

Hospital & Rehab Aotearoa Limited - Makoha Tauranga

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 HealthShare Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity: Hospital & Rehab Aotearoa Limited

Premises audited: Makoha Tauranga

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 26 March 2024 End date: 26 March 2024

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 23

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

General overview of the audit

Hospital and Rehab Aotearoa Limited, trading as Makoha, Tauranga provides rest home level care for up to 35 residents. The most significant change since the previous audit in August 2022 is a change in clinical manager.

This surveillance audit process was conducted against a subset of Ngā Paerewa Health and Disability Services Standard and the providers agreement with Te Whatu Ora. The audit process included a sample of residents' and staff files, observations, and interviews with residents, family/whānau members, the facility manager, staff, and a general practitioner. A registered nurse manages clinical oversight of the facility. Residents and family/whānau were complementary about the care provided.

The previous improvement related to review of the menu is rectified.

This audit resulted in one finding identified for improvement. This is related to the accuracy of details in care plans.

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 is aware of their 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.

Residents and family/whānau were informed of the Code of Health and Disability Services Consumers' Rights (the Code), and care was provided in a manner that reflected these rights. The service operated in a manner that ensured residents were free from abuse, exploitation, and neglect. Residents were included in decision making regarding their care options and treatment.

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.		Subsections applicable to this service fully attained.
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The owner assumes accountability for delivering a high-quality service with the support of a facility manager (who oversees this facility and the Rotorua service) and the full time clinical manager in Tauranga. 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. Actual and potential risks are identified and mitigated, and trends are analysed. Staff are involved in quality activities through staff meetings. Residents and families/whānau provide feedback via resident meetings and through satisfaction surveys. Adverse events are documented with corrective actions implemented. The service complies with regulatory reporting obligations. Staffing levels and skill mix meet the

cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. 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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Care plans were implemented with input from the resident and family/whānau. These considered the physical, social, cultural and spiritual components of the resident’s well-being. A range of health and disability service providers contributed to the care of the resident. Medicine management reflected best practice, and staff who administered medication were competent to do so. The discharge and/or transfer of residents was safely managed. The general practitioner stated the provision of care met the resident’s needs. Meal services were provided in line with the nutritional needs of the residents and there was a current food control plan.

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 have been no changes to the facility since the last audit. There is a current building warrant of fitness.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The infection prevention and surveillance programmes had been developed by an organisation with suitable expertise. Education appropriate to the service type was provided to staff annually. The surveillance programme was relevant to the size and scope of the service. Surveillance data was analysed and reported to the directors.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The organisation has no history of restraint use. All staff receive training on restraint minimisation and the management of behaviours of concern.

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	17	0	0	1	0	0
Criteria	0	49	0	0	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The service has implemented policies and processes that enact Te Tiriti o Waitangi in all aspects of its work. Interviews and observations confirmed the service is clearly Māori centred. Māori residents described how the service respects and upholds their mana motuhake/self-determination. The number of Māori staff employed reflects the number of residents who identify as Māori</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 peoples for improved health outcomes.</p>	FA	<p>An implemented Pacific health plan and policies reflect appropriate service delivery. Makoha employs and provides services to Pasifika people. A resident and Pasifika staff member interviewed described a variety of ways in which the service is culturally safe for them, for example provision of traditional food, use of their language and cultural celebrations.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed throughout the facility in English and te reo Māori. There were policies and procedures that reflected the requirements of the Code. Staff confirmed they had received training and education on the Code as a part of their orientation, and this was confirmed in education records sighted. Observation during the audit verified that staff provided care in accordance with the Code.</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>Policies and procedures were implemented that protected residents from abuse, discrimination, and neglect. Staff discussed signs of abuse and neglect including the actions they would take should they recognise these. They also described professional boundaries, and how these were maintained. The facility manager and the clinical nurse manager jointly managed a resident's comfort fund. The fund was stored in a locked area unable to be accessed by inappropriate persons. A written record was maintained of each transaction and signed by either the facility manager or the clinical nurse manager as appropriate.</p> <p>Residents and family/whānau advised that they had not witnessed abuse or neglect and confirmed that professional boundaries were maintained. They also reported that personal belongings were treated with respect and their personal finances were managed appropriately. There had been no reported incidents of abuse, neglect or discrimination.</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</p>	FA	<p>The informed consent process aligned with the Code. Residents confirmed they were provided suitable information and timeframes to enable informed consent for all aspects of their care. Clinical records included signed consent for all aspects of care including but not limited to photographs, collection and storage of health information, and outings.</p>

