

# Waihi Senior Citizens Home Incorporated - Hetherington House

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## Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Waihi Senior Citizens Home Incorporated
<b>Premises audited:</b>	Hetherington House
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 6 March 2024    End date: 6 March 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	47

# Executive summary of the audit

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## Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

### Key to the indicators

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

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

## General overview of the audit

Hetherington House provides services for up to 50 residents assessed as requiring rest home, dementia, hospital (medical and geriatric), respite, long term support-chronic health conditions (LTS-CHC) and for young people with disabilities.

Changes to the service since the last certification audit, were a reconfiguration of five rest home beds to dual purpose (rest home and hospital) beds in September 2023. Assessment of the impact from these changes was included in the audit process. Other changes are the appointment of a new clinical manager in September 2023 and the absence of the facility manager. This person has been on leave since mid-December 2023 and responsibilities are being shared by the clinical manager and the administrator.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's agreement with Te Whatu Ora.

The audit process included a sample of residents' and staff files, observations, and interviews with residents, family/whānau members, a board member, management, staff, and a general practitioner. Clinical oversight of the facility is managed by the clinical manager who is a registered nurse (RN). Residents and family/whānau were complimentary about the care provided.

Two of the three previous findings, in medicines and restraint, had been resolved. Evaluation of care plans and review of residents' dietary profiles is ongoing. This in addition to four other findings (five in total) which were identified during this audit. A new finding about the timeliness of interRAI assessments has been raised in the same criterion as the previous finding. Other findings were

about goals of care not being consistently documented, unavailability of RNs on site 24 hours a day, 7 days a week and a large number of staff appraisals being overdue. The infection control programme has not been reviewed annually as required.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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The organisation was aware of its responsibilities under Te Tiriti o Waitangi and endeavours to enact the principles into everyday practice.

Mana Motuhake is respected and Te Whare Tapa Whā is utilised in all support planning. Pasifika policies and procedures are aligned with national strategies embracing world views, cultural and spiritual beliefs.

The organisation maintains a socially inclusive and person-centred service which is aligned with the Code of Health and Disability Services Consumers’ Rights (the Code). Information is communicated in a manner that enables understanding and promotes informed choice. Consent was obtained where and when required. Whānau and legal representatives were involved in consent processes that comply with the law. Residents and family members/whānau confirmed that they are treated with dignity and respect at all times. There was no evidence of abuse, neglect, or discrimination.

The complaints process aligns with consumer rights legislation.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The board and managers assume accountability for delivering a high-quality service with the support of clinical staff. Services are provided in ways that honour Te Tiriti o Waitangi and improve outcomes for Māori and people with disabilities. There were no perceivable barriers or equity issues for Māori. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Organisational performance is monitored and reviewed at planned intervals. The service has an organisation-wide approach to quality and risk. Quality and risk management systems are focused on improving service delivery and care. Staff are involved in quality activities through staff meetings. Residents and families/whānau provide feedback via resident meetings and through the resident satisfaction survey. Adverse events were documented with corrective actions implemented.

The service complies with regulatory reporting obligations. Staffing levels and skill mix met the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. Staff attend regular education/training and individual competencies are assessed.

## 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 partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents' assessments and care plans were completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents were reviewed regularly and referred to specialist services and to other health services as required. The transition, transfer, or discharge plan was documented. Transfers to other health care services and discharges were managed in an appropriate manner to allow residents' safety and continuity of care.

A safe medication management system was in place. Medicines were safely stored and administered by staff who have current medication administration competency.

A holistic approach to menu development is adopted ensuring food preferences, dietary needs, intolerances, allergies, and cultural preferences are undertaken in consultation with residents and family/whānau where appropriate. Residents verified satisfaction with meals.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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There is a current building warrant of fitness. There have been no structural changes to the facility since the last audit.

## **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 partially attained and of low risk.
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The nominated infection prevention coordinator oversees implementation of the infection prevention programme, which is linked to the quality management system. The infection prevention programme was developed by those with IP expertise and approved by the governance body.

Staff receive infection prevention education during the induction period and annually.

Surveillance of health care-associated infections is undertaken, and results shared with all staff and the governance body. Follow-up action is taken as and when required.

