivery. All policies are subject to review by the external aged care consultant, with input from the general manager and clinical nurse manager. Policies are linked to the Ngā Paerewa Health and Disability Services Standard, current and applicable legislation, and evidence-based best practice guidelines. Policies are available to staff in hard copy. A document control system is implemented, and this ensures that documents are approved, up-to-date, and managed to preclude the use of obsolete documents.</p> <p>A resident/ family/whānau satisfaction survey was last completed in</p>

		<p>March 2023. The surveys reflected high levels of cleanliness/hygiene, safety/security, care, and autonomy. Survey results were shared with family/whānau, residents and staff. Opportunities for improvement identified through analysis of the survey results were identified around food/meals quality and acted on.</p> <p>A health and safety system is in place with annual identified health and safety goals. Two health and safety officers interviewed (both maintenance staff) have completed formal health and safety training. An up-to-date hazard register (last reviewed August 2023) was sighted. Health and safety policies are implemented and monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues.</p> <p>Incidents and accidents forms are completed for all adverse events. Results are collated, analysed and included in quality data. In the event of a staff accident or incident, a debrief process is documented. Individual falls prevention strategies are in place for residents identified at risk of falls.</p> <p>Discussions with the general manager and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications submitted appropriately for pressure injuries, missing resident/police involved, and one resident formal investigation. There have been five Covid-19 outbreaks since the previous audit, which were appropriately notified.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori. The review of policies and quality data provide a critical analysis of practice to improve health equity.</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</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The RNs, two enrolled nurses (ENs) and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The general manager and clinical nurse manager are available Monday to Friday and share the on-call duties for any clinical issues. Staff and residents are informed when there are</p>

<p>through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>changes to staffing levels, and care requirements are attended to in a timely manner, as evidenced in staff interviews. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. The HCAs interviewed reported the RNs are supportive and approachable. Interviews with family/whānau and residents indicated that overall, there are sufficient staff to meet resident needs. There are separate laundry and cleaning staff.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural safety training in January, March, and December 2023, which included Māori health, tikanga, cultural safety, Te Tiriti o Waitangi and how this applies to everyday practice. Training sessions around dementia, and behaviours of concern are held regularly. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-five HCAs are employed in total. Of the 45 HCAs, 29 have achieved a level 3 NZQA qualification or higher. Fifteen HCAs work in the dementia unit and twelve have achieved their dementia unit standards. Three are enrolled and in the process of completing the standards; all have been employed less than the required eighteen-month period.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint; hand hygiene; moving and handling; and correct use of personal protective equipment. Healthcare assistants who have completed NZQA level 4 complete many of the same competencies as the RN staff (eg, medication administration, controlled drug, insulin and oxygen administration, and wound management). Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. There are eleven RNs and two ENs. Four RNs and one EN are interRAI trained. All RNs attend relevant quality, staff, RN, restraint, health and safety, and infection control meetings when possible. External training opportunities for care staff include training through Te Whatu Ora – South Canterbury. A record of completion is maintained on an electronic register.</p>
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		<p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information, which includes training in relation to Māori health outcomes and disparities and health equity. The Māori cultural advisor provides staff with wellbeing support and guidance. Staff commented that they celebrate the cultural diversity of staff and residents through food and dress. Staff interviews confirmed that they feel supported by the managers. Staff turnover is reported as low.</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>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. McKenzie HealthCare collects ethnicity data on new and existing staff. Once applicants pass screening, suitable applicants are interviewed by the McKenzie Healthcare general manager. Ten staff files reviewed, including the general manager, clinical nurse manager, two RNs, five HCAs and one activities team leader, evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the code of conduct. This document includes (but is not limited to): the responsibility to maintain safety; health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest.</p> <p>There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). All staff who have been employed for over one year have an annual appraisal completed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment to Māori. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained electronically and in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented McKenzie HealthCare business management plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely.</p> <p>Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>McKenzie HealthCare has an admission and decline to entry policy in place. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service.</p> <p>Eight admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The RNs, clinical nurse manager and general manager are available to answer questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and family/whānau during the admission process and declining entry</p>