<p>manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>Policy and procedure outline the process for complaints, including specifying considerations for Māori. A fair, transparent, and equitable system is in place to receive and resolve complaints and leads to improvements. This meets the requirements of the Code. The facility manager maintains a record of all complaints in a complaint register. 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 timeframes and documented processes. The most significant complaint received by a resident in the past 18 months, involved the health consumer service trust. The issues raised were investigated and resolved to the satisfaction of all parties in a timely way. Corrective actions had been identified and implemented. There have been no known complaints submitted to Te Whatu Ora or the Office and Disability Commissioner (HDC) since the previous audit.</p>
<p>Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p>	FA	<p>The directors and the facility manager ensure high-quality services are delivered by adhering to industry specific policies and procedures and implementing the strategic /business plan. Leadership and governance members are responsive and inclusive of all people including Māori residents and their whānau. The leadership group meet regularly to plan and monitor performance and ensure services meet legislative, regulatory and contractual requirements. Planning includes a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing performance at planned</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>intervals. The plan is reviewed annually or as required</p> <p>The “Makoha Model” promotes individuality, enabling and supporting residents to make choices best suited to them and treating all people holistically. The model honours and incorporates Te Tiriti o Waitangi across all aspects of service delivery. Both directors demonstrate leadership and commitment to quality and risk management.</p> <p>Policy outlines the service’s commitment to improved outcomes and equity for Māori, Pacific peoples, and tāngata whaikaha. Health plans align with Te Whare Tapa Whā and Ola Manuia. Mechanisms are in place to gather equity data and improve outcomes. The organisation actively works to reduce any barriers to access ensuring the entry process is equitable.</p> <p>The governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation.</p> <p>A sample of management reports showed adequate information to monitor performance is reported. The service has an age-related residential care contract (ARRC) for rest home level care, and an agreement to provide care under the Long Term Support -Chronic Health Care (LTS-CHC) scheme. One the days of audit five of the 23 residents were under the LTS-CHC scheme and 18 were receiving services under the ARRC contract.</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</p>	<p>FA</p>	<p>A new electronic quality and risk management system was implemented in November 2023. The system complies with legislation, best known standards in aged care and the ARRC agreement and includes policies and procedures. The current organisational risk plan identifies potential inequities.</p> <p>The facility manager and clinical unit coordinator (CUC) have dedicated responsibility for implementing and monitoring the quality system. Day to day compliance is being monitored through regular internal audits that cover the scope of the organisation. Findings and improvements required as a result of these are reported to staff at their meetings. Other quality activities include regular resident/relative and staff satisfaction surveys, and analysis of quality data such as incidents, infections and other clinical</p>

<p>and our health care and support workers.</p>		<p>risks. There was an improvement in overall satisfaction from 84% in 2023 to 96% in 2024. Minutes of the three monthly health and safety committee meeting also demonstrated a commitment to quality and risk management matters.</p> <p>The adverse event process aligns with the National Adverse Event Reporting Policy. Monthly summaries of adverse events are presented to the directors at management meetings. The organisation is using a system for event reporting that does not differentiate between the Rotorua and Tauranga sites. Events for residents across both sites are entered into this which prevents analysis by location. The FM and CUC are required to manually extrapolate which facility the event occurred at for reporting to the directors. Due to the small number of residents (maximum 35 at Tauranga and 34 at Rotorua) manual analysis is not complex. There was evidence that changes to prevent recurrence of unwanted incidents is implemented where possible.</p> <p>The facility manager is aware of external reporting requirements and completes section 31 notices to the Ministry of Health including any changes in management. The commencement of a new clinical manager was notified in January 2023.</p> <p>There are monthly staff meetings which include discussions regarding adverse events, infection prevention, resident feedback, hazards, equipment, clinical indicators and improvements. Meeting records include decisions and action points. Staff confirmed that meetings were productive and provided them with sufficient opportunities to share their ideas and discuss improvements.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality</p>	<p>FA</p>	<p>There are documented and implemented staffing policies and rosters that provide sufficient numbers of skilled staff on all shifts. The service adjusts staffing levels to meet the changing needs of residents. Two care staff are rostered for every morning and afternoon shift. One of these is an eight hour shift and the other is a five hour shift. One care staff is rostered for an eight hour night duty with an RN on call. Residents and whānau interviewed commented that there was always a staff member available. The clinical nurse manager is on site during business hours Sunday to</p>