An infection outbreak reported since the previous audit was managed effectively. Appropriate processes were implemented to prevent the spread of infection.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the governing body's policies and procedures. There were five residents using restraints at the time of audit. A comprehensive assessment, approval and monitoring process occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions and education on restraint has been undertaken.

### Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	15	0	1	3	0	0
Criteria	0	47	0	1	4	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The organisation has embedded a Māori model of health into their care planning process and has care plans based on Te Whare Tapa Whā. The principles of Te Tiriti o Waitangi are actively acknowledged in the organisation’s literature and confirmed by interview with Māori residents on the day of audit.</p> <p>The number of staff who identified as Māori, is three times the number of residents. These staff interviewed believed that services are being provided in a culturally safe manner and that they have input into how services are developed and delivered.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific</p>	FA	<p>Hetherington House has a range of policies and procedures on cultural safety and on the cultural needs of Pasifika peoples. These reflect Pasifika worldviews, cultural, and spiritual beliefs. There were no Pasifika residents or staff employed at the time of the audit. This reflects the local population demographic. Management confirmed that there is no cultural discrimination made when employing staff.</p>

peoples for improved health outcomes.		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility. Staff have received training on the Code as part of the orientation process and ongoing annual training. This was verified in interviews and staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. Residents confirmed that their rights were observed.</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>	FA	<p>The staff orientation process includes education related to professional boundaries. Information about individual values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics is obtained from residents, their family/whānau or enduring power attorney (EPOA) on admission. Residents, family/whānau and EPOAs for residents in the dementia unit confirmed they were consulted on individual values and beliefs and staff respected these.</p> <p>Residents, family/whānau and EPOAs stated that they have not witnessed or suspected abuse and neglect, and that staff maintain professional boundaries. In interviews, residents confirmed that they were free to express any concerns they may have, and the managers respond promptly. Staff have received annual education on abuse and neglect.</p> <p>Residents' property is labelled on admission. Residents reported that their property is respected and that their finances were safe.</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>	FA	<p>Residents confirmed they are provided with information and were involved in the consent processes. Where required, EPOAs were involved in the consent process. Informed consent was obtained as part of the admission documents which the resident and/or their legal representative sign on admission. Staff were observed to gain consent for daily cares.</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>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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. Policy and procedure outline the process for complaints, including specifying considerations for Māori. This meets the requirements of the Code. The facility manager (FM) keeps a record of all complaints in a complaint register. This was being maintained by the Acting FM who is also the CM with support by the administrator.</p> <p>Complaints information is given to residents and family/whānau on admission along with advocacy information. Residents and family/whānau interviewed understood their right to make a complaint, knew how to do so, and understood their right to advocacy. Documentation sighted demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>There have been five complaints received in the last 12 months. Each of these had been acknowledged in writing and investigated, as confirmed by documented communication with the complainant(s) and their signed statements that the matter had been resolved. There was additional evidence that improvements had been implemented. There have been no complaints received from other external sources since the previous audit.</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</p>	FA	<p>The governing body assumes accountability for delivering a high-quality service with support from a FM and clinical manager (CM). Planning includes a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing of performance at planned intervals; the plan is reviewed annually or as</p>