		<p>would be if the service had no beds available or could not provide the level of care required. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of this for the purposes of identifying entry and decline rates that is ethnicity focussed. The analysis of ethnicity data is documented in the monthly quality report developed by the general manager and reviewed at directors' meetings. The facility has established links with a Māori advisor, who is a kaumātua of Ko Moeraki Ka Marae and is able to consult on matters in order to benefit Māori individuals, and whānau, when there are Māori residents.</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 Moderate</p>	<p>Eight resident files were reviewed: two residents with dementia aged residential contracts; two rest home, including one resident on respite care; and four hospital residents, including one resident with an accident compensation corporation contract (ACC), and one younger person with a disability (YPD). The clinical nurse manager and RNs are responsible for undertaking all aspects of assessments, care plan development and evaluations; however, the outcomes of risk assessments are not always reflected in the care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in family/whānau contact records and individuals electronic progress notes.</p> <p>Initial assessments and interRAI assessments were completed for residents, including the resident with an ACC contract. The residents on respite care or palliative care contracts do not require this. Shortfalls were noted in both the 21-day and six-monthly interRAI assessments as not all were completed within the required timeframes. The resident on respite rest home level care had the information available from the needs assessor, and their medications were on the medication management system. However, as not all risk assessments, or initial care plans were completed and available to guide staff in their care</p>

	<p>and support.</p> <p>Risk assessments are conducted at admission relating to (but not limited to) falls; pressure injury; continence; nutrition; skin; cognition; and pain. Overall, outcomes of the assessments and other available information such as discharge summaries, medical and allied health notes, and consultation with resident/family/whānau form the basis of the long-term care plan and activity care plan. However, not all care plans have been developed within the required timelines, and there were occasions where the care plan evaluation had occurred before the interRAI reassessment. The interventions in most care plans were holistic; however, not all care plans have sufficient details in the care plan to sufficiently guide the care required. Care plan interventions included individualised de-escalation strategies and activities over a 24-hour period.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. A Māori health care plan is available and used for those residents that identify as Māori. At the time of the audit there were residents who were of Māori ethnicity; however, choose not to identify with their culture. The general manager, clinical nurse manager and RN interviewed described removing barriers (including cultural) to assist residents to have access to information and services required to promote independence. The service has a process to support Māori residents and whānau to identify their own pae ora outcomes in their care plan. Cultural assessments are completed for all residents. Values, beliefs, and spiritual needs are documented in the care plan and Te Whare Tapa Whā care plan is developed for Māori residents.</p> <p>Short-term care plans were utilised for issues such as infections, weight loss, and wounds. These are either resolved or incorporated in the long-term care plan. Written evaluations reviewed identify if the resident's goals had been met or if further interventions and support are required. Evaluations had been completed for most long-term care plans being updated with changes to health status. Shortfalls were noted in the care plans reviewed where the evaluations did not reflect progress in the residents' goals.</p> <p>Medical services are provided by a number of general practitioners (GP) from local medical practices. There is a medical practice that is</p>
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	<p>unable to provide regular GP visits due to GP shortages. One long standing GP is picking up as much work as they are able to and visits weekly and is available as required. The GP is on call after hours and on weekends for resident's urgent medical needs. The clinical nurse manager reported that not all residents were able to be reviewed as per the legislative requirements. The clinical nurse manager clearly understood the requirements for the GP to see the resident within five working days of admission and reviewed them at least three-monthly or earlier if required. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The GP interviewed on the day of audit, stated they were happy with the communication from the clinical nurse manager and RNs. Further to this, the GP added there was good use of allied health professionals in the care of residents. Specialist referrals are initiated as needed. Allied health interventions are documented and integrated into care plans by the specialist services at Te Whatu Ora –South Canterbury, including older persons mental health community team, podiatry, dietitian, and speech and language therapist. The service has a contracted physiotherapist and will respond as requested.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each shift. On observation of a handover on the day of the audit, information was comprehensively communicated verbally and included monitoring requirements and changes in care. Healthcare assistants document progress on each shift. The GP and allied health professionals document their reviews. There was evidence the RNs, EN and clinical nurse manager added to the progress notes when there was an incident and changes in health status of residents. However, there was insufficient evidence that the rest home residents and those in the Pines (dementia area) had input from the RN at least weekly reviewing the progress of the residents' goals.</p> <p>When a resident's condition alters, the clinical nurse manager or RN initiates a review with the GP. The progress notes and family/whānau records reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau members.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>McKenzie HealthCare employs two activities coordinators; one works Monday to Thursday and the activities team leader works Monday to Friday. The activities in the dementia unit are provided by an activities team leader (Monday to Friday); with the hospital/rest home area programme run by the other activities coordinator. Over the weekends there are resources left for the HCAs to provide activities, such as movie afternoons.</p> <p>During admission. the residents are seen by the activities coordinators and a comprehensive assessment, plan and life story is developed. The activity plans reviewed in the hospital/rest home are planned to be reviewed at least six-monthly; however, not all residents had a</p>

