

Villages of New Zealand (Pakuranga) Limited - Park Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Villages of New Zealand (Pakuranga) Limited
Premises audited:	Park Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 26 April 2024 End date: 26 April 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:	39

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Park Rest Home provides services for up to 39 residents. The service is one of four facilities owned and operated by Real Living Group, which Villages of New Zealand (Pakuranga) Limited is a member of and is privately owned.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service's contract with Te Whatu Ora – Health New Zealand Counties Manukau (Te Whatu Ora Counties Manukau). The audit process included review of policies and procedures, review of residents and staff records, observations, and interviews with residents, family, staff and management, and the general practitioner.

The facility is managed by the village manager supported by an experienced clinical manager and clinical nurse coordinator who have clinical oversight of the facility. Residents and whānau were complimentary about the care provided.

The service has addressed all previous areas requiring improvement.

This surveillance audit identified further improvements required around orientation, medication, and infection prevention surveillance ethnicity data.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.
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Māori and Pacific peoples are provided with services that recognise their worldview and are culturally safe.

Staff understand the requirements of the Code of Health and Disability Services Consumers’ Rights (the Code).

The service has a policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. Residents' property and finances are respected, and professional boundaries are maintained. Staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism.

Informed consent for specific procedures is gained appropriately.

Processes are in place to resolve complaints promptly and effectively with all parties involved. The complaints register is maintained.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service are partially attained and of low risk.
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The quality and risk management systems are focused on quality service provision and care. Actual and potential risks are identified and mitigated. The service complies with statutory and regulatory obligations and meets the contract obligations with Te Whatu Ora Counties Manukau. Policies and procedures are transitioning to a new electronic system by management, under the guidance of a contracted quality consultant. This is a new initiative since the previous audit.

There is a clearly documented business plan which is implemented with set objectives to meet. The plan is reviewed annually to assess progress.

All staff receive an orientation at the commencement of employment. Competencies are completed at orientation. Ongoing education is encouraged, and staff can participate in planned education annually, including first aid training which is two-yearly. All employed and contracted health professionals have an annual practising certificate.

The clinical manager ensures the facility is adequately staffed twenty-four hours a day, seven days a week.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of low risk.
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Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

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

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The facility meets the needs of residents. There is a current building warrant of fitness.

Electrical equipment and calibration requirements are up to date.

All internal and external areas are accessible, safe and meet the needs of residents living in this rest home and hospital.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Some subsections applicable to this service are partially attained and of low risk.
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The service ensures the safety of the residents and of staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The clinical manager coordinates the programme.

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

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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Policies and procedures are in place that evidence the promotion of eliminating restraint use. At the time of the audit, no residents were using a restraint. The register was maintained. Training was provided to staff.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	15	0	3	0	0	0
Criteria	0	46	0	3	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Park Rest Home has a cultural policy and a Te Tiriti o Waitangi policy which was embedded in the organisation’s Māori health plan reviewed. Māori residents and staff are provided with ongoing support to achieve their aspirations recognising mana motuhake. There were both residents and staff who identified as Māori. Staff who identify as Māori are part of the diverse team of staff who are employed at Park Rest Home. There is a Māori health advisor from a local marae who is available to this service.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Policies and procedures are available to guide staff in the care of Pacific peoples. The provision of equitable service is underpinned by the Pacific peoples’ worldview policy. Expert advice is sought from the resident or family and/or the community.</p> <p>Cultural assessments and care plans for residents of each Pacific descent are available to implement. Models of care are documented and implemented. There were residents who identify as Pasifika and staff members who each speak their languages fluently.</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>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The clinical manager (CM) reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand 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>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation and service plans were signed by residents who were competent and able to consent, and a medical decision was made by the general practitioners (GPs) for residents who were unable to provide consent. Residents and family confirmed being provided with information and being involved in making decisions about their care.</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</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>The complaint/compliment management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code which is the right to complain and to be taken seriously and to receive a timely response. There is a resident advocate available.</p> <p>Management and staff interviewed state that they are fully informed about the complaints procedure and where to allocate the forms if needed. Paper-based forms were sighted in various localities around the facility. The families interviewed were pleased with the care provided to their family members. They also clearly understood their right to make a complaint or to provide feedback to improve service delivery, or to act on behalf of their family member if needed. The family members commented that they can speak directly to the clinical manager (CM) if they have any issues, and that these issues are dealt with promptly and professionally. The village manager (VM), in collaboration with the CM, manages the complaints process. The register sighted is maintained by the VM. Any complaints are discussed at the clinical leadership meetings held fortnightly.</p> <p>There have been two written complaints in 2023 which were acknowledged and are effectively closed out. There have been no complaints for 2024 at the time of the audit. No external complaints have been received.</p> <p>In the event of a complaint from a Māori resident or whānau member, the service would seek advice and assistance from a te reo Māori interpreter (the Māori health advisor) if this was required.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have</p>	FA	<p>Park Rest Home – Pakuranga Park Village is a rest home and hospital that caters for rest home and hospital-level care residents. Respite care is also provided. The service is one of four services owned and operated by the</p>

