

Kapiti Vista Limited - Kapiti 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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity: Kapiti Vista Limited

Premises audited: Kapiti Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 21 May 2024 End date: 22 May 2024

Proposed changes to current services (if any): In line with the HealthCERT reconfiguration letter dated 31 October 2022, the addition of two resident rooms was verified at this audit to bring the total beds available from 34 to 36 beds at rest home level.

Total beds occupied across all premises included in the audit on the first day of the audit: 34

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

General overview of the audit

Kapiti Rest Home is located in Paraparaumu, Wellington. The service provides rest home care for up to 36 residents. There were 34 residents on the day of the audit.

This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Health New Zealand Te Whatu Ora - Capital, Coast and Hutt Valley. The audit processes included observations; a review of organisational documents and records, including staff records and the files of residents; and interviews with residents and their family/whānau, staff, management, and the general practitioner.

The owner/director nurse manager has owned and been in the role for almost eight years. They are supported by an operations manager and a team of experienced staff.

There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

There were no areas of improvement to follow up from the previous certification audit.

This surveillance audit identified improvements are required around admission agreements, care plan interventions, and medication management.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

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

The service provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a Māori health plan and residents and staff state that culturally appropriate care is provided. The service works 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.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens to and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau.

There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

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.

The quality and risk management systems are focused on quality service provision and care. The business plan includes a mission statement and outlines current objectives. There are quality and risk management processes that take a risk-based approach. Policies and procedures are current.

The service and management ensure the best outcomes for residents and that the health and safety of residents is a priority. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the requirements of the contract with Health New Zealand Te Whatu Ora- Capital, Coast and Hutt Valley.

Staff coverage is maintained for all shifts. The acuity of residents is taken into consideration when planning and ensuring adequate coverage. Staff employed are provided with orientation, job descriptions and receive ongoing education. All employed and contracted health professionals maintain a current practising certificate.

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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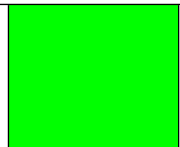
The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and evidence service integration. Resident files included medical notes by the general practitioner.

There is a medicine management system in place. All medications are reviewed by the general practitioner 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.

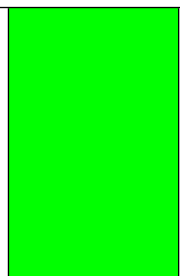
Residents are referred or transferred to other health services as required.

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 fully attained.
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The facility meets the needs of residents and was clean and well-maintained. There is a current building warrant of fitness. Electrical equipment and calibration are up to date. External areas are accessible, safe, and meet the needs of residents living in the facility.

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 service ensures the safety of the residents and of staff through a planned infection prevention programme that is appropriate to the size and complexity of the service. The owner/director nurse manager coordinates the programme. Orientation and ongoing education of staff are maintained.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks were managed according to Ministry of Health guidelines.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is a restraint-free environment, and this is supported by management and policies and procedures. There were no residents using restraint at the time of the audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should restraint use be required in the future. A suitably qualified restraint coordinator manages the process. The staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

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	16	0	2	1	0	0
Criteria	0	46	0	2	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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 a cultural safety policy and a Māori health plan, which together outline how the facility responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. This is supported by the local kaumātua who works alongside the service and has had input into the Māori health plan.</p> <p>All residents who identify as Māori are provided with equitable services based on Te Tiriti o Waitangi and the principles of mana motuhake. A cultural assessment is completed for residents who identify as Māori (based on the Te Whare Tapa Whā model). The care plans identify any cultural links and provide an opportunity for the service to cater to any cultural needs. Care is provided in a way that focuses on the individual and considers beliefs, values, and culture.</p> <p>The management team and staff have completed training on Te Tiriti o Waitangi and health equity. Interviews with six staff (five caregivers and one cook), the operations manager and the owner/director nurse manager described ways they apply the principles of Te Tiriti into practice in relation to their roles.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>There is a Cultural Safety Awareness policy (including specific reference to Samoan, Tongan, Cook Island) that demonstrates the service's commitment to providing appropriate and equitable care for residents who identify as Pasifika. The policy guides on how Pacific people who engage with the service are supported.</p> <p>At the time of the audit, the service had residents who identify as Pasifika. There were no staff who identify as Pasifika. Staff interviewed stated that family/whānau are encouraged to be involved in all aspects of care, are encouraged to give feedback to the service, and there is a commitment to recognising cultural needs. Staff also stated that cultural safety and support were at the forefront of care provided.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>All staff interviewed at the service understood the requirements of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. Three residents and four family/whānau interviewed, reported the Code was adhered to and residents were aware of their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood 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, house rules, and the code of conduct. All staff have received training around identifying and reporting abuse or neglect or any issues related to discrimination; coercion; harassment; physical, sexual, or other exploitation. Education on abuse and neglect was provided to staff in line with the training programme. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The owner/director nurse manager 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. Family/whānau members stated that</p>

		residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect and were safe. Policies and procedures, such as the discrimination, racism, human rights and sexual harassment policy and the resident's safety, neglect, abuse prevention and security policy, are in place. The policies apply to all staff, contractors, visitors, and residents.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	PA Low	There is a system and process for all residents to sign an admission agreement when admitted; however, this was not evident in all the resident files reviewed. Informed consent for specific procedures had not been gained appropriately. Resuscitation service plans were signed by residents who are competent and able to consent, and a medical decision was made by general practitioners (GPs) for residents who were unable to provide consent. This was verified in interviews with residents and family/whānau.
<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 complaints policy and procedures were clearly documented to guide staff and were provided to residents and family/whānau during the resident's entry to the service. The process complies with Right 10 of the Code of Rights which is the right to complain, to be taken seriously, respected, and to receive a timely response. Complaint forms are located at the entrance or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is maintained which includes all complaints, dates and actions taken. There have been three internal complaints logged since last</p>

		<p>audit in February 2022, which were appropriately investigated and closed off when completed. One of the three complaints ended up involving input from Health New Zealand – Capital, Coast and Hutt Valley, where the complaint was not upheld. The investigation found the service and the care they had provided met expected standards and contractual requirements. There were several compliments received from residents and family/whānau.</p> <p>Interview with the owner/director nurse manager and the documentation reviewed demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The owner/director nurse manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Kapiti Rest Home is a small privately owned facility located in Paraparaumu, Kapiti Coast, Wellington. The facility has been owned by two directors and a shareholder for approximately eight years. The directors also own and operate another rest home facility (Kena Kena Rest Home) for 27 years, which is located nearby. The directors discuss matters arising as and when required and address any issues as they happen. Two of the directors are also the nurse managers and are actively involved in all day-to-day operations of the two facilities.</p> <p>All owner/directors have many years' experience in the aged care industry. They are supported by an operations manager responsible for non-clinical services, human resources, and accounts/administrative duties. A part-time registered nurse is employed and shared by both facilities. The owner/director nurse manager has oversight of clinical governance, with the support of the owner/director nurse manager for Kena Kena Rest Home. The owner/directors communicate daily on operational and clinical matters.</p> <p>The service is certified to provide rest home level care for up to 36</p>