		<p>completed care plan as per policy (link 3.2.3). Residents in the dementia unit have 24-hour individual activities care plan which contains strategies for diversion and de-escalation should these be required.</p> <p>The activities coordinators were interviewed and discussed the two programmes: one specific to dementia and one hospital/rest home. Programmes are held separately and changed to accommodate the appropriate cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. The activities in the dementia unit have music therapy, cultural activities, and reminiscing. Rest home/ hospital activities included croquet, newspaper reading, and arts and craft. Planned outings for rest home/ hospital and the dementia area to the community occur for shopping and/or sightseeing and these are scheduled. Visiting dogs come to the facility. Church visitors are available for residents. Residents who do not participate regularly in group activities are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and staff.</p> <p>Themed days such as Waitangi Day, Valentines Day, Kings Birthday, Matariki, and ANZAC Day are celebrated with appropriate resources available. Cultural-themed activities include the use of Māori music and language. The use of te reo Māori for everyday use is encouraged and observed on the day of audit. Family/whānau interviewed spoke positively of the activity programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>There are policies and procedures in place for safe medicine management that meet current guidelines. There is an electronic medication management system in place. Sixteen medication charts reviewed met legislative prescribing requirements. All medication charts had photographic identification and sensitivity and allergy status documented, and the GP has reviewed the medication charts three-monthly.</p> <p>The RNs, EN and HCAs who administer medications have been assessed for competency on an annual basis. Medications are checked on delivery by the RNs. All medications are stored safely. The</p>

		<p>medication room air temperature and medication fridge temperatures are monitored and were evidenced to be within the recommended ranges. There were no residents self-administering their medications on the day of audit; however, processes were in place to allow this. Regular and pro re nata (PRN - as required) medications are administered as per policy; however, effectiveness of PRN medications administered is not always documented. All medications are checked at least monthly, and no expired medications are kept on site.</p> <p>Standing orders were not used at McKenzie HealthCare. Medication errors were reported, and follow up was completed.</p> <p>Residents, including Māori residents and their whānau, are supported to understand and access their medications, and this was confirmed by the residents and their whānau during interviews. Culturally specific medicines and over-counter medicines are considered as part of the resident's medication and, if in use, these would be documented on the resident's electronic medication management file. There were no culturally specific medicines or over-counter medicines in use at the time of the audit.</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>	<p>FA</p>	<p>There was a current food control plan in place expiring 2 June 2024. The current menu was approved by a registered dietitian in April 2022.</p> <p>Meals are transferred from the kitchen to the dining rooms in both areas by hot box. Auditors observed that the dining room spaces are adequate, and all residents received their meals with dignity.</p> <p>Prepared food was covered, dated, and stored in the refrigerator. Cleaning records of the kitchen and its appliances were completed daily. Refrigerator and freezer temperature records were maintained, and records verified these were within acceptable parameters. Staff were observed to be wearing the correct personal protective clothing. End-cooked and or serving temperatures are taken on each meal and were within safe parameters.</p> <p>Each resident had a nutritional assessment completed by the RN or clinical nurse manager on admission. Individual dietary requirements were documented in the resident's clinical file, and a copy of this</p>

		<p>information was sighted in the kitchen. Supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen is run by a qualified chef and one kitchen assistant, with support from an HCA at the weekend. The chef interviewed was knowledgeable about the consideration of cultural values and beliefs, including Māori practices in line with tapu and noa and is fluent in te reo Māori. Residents' meal requests are accommodated. Nutritional snacks are available in all areas 24/7.</p> <p>Nutritious snacks and finger foods are available for the residents at any time of the day or night. Family and whānau at times, bring food with cultural significance to residents, and residents go out with whānau for meals/kai and celebrations. The kitchen staff had food handling training.</p> <p>Residents and family/whānau interviewed spoke positively about the food service and confirmed that any feedback was accepted and implemented.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers were coordinated in collaboration with family/whānau to ensure continuity of care. There were documented policies and procedures to ensure transition, discharge or transfer of residents is undertaken in a timely and safe manner. The family/whānau were involved for all discharges to and from the service, including being given options to access other health and disability services and social support, Te Whatu Ora – South Canterbury, or kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p>	FA	<p>A building warrant of fitness is in place and expires on 8 July 2024. A preventative maintenance programme is in place. The planned maintenance schedule includes electrical testing and tagging, calibrations of weigh scales and clinical equipment and these have</p>