<p>the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>Real Living Group. The village manager was interviewed as part of the audit process. Full investment in the implementation of the Ngā Paerewa standards, and health and safety for residents is a priority. The VM reports to the chief executive officer (CEO) who reports to the board of directors. The clinical manager reports to the group clinical manager (GCM), who was also interviewed by telephone. A clinical organisational chart was reviewed.</p> <p>The business plan for 2023 – 2025 was documented and implemented. There are five strategic themes of the strategy: 'people-powered, closer to home, value and high performance, one team, and a smart system.' Compliance with legislative and regulatory requirements in conjunction with an increasing acuity of residents is factored into the care services provided. Management and staff provide safe and appropriate, person-centric services where residents have a sense of mana motuhake, and optimised health. This requires staff to have skills and broad knowledge at all levels of the organisation.</p> <p>The service provider endeavours to provide equitable services for Māori as documented in policy and aims to reduce any barriers for those residents who identify as Māori and those with disabilities. Ongoing training is provided for staff through several avenues such as 'Health Learn', Ko Awatere, Health Force, Ministry of Health (MoH) website. Core competencies are completed by all staff. An organisational survey is due to be completed. The 2023 survey results reviewed provided mostly positive feedback about service provision.</p> <p>The number of beds totals 39, with 39 occupied on the day of the audit. The service has contracts with Te Whatu Ora Counties Manukau for rest home-level care, hospital-level care, respite care, interim care and younger person disabled (Close in Age). On the day of the audit, 19 residents were under hospital-level care, 20 under rest home-level care, and these included two who were under respite care, one required rest home-level care, one was under accident compensation corporation (ACC-rest home), and one was under the YPD (rest home level care) 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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk management system in place that reflects the principles of continuous improvement. This includes the management of incidents and complaints, internal and external activities,</p>