		<p>residents. In line with the HealthCERT reconfiguration letter dated 31 October 2022, the addition of two resident rooms was verified at this audit, to bring the total beds available from 34 to 36 beds at rest home level. All the rooms are single occupancy. On the day of the audit there were 31 permanent residents under the age-related residential care contract (ARRC) contract and three short-term respite residents.</p> <p>Kapiti Rest Home has an overarching business plan in place with clear goals to support the ongoing operational and financial stability of the facility. The business plan is reviewed annually, and outlines the purpose, values, scope, direction, and goals of the service. The business plan describes annual and longer-term objectives and the associated operational plans. The plan reflects links with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The service has identified external and internal risks and opportunities that include addressing possible inequities and how these inequities plan to be addressed. Goals are regularly reviewed, with evidence of being signed off when met.</p> <p>The quality plan for 2023 was reviewed and signed off. The service is currently implementing the 2024 quality plan, which includes objectives related to consumer focus; provision of effective programmes; meeting certification and contractual requirements; quality/risk management; and continuous quality improvement. The owner/director nurse manager interviewed, and meeting minutes sighted confirmed that the service monitors quality goals and reviews all aspects of the quality programme.</p> <p>The owner/director nurse manager has attended at least eight hours of professional development relating to her role, including (but not limited to); leadership, management, and privacy. The operations manager has a bachelor's degree in business management and human resources and has attended courses run by the New Zealand Aged Care Association (NZACA). Kapiti has effective communication systems and working relationships to deliver coordinated services.</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 service implements the organisation's quality and risk management programme. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a</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>programme of internal audits and a process for identifying and addressing corrective actions. The risk management plan and policies and procedures clearly describe all potential internal, and external risks and corresponding mitigation strategies.</p> <p>Internal audits, two-monthly quality assurance meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. Corrective actions are being documented to address service improvements, with evidence of progress, discussion in quality assurance meetings and sign-off when achieved. Quality assurance meetings provide an avenue for discussions in relation to key performance indicators (including clinical indicators such as infections, bruising, pressure injuries, skin tears, urinary tract infections, restraint etc); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Meeting minutes and quality data are accessible to staff.</p> <p>Resident/family satisfaction surveys completed in February 2023 and February 2024 reflected high levels of satisfaction in all areas (net promoter scores of 86 and 91 respectively), that includes activities, meals, cleaning, documentation, communication, and staff positive attitudes. The owner/director nurse manager reported that the service has addressed areas of concern from the survey. Evidence of this was sighted in the meeting minutes and corrective actions reviewed. Interviews with residents and family/whānau were all positive and complimentary of all aspects of the service.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards.</p> <p>A health and safety system is in place with identified health and safety goals. Hazard identification forms held on the electronic system, and an up-to-date hazard register (reviewed August 2023) was sighted. Health and safety policies are implemented and monitored by the health and safety officer (owner/director nurse manager). Staff state that they are kept informed on health and safety.</p> <p>Individual reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed for trends. Results are</p>
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		<p>discussed at the two-monthly quality assurance meetings. Twelve resident-related accident/incident forms were reviewed, which evidenced that each event involving a resident reflected a clinical assessment and follow up by a registered nurse.</p> <p>Discussions with the owner/director nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Two Covid-19 infection outbreaks in March 2024 and July 2022 and two respiratory infection outbreaks in February 2023 and November 2022 were reported following Ministry of Health guidelines. The outbreaks were managed and there was evidence of staff being debriefed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this. Rosters from the past three weeks showed that all shifts were covered by experienced caregivers, with support from the management team. A selection of senior caregivers maintain current first aid certificates, so there is always a first aid staff member on duty. The owner/director nurse manager provides cover for all clinical issues. There is a part-time RN which is shared between the two facilities (within a five-minute drive), who assists with clinical care and covers the owner/director nurse manager leave. The owner/director nurse manager from Kapiti Rest Home and Kena Kena Rest Home, along with the RN, provide on call cover out of hours on a roster system.</p> <p>Continuing education is planned on a two-yearly basis, including mandatory training requirements. The owner/director nurse manager reported that staff training is completed face to face and online. The owner/director nurse manager and registered nurse attend online training. Evidence of regular education provided to staff was sighted in attendance and completion records. Training and competency topics included (but were not limited to) standard precautions; infection prevention and control; complaints and open disclosure management; challenging behaviour; cultural awareness and equity; safe medicine management; restraint minimisation; first aid; and fire</p>

		<p>evacuation.</p> <p>All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Of the 15 caregivers, nine have NZQA qualification level three and above. Staff records reviewed demonstrated completion of the required training and competency assessments. The owner/director nurse manager reported that the model of care ensured that all residents are treated equitably.</p> <p>The owner/director nurse manager and the registered nurse maintain competencies to conduct interRAI assessments and both have completed first aid training.</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. 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>	FA	<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.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for registered nurses and associated health contractors (GPs, pharmacists, physiotherapist, podiatrist, and dietitian).</p> <p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. All staff records reviewed evidenced completed induction and orientation. A total of five staff files (one registered nurse, two caregivers, one cleaner, and one cook) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreements; and position descriptions.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so</p>	PA Low	<p>Five resident files were reviewed, including one resident on respite. The registered nurses (RN) are responsible for all residents' assessments, care</p>

<p>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>planning and evaluation of care.</p> <p>Initial assessments and long-term care plans were completed for residents within the required timeframes, detailing needs, and preferences. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Each care plan was reflective of assessment outcomes, and individualised. InterRAI assessments had been completed for all residents, except the respite resident. The respite resident had appropriate assessment tools completed, including (but not limited to) those related to pressure risk; mobility; communication; pain; oral; dietary; behaviour; family; skin; continence; sleep; cultural; and activities.</p> <p>Long-term care plans were formulated within the required timeframes. Documented early warning signs meet the residents' assessed needs. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan; however, interventions in the long-term care plans were not always comprehensive to provide enough detail to guide staff in the management of each resident's care.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a registered nurse and evidence the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of resident and family/whānau involvement in care planning and documented ongoing communication of health status updates. Interviews with residents and family/whānau and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the general practitioner</p>
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		<p>(GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The GP visits the facility for resident three-monthly reviews when due and at least weekly for acute reviews and as required. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The GP provides on-call services 24/7. There is access to a continence specialist via referral as required. A podiatrist visits regularly and a dietitian, physiotherapist, speech language therapist, hospice, wound care nurse specialist, and medical specialists are available as required through Health New Zealand - Capital, Coast and Hutt Valley.</p> <p>An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were two active wounds from two residents, including one stage III pressure injury (this resident was in hospital at the time of the audit).</p> <p>The clinical progress notes are recorded and maintained on the electronic resident management system. Caregivers document each shift in the progress notes. Registered nurses document at least weekly and as clinically indicated.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls. A range of monitoring charts are available for the care staff to utilise. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</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>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe</p>