<p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>been completed. Monthly hot water temperatures are completed by the garden and maintenance manager. Water temperatures have been recorded monthly around the building, including the residents' rooms, and were consistently recorded at 45 degrees Celsius.</p> <p>The general manager oversees the property and maintenance. There is a full-time maintenance person (with previous plumbing experience) and a part-time person who is responsible for planning and planned maintenance. An electronic maintenance request system is kept for repairs and maintenance requests which are signed off as completed. The planned maintenance schedule has been completed to date and includes indoor, outdoor and equipment (wheelchairs, hoists, electric beds) maintenance. There are essential contractors available 24 hours a day. Electrical equipment has been tested and tagged.</p> <p>Throughout the whole facility, resident rooms are personalised according to the resident's preference. Spaces were culturally inclusive and suited the needs of the resident groups. All rooms have external windows which can be opened for ventilation. Communal rooms are easily accessible for residents using mobility aids and have heat pumps to heat the areas. Bedrooms either have heat pumps or wall heaters which can be adjusted.</p> <p>Corridors are wide enough for the safe use of mobility aids and have handrails in place. Residents were observed moving freely around the areas with mobility aids during the audit. There are adequate numbers of accessible bathroom and toilets throughout the facility, including separate toilets for staff and for visitors. The rest home/ hospital unit includes dining rooms, kitchenette areas for family/whānau to make hot drinks, and a café area where there are fresh daily muffins. Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Staff interviews confirmed that they have adequate equipment to safely deliver care for residents. The Pines (dementia care unit) is secure and has an enclosed secure garden area with safe walkways. There are safe entry/exit doors from the unit to the outdoors with shade and outdoor seating.</p> <p>The service is not planning any major refurbishments; however, a governance interview confirmed that they understood the requirements to consult and co-design any proposed new environments to ensure</p>
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		they reflect the aspirations of Māori.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>An emergency and business continuity plan describes the procedures to be followed in the event of a fire or other emergency. There is fire evacuation plan in place which was approved by the New Zealand Fire Service on 25 May 2020. A trial evacuation drill was performed on 9 January 2024. The evacuation drills are conducted every six-months and these are added to the annual training programme. The staff orientation programme includes fire and security training. There are adequate fire exit doors and there is a designated assemble point in the main car park area. All required fire equipment is checked within the required timeframes by an external contractor. There were adequate supplies in the event of a civil defence emergency, including food; water (26,000 litre water tank); candles; torches; continence products; a gas BBQ; and gas hobs in the kitchen available for alternate cooking supplies. There is a diesel generator on site. Emergency lighting is available and is regularly tested. The RNs and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Staff interviewed confirmed their awareness of the emergency procedures. The service has a working call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance team. Call bell alert modifications are being implemented to limit notifications to separate pagers across the three areas. Pagers are carried by all HCAs and RNs and are activated throughout the facility. Closed circuit television has been installed in external areas. These can be monitored to ensure safety of residents. The two entrances to the dementia unit are secured with keypad entry. A perimeter fence around the dementia unit with locked gates ensures residents are kept safe. Staff on the afternoon and night shifts are responsible for ensuring the facilities doors and windows are closed appropriately and doors are locked appropriately. External doors are locked in the evening. The main door is locked and opened automatically by timer. There is an arrangement with the local police station to assist with security concerns.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of McKenzie HealthCare business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through Public Health and Te Whatu Ora – South Canterbury. Infection prevention, control and antimicrobial stewardship resources are accessible.</p> <p>The facility infection prevention control team is part of the monthly staff and quality meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach involving the infection prevention and control team, the GP, and the Public Health team. There is a communication pathway for reporting infection prevention and control. There are shortfalls in reporting antimicrobial stewardship issues to governance.</p> <p>The infection prevention control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control is linked into the quality risk and incident reporting system.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control manual outlines a comprehensive range of policies, standards, and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the infection control team regularly to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented. Advice and guidance is accessible from Te Whatu Ora – South Canterbury. The infection control programme is reviewed annually or when there are changes to standards and guidelines) by the infection prevention and control team, which includes the infection prevention control coordinator (the clinical nurse manager), and general manager. The infection prevention,</p>