<p>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>monitoring of outcomes, policies and procedures, health and safety reviews, and clinical incident management. The clinical manager is responsible for the implementation of the quality and risk system, with input from the GCM providing advice. Policy review is completed by a contracted quality consultant. A new documentation control system has been implemented since the previous audit.</p> <p>There were a range of internal audits documented on the audit schedule reviewed and undertaken using the template forms. The service prioritises those related to key aspects of service delivery, and resident and staff safety. Any issues are addressed with corrective action requests as needed. The staff are informed of any results.</p> <p>Health and safety systems are implemented. There was a current up-to-date hazard register and a hazardous substance register.</p> <p>A risk management plan for 2024, with aims and objectives, is currently being documented.</p> <p>Minutes of meetings held are maintained and reviewed. Staff meetings are held regularly, quality and continuous improvement meetings are held monthly. Resident meetings are held three-monthly. Infection prevention, restraint elimination and health and safety are discussed at the monthly quality meetings.</p> <p>Relevant resident and facility quality and risk issues including any hazards, training, staffing, adverse events, complaints/compliments, residents'/family feedback and changes in process/systems, including those related to infection prevention, are discussed. The clinical manager reports monthly to the GCM. The staff interviewed confirmed that they feel well supported. While there was satisfaction with the services provided, there is currently further work in progress to establish a critical analysis of organisational practices at the service level aimed at improving health equity within the Real Living Group. The care staff understood the Māori constructs of pae ora and have completed cultural competencies. They continue to ensure Māori residents receive culturally appropriate care.</p> <p>The clinical manager is familiar with essential notification reporting requirements. Two section 31 notifications have been forwarded to HealthCERT since the previous audit, one in relation to the changeover for the clinical manager to the clinical coordinator role approximately two years ago, and the appointment of the clinical manager appointment in May 2023.</p>
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		<p>There were also several notifications in relation to registered nurse cover, but this has significantly improved since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented process determining staffing levels and skill mix to provide clinically safe care, 24 hours a day, seven days a week (24/7). Rosters are adjusted in response to resident numbers and level of care and when residents' needs change. Six weeks' rosters were reviewed. Care staff confirmed that there were adequate staff to complete the work allocated to them. Bureau staff are rarely used as the organisation has a pool of staff available. No shifts are left uncovered. Family members interviewed supported this. There are now 12 registered nurses (RNs) plus the clinical manager and clinical coordinator. Four registered nurses are interRAI trained, and two are booked to complete the training this year. The previous area of improvement from the last audit in relation to the RN coverage especially at night, has been fully addressed. No RN sleepovers are required as the service is fully staffed with RNs.</p> <p>All staff have completed the relevant competencies at the commencement of employment, including fire evacuation, emergency management, health and safety, restraint, infection prevention and control, and medication, if relevant to the role. Staff have been provided training on cultural safety and aspects of Te Tiriti to meet the needs of people equitably, to provide and include high-quality Māori health information in the education programme and to further invest in the staff health equity expertise at all levels.</p> <p>The caregivers (24 in total) have completed or are enrolled in recognised New Zealand Qualification Authority (NZQA) aged-related courses. There are 19 level four caregivers and five have attained level three. All staff have completed first aid courses and basic life support. Training occurs in February and June with refreshers held twice yearly as needed. Staff who administer medicines have all completed annual medication competencies and these are recorded.</p> <p>There is an on-call system in place with the CM and the clinical coordinator covering after-hours alternating weekly. The general practitioner is on call until 6 pm daily, and an after-hours GP and nurse practitioner system is in place for medical calls after 5 pm. There is one activities coordinator and two activities assistants available to cover the service. The cleaning staff</p>

		cover seven days a week, and the food service is managed by the head chef (interviewed) and kitchen staff seven days a week. Laundry is completed on-site, and staff are available for this role.
<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>	PA Low	<p>Human resource management policies, and procedures and processes are based on good employment practice and relevant legislation. All employed and contracted registered health professionals have current annual practising certificates.</p> <p>An orientation and induction programme are implemented; however, the dates are not being recorded in the staff personal records reviewed, nor that the orientation had been completed. This is identified as an area of improvement. The staff interviewed confirmed that they felt well-supported during the orientation process. Caregivers were 'buddied' with a senior caregiver for orientation, and as able to spend time with the registered nurses as well. Additional time is provided as required. A checklist is completed in the front of each staff record to ensure all components are covered during orientation.</p> <p>The commencement date of employment, the police check result, and education records were clearly documented in the randomly selected ten staff records reviewed.</p> <p>The clinical manager is currently completing staff appraisals on the new performance review forms implemented. This is a new process, and the records will be maintained electronically.</p> <p>Staff ethnicity is being identified, along with country of birth. There are staff of different nationalities employed. Ethnicity data is collected, recorded and used in accordance with Health Information Standards Organisation (HISO) requirements and is kept securely and confidentiality is maintained.</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</p>	FA	<p>A total of six residents' files were reviewed. The local Needs Assessment and Service Coordination (NASC) agency confirmed the levels of care required and these were sighted in all files reviewed. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by</p>

<p>and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>appropriately trained and skilled staff, including the nursing team and care staff. Cultural assessments were completed by the nursing team in consultation with the residents, and whānau/Enduring Power of Attorney (EPOA). All interRAI assessments reviewed were current, including all in the interRAI database. Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. Long-term care plans were also developed, and routine six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs. All routine care plan evaluations were completed in a timely manner. Resident, whānau/EPOA and GP involvement is encouraged in the plan of care.</p> <p>The general practitioners (GPs) complete the residents' medical admissions within the required time frames and conduct medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, medical orders were followed, and care was resident-centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The CM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau are included and informed of all changes.</p> <p>The care planning process ensures that young people with disabilities have a plan in place that addresses their special needs, with the primary goal of increasing access, participation, and integration into the community. Strategies to support, maintain, and strengthen relationships with whānau and advocates were documented, including development and learning</p>
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		<p>support to encourage residents' interests.</p> <p>A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</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>	PA Low	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Medications are supplied to the facility from a contracted pharmacy. The GPs complete three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications and eye drops were dated on opening. The effectiveness of PRN medications was consistently documented. Allergies were not indicated on five of the 12 medication charts reviewed.</p> <p>The previous area requiring improvement around medication competencies has been addressed (criterion 3.4.3). Medication competencies were current and completed in the last 12 months, for all staff administering medicines.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures was conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurse was observed administering medications safely and correctly in their respective departments. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>Appropriate processes were in place to ensure residents who wish to self-administer medicine, including young people with disabilities, would be managed safely when required. There were no residents self-administering medication on the audit day. There is a self-medication policy in place, and this was sighted.</p> <p>There were no standing orders in use.</p>
Subsection 3.5: Nutrition to support wellbeing	FA	The kitchen service complies with current food safety legislation and