<p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>medication administration has been provided as part of the competency process.</p> <p>Staff were observed to be safely and correctly administering medications on the day of the audit; however, not all medications administered were signed for or reflective of what the doctor had prescribed. The registered nurse and medication competent caregivers interviewed could describe their role regarding medication administration.</p> <p>Medications are supplied to the facility from a contracted pharmacy. The service currently uses blister packs for all their medicines. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures have been monitored weekly. All stored medications are checked monthly. Eyedrops and creams are dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts sampled identified that the GP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, and the effectiveness of PRN medications was documented in the electronic medication management system. There was one resident self-administering medications; however, self-administration competency has not been evidenced as completed. There are documented self-administration processes in place for assessments, reviews, and safe storage of medicines for residents who want to self-administer medicines. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up. Any barriers identified to prevent residents accessing medications are identified and minimised.</p>
<p>Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and</p>	<p>FA</p>	<p>The five-week seasonal menu is reviewed by a registered dietitian (last review dated 5 March 2024). Food preferences and cultural preferences are</p>

<p>consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>encompassed into the menu. A dietary profile is completed by a registered nurse on admission and updated as needs change. Dislikes and special dietary requirements are accommodated, including food allergies. The cook interviewed reported they accommodate residents’ requests.</p> <p>Temperature checks are consistently recorded for end-cooked foods, reheating (as required), and serving temperatures. Fridge and freezer temperatures were recorded consistently each day.</p> <p>There is a current food control plan that expires 13 November 2024. The residents and family/whānau interviewed were complimentary regarding the standard of food provided. Staff have received training in safe food handling. Family/whānau and residents interviewed indicated satisfaction with the food service.</p>
<p>Subsection 3.6: Transition, transfer, and discharge 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>There are documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility 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</p>	FA	<p>Appropriate systems are in place to ensure the residents’ physical environment and facilities (internal and external) are fit for purpose. There is a current building warrant of fitness which expires 13 August 2024, and calibration of equipment and electrical checks were completed in February 2024, and an inventory is maintained. Hot water temperatures are checked monthly. Where temperatures are above accepted ranges, a corrective action is implemented, and a plumber is called. There is also a contracted</p>

<p>maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>electrician if required.</p> <p>The residents and family/whānau interviewed expressed satisfaction with the environment being suitable for their needs and family member's needs. There were well-maintained garden areas. The environment was clean and tidy throughout the facility.</p> <p>In line with the HealthCERT reconfiguration letter dated 31 October 2022, the addition of two resident rooms was verified at this audit to bring the total beds available from 34 to 36 beds at rest home level. Each of the rooms viewed had an external window, was spacious enough to provide the level of care and had a call bell. There is an existing communal bathroom that includes shower/toilet in close proximity to the rooms. There are wide corridors with sufficient space for residents to safely mobilise using mobility aids.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>With the reconfiguration and addition of two extra beds, there have been no changes required to be made to the fire evacuation plan.</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</p>	<p>FA</p>	<p>The service has a clearly defined and documented infection prevention and control (IPC) programme implemented that was developed by an external consultant, with input from external IPC services. The IPC programme was approved by the external consultant, in consultation with the owner/director nurse manager, and is linked to the quality programme. The IPC programme was current and an annual review was completed in March 2024. The IPC policies comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of Nga Paerewa infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing</p>

needs, size, and scope of our services.		annual education sessions and questionnaires. Additional staff education has been provided in response to the Covid-19 pandemic and during outbreaks. Education with residents was on an individual basis. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and discussed two-monthly at the quality assurance meeting. The data is collated, linked to ethnicity data and action plans are implemented. The healthcare associated infections (HAIs) being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Results of surveillance and recommendations to improve performance are discussed at the quality assurance meetings and handovers.</p> <p>Infection prevention audits were completed, including those related to cleaning, laundry, personal protective equipment (PPE), and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at quality assurance meeting, and these were sighted in meeting minutes. Records of monthly data sighted confirmed documentation around number of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed internally with results from previous months.</p> <p>There were four outbreaks reported since last audit: Covid-19 in March 2024, respiratory infection in February 2023, respiratory infection in November 2022, and Covid-19 in July 2022. These were managed in accordance with the pandemic and outbreak plans, with appropriate notification completed.</p>
Subsection 6.1: A process of restraint	FA	The service is committed to a restraint-free environment. There are robust strategies in place to maintain a restraint-free environment. Kapiti Rest