	<p>control and antimicrobial programme review is completed annually and is planned for February 2024.</p> <p>The infection prevention and control coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection prevention and control coordinator has many years of working in this area and experience in infection prevention and control; further to this, they have had recent online training. The infection prevention and control coordinator is working with a senior RN in infection prevention and control, who has also completed training.</p> <p>The infection prevention and control coordinator described the pandemic plan and confirmed the implementation of the plan proved to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The infection prevention and control audits monitor the effectiveness of education and infection control practices.</p> <p>The infection prevention and control coordinator has input into the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge about standard precautions and were able to locate policies and procedures.</p> <p>The service has infection control information and hand hygiene posters in te reo Māori. The infection prevention and control coordinator, ENs, RNs and HCAs work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and control practices.</p> <p>Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit</p>
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		<p>system. The infection prevention control policy states that the facility is committed to the ongoing education of staff and residents. Infection control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment training. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through emails. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap.</p> <p>Infection control is part of the quality/staff meetings (sighted). There is a clear process documented in policy of the inclusion of infection control during any planned development of buildings and ongoing refurbishments of the building.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>PA Low</p>	<p>The policy is appropriate for the size, scope, and complexity of the resident cohort. The service has antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use. While the clinical nurse manager is experienced in infection prevention and control, it is a new role for her. A shortfall was noted in the evaluation and monitoring of medication prescribing charts and medical notes as this has not been completed. Infection rates are monitored monthly and reported to the quality/staff meetings. Significant events are reported to the governance body (Kawanatanga). Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. There is more than one GP at McKenzie HealthCare and the clinical nurse manager is working with them all to provide oversight on antimicrobial use within the facility.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention control programme and is described in the McKenzie HealthCare infection prevention control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends and patterns.</p>

<p>drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>Infection prevention and control surveillance is discussed at quality and staff meetings. The service is incorporating ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates. Meeting minutes and graphs are displayed for staff. Action plans where required for any infection rates of concern, are documented, and completed. Internal infection control audits are completed with corrective actions for areas of improvement. Culturally safe communication pathways are clearly documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection. The service receives information from Te Whatu Ora - South Canterbury services for any community concerns.</p> <p>There have been six Covid-19 outbreaks since the last audit. An action plan for the infection prevention and control of Covid-19 was put in place, which evaluated effectiveness of measures put in place to manage outbreaks. Outbreaks have occurred in both the dementia and hospital/rest home areas and were managed well.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Policies are in place regarding chemical safety and hazardous waste and other waste disposal. Chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit.</p> <p>There are sluice rooms and sanitisers with stainless steel bench and separate handwashing facilities. Eye protection wear and other personal protective equipment (PPE) are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry on site with all laundry completed by staff on duty. There is a housekeeper/laundry on duty Monday to Sunday. There are defined dirty and clean areas. Personal laundry is delivered back to</p>

		<p>residents' rooms. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection prevention control coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building. The infection prevention and control during construction, renovations and maintenance policy guide the input required from the infection prevention and control coordinator.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit there were no residents using restraints. The service has been restraint free for several years. McKenzie HealthCare is committed to providing service to residents without use of restraint. This is supported by the governing body.</p> <p>An RN (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. Restraint is discussed at the governance body level. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. Staff have completed the annual restraint free and restraint competency. A restraint internal audit was completed in November 2023 and demonstrated compliance with expected standard.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	There is an annual meeting schedule in place; however, not all meetings have been completed as scheduled.	<p>i). Management, quality improvement, full staff, RN/clinical and health and safety/infection control meetings have not been evidenced as being held as per the schedule.</p> <p>ii). Not all proposed actions and outcomes have been assigned, followed up or completed as required.</p>	<p>i). Ensure that management, quality improvement, full staff, RN/clinical, and health and safety/infection control meetings are completed as per the schedule.</p> <p>ii). Ensure proposed actions and outcomes are assigned, followed up and evidenced as completed as required.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support</p>	PA Moderate	Initial risk assessments such as dietary and nutrition were completed in all files, and these informed the initial care plans. All long-term residents had an initial assessment and long-term care plan in place; however, not all long-	(i). In three hospital level resident files, the initial interRAI assessment, six-month interRAI reassessments and initial care plans were not completed within the required	<p>(i). Ensure all initial and six-month interRAI reassessments and initial care plans were completed within the required timeframes.</p> <p>(ii). Ensure all resident files reviewed had long-term care plans documented</p>