<p>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>Thursday and the nurse facility manager visits from the Rotorua site three to four days a week.</p> <p>The clinical nurse manager and the facility manager/RN share on call duties each alternate week. At least one staff member on each shift has a current first aid certificate.</p> <p>Allied staff such as a full time employed activities coordinator, cleaners, kitchen staff and maintenance staff are allocated sufficient hours to meet residents' needs and support smooth service delivery. A cleaner is on site six days a week and five hours of laundry is allocated across all shifts seven days a week.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. Education includes mandatory training topics such as infection prevention, management of emergencies, manual handling and safe transfer, resident cares and residents' rights. Specific training in health equity and cultural safety for Māori and Pacific peoples has occurred since the previous audit.</p> <p>Six of the nine care staff are maintaining competencies to administer medicines. These staff and the two RNs were being regularly assessed to ensure compliance with procedures.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation 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 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, vaccination status, and completed orientation.</p> <p>Staff performance is reviewed annually.</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>Residents had individualised support provided that met their physical, cultural, spiritual, and social dimensions of their wellbeing. The documented assessments demonstrated that the resident’s holistic wellbeing was considered and included, for example skin integrity, pain, falls risk, sleep patterns and behaviour. Clinical records verified that a registered nurse had completed the assessments and developed an individualised care-plan for all residents.</p> <p>An area of improvement was identified relating to reviewing interRAI assessments and updating care-plans within the required timeframe of six months.</p> <p>Progress notes, observations during the audit and interview with the resident’s confirmed that assessments and care-plans had been developed in collaboration with the resident. Progress notes documented the resident’s daily activities and any observed changes in health status or behaviour. Staff stated that changes in a resident’s behaviour were considered an early warning sign of a residents change in health status. Monthly vital signs and the weight of residents were documented. Where progress was different to that expected, or the resident had displayed signs or symptoms of illness, vital signs were documented, and further assessments were performed as appropriate. The clinical nurse manager notified the GP in a timely manner if required and this was verified by the GP.</p> <p>The records of residents who had suffered an unwitnessed fall were sampled and confirmed that neurological observations had been completed as per policy. Caregivers discussed the management of unwitnessed falls, including the requirement to document neurological observations. Education records verified that staff had completed training relating to performing neurological observations. The previous recommendation relating to completing neurological observations following an unwitnessed fall (3.2.3), is now implemented and closed.</p> <p>A GP provided medical oversight of the residents. The GP confirmed that residents were seen and assessed at least every three months. The GP stated that the residents received effective and responsive care that was provided in a manner which maintained their dignity and cultural needs.</p> <p>Records included evidence of service integration to benefit the health of the resident, for example the older person’s mental health team, a</p>
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		<p>physiotherapist and a podiatrist had provided input into the care of residents as appropriate/required.</p> <p>Residents and family/whānau advised they were satisfied with the provision of care, that they were included in care-planning and decision making. Family/whānau also confirmed that were updated of the resident's health and well-being regularly.</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>	FA	<p>The medication management system reflected current recommended best practice. An electronic programme was used for the prescribing and recording of the administration of medication. Medications were dispensed by the pharmacy using a pre-packaged system. The pharmacy delivered and disposed of unwanted medications as required. A medication competent staff member checked the medications prior to them being placed in the medication trolley. Medication administration was performed by caregivers who had completed the medication competency programme.</p> <p>Medications, including the medication trolley was kept in a locked room. Controlled medications were stored appropriately and documentation of these reflected legislative requirements. The medication room and fridge were temperature monitored. There was no evidence of stock medications on site.</p> <p>All medication prescriptions included the documentation of allergies and sensitivities. Standing orders were not used in this service.</p> <p>The medication policy documented the medication self-administration process. There was one resident self-administering medication who had been assessed as competent to manage this. The resident was interviewed and discussed medication safety, and the indication/s for the medication. The medication was prepacked and stored safely in the resident's room. The resident maintained a record of the name, date, and time medication was taken.</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>	FA	<p>A dietary profile of the resident's needs was completed in consultation with the resident and family/whānau. A copy of the profile was kept in the kitchen. The cook and health care assistants were familiar with the</p>