<p>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>required. A sample of management reports showed good information to monitor performance is collected in relation to adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. The composition of the board membership and the board policies demonstrated a commitment to improving outcomes and achieving equity for Māori. Organisational goals aim for integrated service delivery, and mana Motuhake values are embedded into all levels of practice for residents. Policy outlines the service's commitment to improved outcomes and equity for Māori, Pacific peoples, and tāngata whaikaha.</p> <p>The acting FM/CM demonstrated knowledge of the sector, and regulatory and reporting requirements. This person has a current practising certificate and oversees clinical management for the service. External support for te ao Māori and Pacific peoples is available from staff though input from the local marae. Health plans align with Te Whare Tapa Whā.</p> <p>The board and management evaluate satisfaction with services through meetings with residents, and through resident and staff surveys. The most recent staff survey in November 2023 identified some issues in communication which were being addressed. There were no significant concerns identified in the resident/relative survey.</p> <p>The service holds agreements and contracts with Te Whatu Ora and Whaikaha – Ministry for Disabled People to deliver care for older people assessed as requiring rest home, dementia, hospital (medical and geriatric), respite, long term support-chronic health conditions (LTS-CHC) and for young people with disabilities. On the day of audit 47 residents were receiving services. These comprised of 19 hospital residents, 23 rest home residents, and five residents in the dementia unit. Three residents were under the age of 65 years. The five rooms which were reconfigured as dual purpose have not impacted on governance. See further evidence in 2.3 and 4.1.</p> <p>Clinical governance is overseen by the CM in consultation with the RNs and the service general practitioners. Minutes of monthly RN meetings also demonstrated aspects of clinical governance.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints and incidents, internal audit activities, health and safety reviews, monitoring of outcomes including clinical, policies and procedures, clinical incidents including infections, and restraint. Relevant corrective actions were developed and implemented to address any shortfalls. Follow-up actions were reviewed each month until they are resolved and closed out.</p> <p>An organisational risk management programme is in place. The risk management programme covers the scope of the organisation with risk levels and mitigation strategies documented. There is evidence that actions are being implemented, monitored and updated as required. Health and safety policies and procedures are documented along with a hazard management programme.</p> <p>A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. The process for managing adverse events mitigates the likelihood of repeat events occurring. The adverse events management system supports learning and improvement opportunities. The CM analyses incidents, infections and restraint each month to identify trends. Summary reports for each category are documented and shared with staff and the board. Staff are regularly provided information on adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. A sample of staff meeting minutes confirmed this, and other information to monitor performance is reported at these meetings.</p> <p>The CM is aware of situations in which the organisation is required to report and notify statutory authorities. Multiple section 31 notifications reporting RN shortages have been submitted since the last audit. The change of clinical manager was notified in September 2023. The appointment of an acting FM to cover the FM's temporary absence was also submitted. At least six notifications of missing/absconding residents from May to December 2023 were also reviewed. These involved two residents who were then assessed and transferred to the secure unit.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7).</p> <p>The facility adjusts staffing levels to meet the needs of residents. Health care assistants reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this. An additional care staff member has been allocated to each shift when the number of hospital residents increases. The CM stated there have been periods when all five of the beds that were reconfigured as dual purpose in September 2023, had been occupied by residents requiring hospital level care.</p> <p>RN shortages specific to night duties are ongoing, despite management efforts to recruit. Arrival of an internationally qualified nurse (IQN) has been delayed three months and one other IQN who has just completed the mandatory competency assessment programme (CAP) was waiting for their registration with the New Zealand Nursing Council. Section 31 notifications have been made in respect of deficits.</p> <p>Rosters sighted revealed that one RN was rostered on for eight-hour morning and afternoon shifts seven days a week. There were six caregivers rostered for morning shifts, five for afternoon shifts and three on night shifts. All shifts were covered with replacements (except for RNs) when staff had been unable to attend.</p> <p>A diversional therapist supports the recreation programme supported by an activity's coordinator Monday to Friday. Cleaning, laundry, and food services are carried out by dedicated support staff seven days per week.</p> <p>Continuing education is planned on an annual basis which meets the standard and the age-related residential care agreement (ARRC) with Te Whatu Ora. Training on the specific needs of under 65s and people with disabilities occurs. Competencies for medication, manual handling, fire and emergency management (including fire drills), first aid, chemical safety, food handling, and pandemic planning, including the use of personal protective equipment (PPE) have been completed for all relevant staff.</p> <p>The service has also embedded cultural values and competency in their training programmes, including information on equity, cultural safety, Te</p>
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		<p>Tiriti o Waitangi, and tikanga practices. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement. Of the 27-care staff, 10 have achieved level four of the National Certificate in Health and Wellbeing and seven are at level three. Four new staff have commenced the career path. Staff rostered to work in the dementia care area have completed the required dementia education.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying, and harassment.</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>PA Moderate</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A record of all employed and contracted health professionals' current practising certificates is maintained. These were all sighted as current.</p> <p>The sample of five staff records contained evidence of the recruitment process, signed employment agreements, reference checking, police vetting, COVID-19 vaccination status, and completed orientation. The CM expressed satisfaction with their orientation.</p> <p>There is a finding related to overdue staff performance appraisals.</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</p>	<p>PA Moderate</p>	<p>Registered nurses (RNs) complete admission assessments, care plans and care plan evaluations. Initial assessments and initial care plans were developed in a timely manner. Residents and EPOAs for residents in the dementia unit were involved in the assessment and care planning processes. Family/whānau were involved per residents' request.</p> <p>A Māori health care plan was on file of those residents who identified as Māori. Relevant interRAI outcome scores have supported care plan interventions. The previous corrective action in relation to interRAI</p>