<p>plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>		<p>term care plans were developed within expected timeframes. InterRAI assessments were completed; however, not all interRAI assessments and reassessments were completed within expected timeframes. All residents have appropriate risk assessments completed by an RN.</p>	<p>timeframes.</p> <p>(ii). Three of seven resident files reviewed did not have long-term care plans documented within 21 days of admission.</p> <p>(iii). Two of five permanent residents did not have six-month interRAI reassessments completed.</p> <p>(iv). InterRAI assessments did not inform the care plan for five hospital level residents where the interRAI was completed after the development of the care plan.</p> <p>(v). Care plan evaluations and activity plan evaluations have not occurred within required timeframes for two hospital level resident files reviewed (six files were not yet due for reviews).</p>	<p>within 21 days of admission.</p> <p>(iii). Ensure six-month interRAI assessments have been completed for all residents.</p> <p>(iv). Ensure all interRAI assessments inform the care plan for all where the interRAI was completed after the development of the care plan.</p> <p>(v). Ensure care plan evaluations and activity plan evaluations occur within required timeframes.</p> <p>60 days</p>
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the</p>	<p>PA Moderate</p>	<p>Assessments are completed, including diet and nutrition for all residents. Other assessments including skin; hygiene; behaviour; pain; cultural; spiritual preferences values; and beliefs address individual preferences, and beliefs of residents. However, not all assessments were fully completed, and outcomes were not always reflected in the care plan. Care</p>	<p>(i). There were no current interventions documented for one hospital level resident around hygiene and pressure injury prevention management following a deterioration in condition.</p> <p>(ii). One hospital resident with pain and skin care requirements had these</p>	<p>(i)-(iv) Ensure that care plan interventions support residents assessed and current needs.</p> <p>(v). Ensure the review of activities care plans are completed as per the policy requirements/timeframes.</p> <p>60 days</p>

<p>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.</p>		<p>plans reviewed were overall holistic; however, not all care plan interventions were current. During admission, activities coordinators meet with residents and their family/whānau to establish a comprehensive activities plan. A 24-hour care plan is completed for residents in the dementia unit.</p>	<p>identified in the initial assessments; however, these were not documented in the long-term care plan.</p> <p>(iii). One resident’s care plan in the hospital area did not document a) identified triggers or personalised instructions; and b) interventions regarding behaviour and the management of these.</p> <p>(iv). One resident on respite did not have all required assessments completed to inform the care plan in place.</p> <p>(v). In three care plans reviewed (one in the dementia unit and two hospital residents), the care plan (including the life story) was not completed within the policy requirements.</p>	
<p>Criterion 3.4.1 A medication management system shall be</p>	<p>PA Low</p>	<p>There are medication policies documented which align with current best practice guidelines and</p>	<p>Out of the sixteen medication charts reviewed, eight did not have effectiveness of PRN</p>	<p>Ensure efficacy of the PRN medications administered is documented as per policy.</p>

<p>implemented appropriate to the scope of the service.</p>		<p>legislation. Pro re nata (PRN) medications are prescribed appropriately in the electronic medication chart and have been administered appropriately; however, efficacy of the medications has not always been documented.</p>	<p>medications administered recorded.</p>	<p>60 days</p>
<p>Criterion 5.3.3 Service providers, shall evaluate the effectiveness of their AMS programme by: (a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects; (b) Identifying areas for improvement and evaluating the progress of AMS activities.</p>	<p>PA Low</p>	<p>There are policies in place for monitoring the quality and quantity of antimicrobial prescribing, dispensing, administration, and occurrence of adverse effects. Further to this, there are policies and processes for identifying areas for improvement and evaluating the progress of AMS activities.</p>	<p>The policy requirements are not being completed for monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects; identifying areas for improvement and evaluating the progress of AMS activities.</p>	<p>Ensure there are processes in place to monitor the quality and quantity of antimicrobial prescribing, dispensing, administration, and occurrence of adverse effects, identifying areas for improvement and evaluating the progress of AMS activities.</p> <p>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.