<p>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>individual requirements and preferences of each resident. The menu catered for persons with specific dietary requirements and/or preferences for example diabetes, vegetarian, dairy free and modified food textures.</p> <p>There was a current food control plan that was valid until October 2024.</p> <p>The menu had been approved by a registered dietitian in February 2024. The previously identified area requiring improvement (3.5.4) that related to the menu not being reviewed by a dietitian is now closed.</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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Health care assistants advised they contacted the rostered person on call (either the facility manager or clinical nurse manager) in the event of a resident quickly deteriorating or sustaining an injury they were unable to manage. This was confirmed by clinical unit co-ordinator and the facility manager.</p> <p>Residents who were transferred acutely to the public hospital were transported via the ambulance service. The national yellow envelope system was used, which included all required documents to maintain continuity of care. A verbal handover of care was provided to ambulance staff. Clinical records confirmed that family/whānau for consulted regarding the resident’s situation.</p> <p>Planned discharges were co-ordinated by the charge nurse manager, in collaboration with the resident and family/whānau.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and</p>	FA	<p>The building has a building warrant of fitness which expires on 14 October 2024. Planned and reactive property maintenance occurs. Electrical testing and tagging and the calibration of medical equipment was current.</p> <p>The physical environment supports the independence of people receiving services and their culture. Signs are displayed in te reo Māori and English. The home has adequate space for equipment, individual, and group activities, and quiet space for people receiving services and their whānau. The grounds and external areas, furniture and fittings were being maintained as safe and suitable for older people. .</p>

function.		
<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>	FA	<p>The infection prevention programme implemented was suitable for the size and scope of the service provided. It had been developed by a contracted organisation with infection control expertise and had been approved by the directors. The programme was reported to the directors annually. The facility manager and directors reviewed the programme annually. The charge nurse manager oversaw the implementation of the project and reported to the facility manager, who was a member of the executive team. Infection control was discussed at monthly staff and quality meetings. This was confirmed by staff and evident in meeting minutes.</p> <p>Annual organisational infection prevention education was provided to all staff by a contracted organisation with infection control expertise. This was verified by education records and staff interviews. In addition, opportunistic education was provided at staff meetings.</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>	FA	<p>The surveillance programme was appropriate to the size and type of service. A surveillance report was generated monthly and included the resident's ethnicity, type of infection, laboratory results, treatment initiated and follow up required. Reports were analysed to detect trends and possible cause/s for the infection. No trends had been detected in recent reports, and this was confirmed by the GP. Standardised definitions were used in the reports. The report was presented monthly to the facility manager. Three monthly reporting was made to the directors or sooner if a trend is detected.</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>	FA	<p>The service is maintaining a restraint free environment. Alternatives such as sensor mats, increased staffing and regular reviews to assess each residents care and support needs, are in use. The directors and all staff are kept informed about there being no restraint.</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>Policies and procedures for the management of restraint, if it is ever needed, meet this standard. However, these have not had to be used. The clinical nurse manager is the restraint coordinator. This documented and defined role provides support and oversight for preventing and minimising restraint. Staff have been trained in the least restrictive practice, safe restraint practice, alternatives to restraint, culturally safe interventions, managing behaviours that challenge and de-escalation techniques.</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 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</p>	<p>PA</p> <p>Moderate</p>	<p>InterRAI assessments were unable to be accessed during the audit because the CNM was absent on the day. Not all assessments documented in the clinical records sampled, had been completed within the past six months. Care-plans sampled had not been reviewed in the past six months. Staff interviews, review of progress notes and incident reports did not consistently reflect the interventions documented in the care-plan.</p>	<p>Not all long-term care plans were current, nor did they reflect the residents’ current individual needs.</p>	<p>Ensure all long-term care plans are current and reflect the residents’ current individual needs.</p> <p>90 days</p>

implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.				
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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.