<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>Home has been restraint free for many years. The owner/director nurse manager is the restraint coordinator and is responsible for the service's restraint elimination strategy and for monitoring restraint in the facility. Documentation confirmed that restraint is discussed at the quality assurance meetings.</p> <p>There was no restraint in use on the day of the audit. Staff and the restraint coordinator confidently discussed the alternatives to restraint use. Training records showed that all clinical staff have completed restraint education. Restraint minimisation is included as part of the training plan and orientation for all new staff.</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 1.7.5</p> <p>I shall give informed consent in accordance with the Code of Health and Disability Services Consumers' Rights and operating policies.</p>	PA Low	<p>There are policies in place around informed consent. The owner/director nurse manager is responsible for discussing the admission agreement with residents and enduring power of attorney (EPOA) on or before admission, get them appropriately signed and saved within the resident's records. At the time of the audit, there were two of five resident records that did not have signed resident admission agreements completed; one current respite who had been in the facility for five days, and one resident who had been admitted as respite from 5 March to 9 April 2024, before being signed off for permanent rest home level care. The recent respite resident also did not have an informed consent on file.</p>	<p>(i). Two of five residents did not have admission agreements on file.</p> <p>(ii). One of the above two residents did not have an informed consent on file.</p>	<p>(i)-(ii). Ensure there are signed admission agreements and informed consents on resident files.</p> <p>90 days</p>

<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support</p>	<p>PA Low</p>	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. The registered nurses are responsible for completing assessments (including interRAI), developing resident centred care interventions, and evaluating the care delivery six-monthly or earlier as residents needs change. The service seeks multidisciplinary input as appropriate to the needs of the resident. Care plan evaluations identify progress to meeting goals.</p> <p>The outcome of assessments inform the long-term care plans with appropriate interventions to deliver care; however, interventions in long-term care plans reviewed were not detailed to provide guidance for staff in the delivery of care.</p> <p>Supplementary documentation reviewed and interviews with residents, family/whānau and care staff identified that the shortfalls noted relates to documentation only and the residents received the required care; therefore, the risk is assessed as a low risk.</p>	<p>(i). Two residents with diabetes had no signs, symptoms or management of hypoglycaemia and hyperglycaemia documented to guide staff around the management of a diabetic emergency.</p> <p>(ii). There were no interventions documented for the management of oxygen for one resident on respite.</p> <p>(iii). There were no interventions documented around the management of undernutrition that had been identified in the interRAI assessment.</p>	<p>(i). –(iii). Ensure care plans have detailed interventions to provide guidance to staff on care management and are updated to reflect changes to resident needs and management plan.</p> <p>90 days</p>
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plan identifies wider service integration as required.				
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>The registered nurses and medication competent caregivers are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management, including reconciliation, storage, and documentation requirements; however, not all medications administered were signed for or reflective of what the doctor had prescribed. Review of progress notes for one resident indicated that staff had administered a topical ointment prescribed by the GP to be administered PRN; however, this was not signed for on the medication chart. One respite resident was not receiving medication as prescribed by the hospice doctor on the medication chart.</p> <p>The caregiver was observed to be safely and correctly administering medications on the day of the audit and was able to explain processes around medication management which were in line with medication policy.</p>	<p>(i). Medication for one respite resident was not evidenced as being administered as per medication chart, prescribed by the hospice doctor.</p> <p>(ii). A topical medication prescribed for a resident to be administered PRN was administered; however not signed on the signing sheet as being administered, as described in the progress notes.</p>	<p>(i)-(ii) Ensure staff implement medication management processes as per policy.</p> <p>60 days</p>
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of</p>	<p>PA</p> <p>Moderate</p>	<p>There is a policy and process on safe medicine management, including resident self-administration processes. The registered nurse assesses the ability of the</p>	<p>There is no self-administration competency evidenced as being completed for one respite</p>	<p>Ensure systems and processes for self-administration are</p>

<p>medication where appropriate.</p>		<p>resident to take their own medication in first instance and then at least every 3 months, or when their physical or cognitive state changes. One resident admitted on respite was prescribed oxygen via a concentrator that they self-administer; however, there is no self-administration competency evidenced as being completed for them.</p>	<p>resident who self-administers oxygen.</p>	<p>implemented as per policy. 60 days</p>
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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.