<p>whānau to support wellbeing.</p>		<p>outcomes not addressed in long-term care plans and relevant interventions not documented has been addressed. The care plans reflected identified residents' strengths and aspirations, aligned with their values and beliefs. However, goals of care were not consistently documented in the care plans reviewed and shortfall was identified in relation to this (refer to 3.2.3). The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented. Behaviour management plans were completed for residents in the dementia unit.</p> <p>Wider service integration with other health providers, including specialist services and allied health professionals was evident in the records reviewed. Changes in residents' health were escalated to the general practitioners (GPs) and where required, referrals to specialist services were completed. The GP stated that the care provided to residents is satisfactory. Routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the health care assistants. Changes noted were reported to the RN, as verified in the records sampled. The long-term care plans were planned to be reviewed at least six-monthly following six-monthly interRAI reassessments. However, the care plan evaluation, review of diet profiles and routine six-monthly interRAI reassessments were not consistently completed in a timely manner in some of the files reviewed. A shortfall was identified in relation to this (refer to 3.2.5). Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs and aspirations. Residents and family/whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a</p>	<p>FA</p>	<p>An electronic medication management system is used. A medication administration round was observed. Appropriate documentation and</p>

<p>safe and timely manner.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.  As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>medication administration was observed. Medication administration competencies were current for all staff who administer medicines.</p> <p>Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. The previous corrective action in relation to this has been addressed. Appropriate procedures were in place to ensure safe management of standing orders. Residents and their family/whānau were supported to understand their medicine when required.</p> <p>The service uses pre-packaged medication packs. Medicine including controlled drugs and associated documentation were stored safely. Medication reconciliation occurs as required. The records of temperatures for the medicine fridges and the medication rooms sampled were within the recommended range.</p> <p>Appropriate processes were in place to support residents who were self-administering medicine at the time of the audit. Staff understood the requirements.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions are implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.  Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.  As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Residents' nutritional requirements were assessed on admission to the service in consultation with the residents and family/whānau and diet profiles are completed. The assessment identifies residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Special food requirements were accommodated in daily meal plans. The menu was last reviewed by a dietitian on 22 December 2021.</p> <p>The service operates with a current food control plan that expires on 30 March 2025. Snacks and drinks are provided on a 24-hourly basis for residents.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p>	<p>FA</p>	<p>A documented transition, transfer, and discharge policy is in place to guide staff practice. Transfer or discharge from the service is planned and</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>		<p>managed safely with coordination between services and in collaboration with the resident and family/whānau or legal representative. Residents' current needs and risk management strategies are documented, where applicable. Residents' family/whānau and EPOAs reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose and meet legislative requirements. The building warrant of fitness which expires 17 March 2024 was in the process of being renewed. Medical, personal and mobility equipment was being checked, electrical equipment test and tagging was up to date and a maintenance schedule is in place.</p> <p>The five bedrooms that were reconfigured as dual purpose (hospital and rest home) were confirmed as suitable for hospital level care. These were located within ready access to the nurses' station and were spacious, allowing use of hoists and additional staff for mobilising.</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</p>	PA Low	<p>The infection prevention (IP) programme is led by a nominated infection prevention control coordinator who has appropriate qualifications. The annual review of the IP programme was overdue.</p> <p>Staff have received relevant education in IP at orientation and through ongoing annual education sessions. Education with residents was on an individual basis when an infection was identified, and through group education in residents' meetings. Hand hygiene posters were posted around the facility.</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection prevention programme. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection data was collected, monitored, and reviewed monthly. The data was collated, analysed and action plans were implemented. Ethnicity was included in surveillance data.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff are informed of infection rates and regular audit outcomes in staff meetings. New infections were discussed at shift handovers for early interventions to be implemented. Surveillance data was reported to the governance body in monthly reports.</p> <p>Residents' family/whānau were advised of infections identified in a culturally safe manner. This was verified in interviews with family/whānau. An infection outbreak reported since the previous audit was managed effectively.</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>Hetherington House aims to maintain a restraint-free environment. The board and management were committed to eliminating restraint. This was demonstrated in interviews and confirmed by reports to the board and ongoing (monthly) review and analysis of restraint trends. At the time of audit five residents were using bedrails and/or lap belts as restraint when there was no other alternative.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and</p>	<p>FA</p>	<p>Records of restraint monitoring and review processes confirmed that all restraint use is evaluated at least six-monthly, as per the service policy</p>