<p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 26 July 2024. The previous audit shortfall around menu review has been addressed. There was a current menu sighted that was reviewed by the registered dietitian in July 2023.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. Snacks and drinks were available for residents throughout the day and night when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents’ needs. The discharge plan reviewed confirmed that, where required, a referral to other allied health providers was completed to ensure the safety of the resident.</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</p>	FA	<p>Appropriate systems are in place to ensure residents’ physical environment and facilities (internal and external) are fit for purpose. There was a current building warrant of fitness which was displayed and expires 4 March 2025. Electrical testing and tagging of electrical equipment documentation was verified as being tested 2 April 2024. Annual calibration of medical resources and equipment was checked by the contracted medical company on the same date. 2 April 2024. Calibration included the scales (floor and chair scales). Manual handling and hoist management training was provided to all staff over two sessions on 20 November 2023.</p>

<p>freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>Whānau/family interviewed were pleased with the environment being suitable for their family member's needs. There was appropriate signage and cultural information on the notice boards for staff and residents to view. The one resident funded under the YPD contract had all the necessary equipment needed.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a clearly defined and documented infection prevention and control (IPC) programme implemented that was developed with input from external IPC services. The IPC programme was approved by the management and is linked to the quality improvement programme. The IPC programme was current. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practices. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</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>PA Low</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Infection prevention audits were completed including cleaning, laundry, PPE 'donning and doffing,' and hand hygiene. Relevant corrective actions were implemented where required. All infection data is reported to the governing body.</p> <p>Staff reported that they were informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections were discussed at shift handovers for early interventions to be implemented. Benchmarking was completed by comparing with previous monthly results.</p>

		<p>Residents and whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and whānau.</p> <p>There was a COVID-19 infection outbreak in August 2023 reported since the previous audit. This was managed following the pandemic plan with appropriate notification completed.</p> <p>An improvement is required to ensure monthly surveillance of infections includes ethnicity data.</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>The CM interviewed advised that restraint is eliminated whenever possible. The CM who is the restraint coordinator confirmed that this is documented in policy (sighted), and is communicated to staff during orientation, and as part of the ongoing education programme. Monthly reporting is provided by the CM and discussed at the quality and safety meeting.</p> <p>De-escalation training includes a competency questionnaire which was completed by all staff at orientation and annually. The CM takes responsibility for ensuring the restraint register is maintained. No residents were using a restraint at the time of the audit.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	Ten staff records were randomly selected for review. There was no evidence on the records reviewed or on the orientation checklist, of the orientation being completed. All other details such as application, interview, reference checks, offer of employment, dates of last appraisals, education and training, job description were completed appropriately and documented.	Staff orientation dates are not being recorded in the individual staff personal records reviewed to verify orientation has been provided and that all the essential components of service delivery were covered.	<p>Ensure the orientation completion dates are documented on the staff individual records to verify orientation has occurred.</p> <p>180 days</p>
<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people’s medicinerelated allergies or sensitivities and respond</p>	PA Low	Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit. All photos uploaded on the electronic medication management system were current. Five of the twelve medicine charts reviewed had no	Five of the twelve medication charts reviewed had no allergies indicated as per policy and standard requirements.	Ensure medication charts have allergies indicated as per policy and standard requirements.

appropriately to adverse events.		allergies indicated.		180 days
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection data is collected, monitored, and reviewed monthly; however, ethnicity data was not included.	Ethnicity data is not included in the monthly surveillance of infections.	<p>Ensure ethnicity data is included in the monthly surveillance of infections.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.