<p>ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>and this standard.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>There are six RNs employed including the CM, but not all-night shifts have an RN on site. In these situations, a senior care giver with medicine competencies is rostered on and the virtual RN service from Te Whatu Ora is engaged. The CM and other RNs are also on call and can be at the facility in a short period of time if needed. Recruitment for additional RN staff is ongoing.</p>	<p>An RN is not on site 24 hours a day. There was no RN on night duty.</p>	<p>Ensure there is at least one RN on site at all times as stipulated in the agreement with Te Whatu Ora.</p> <p>90 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA</p> <p>Moderate</p>	<p>None of the five staff files sampled contained evidence of regular performance appraisals so the sample size was increased to 10. The service provider was aware of these having fallen behind and was in the process of identifying how many were overdue. Of the 56 staff, 44 were overdue for either a 90-day appraisal or an annual performance</p>	<p>More than 76% of the workforce were overdue discussion and review of their performance.</p>	<p>Ensure all staff are given the opportunity to discuss and review their performance at the times determined in your policies and employment agreements. Maintain a copy of these in the staff records.</p>

		<p>appraisal. Six new staff had not had a performance discussion after three months of commencing employment. None of the other 38 staff had an annual appraisal in 2023. The staff interviewed were not concerned by this. They felt they received the support they needed to fulfil their roles from senior staff and their colleagues, and explained the delay was due to the FM absence.</p>		90 days
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(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;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and</p>	<p>PA</p> <p>Moderate</p>	<p>Residents' choices were considered in the development of care plans. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs were used. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The cultural assessment included Māori healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga. Residents' strengths and aspirations that align with the residents' values and beliefs were described. The support required to achieve these was documented. Residents' goals of care were not consistently documented in the long-term care plans reviewed.</p>	<p>In all six long-term care plans reviewed, residents' goals of care were not consistently documented.</p>	<p>Ensure residents' goals of care are consistently documented in the care plans to meet the criterion requirements.</p> <p>90 days</p>

<p>beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(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;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration</p>	<p>PA Moderate</p>	<p>The organisational policy and the aged-related residential care contract require routine six-monthly care plan evaluation to be completed for residents. Not all routine six-monthly interRAI reassessment and care plan evaluations were completed in a timely manner. Four of six care plan evaluations were overdue. The interRAI summary report showed that four six-monthly reviews were overdue with an interval of 31 days to 54 days. Short-term care plans were completed for any resident where acute care needs were identified. Short-term care plans were reviewed weekly or earlier if clinically indicated. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Six-monthly reviews of diet profiles were not completed consistently and the previous corrective action in relation to six-monthly review of diet profiles remains open.</p>	<p>In four of the six files reviewed, routine six-monthly care plan evaluations and diet profiles were overdue.</p> <p>Four six-monthly interRAI reassessments were overdue as per interRAI summary report.</p>	<p>Ensure that all routine six-monthly reviews are completed in a timely manner to meet the criterion requirements.</p> <p>90 days</p>

with the person receiving services and whānau responds by initiating changes to the care or support plan.				
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	PA Low	The IP programme is clearly defined and documented. It has been developed by those with IP expertise. The IP programme was approved by the governance body and is linked to the quality improvement programme. The IP programme was last reviewed in January 2023.	The IP programme was overdue for annual review.	<p>Ensure the IP programme is reviewed annually to meet the requirements of this standard.</p> <p>180 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.