

Kena Kena Rest Homes Limited - Kena Kena Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Kena Kena Rest Homes Limited

Premises audited: Kena Kena Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 14 May 2024 End date: 15 May 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: 37

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

Kena Kena Rest Home is certified to provide rest home level care for up to 51 residents. On the day of the audit there were 37 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the service's contract with Health New Zealand Te Whatu Ora - Capital, Coast and Hutt Valley. The audit process included a review of policies and procedures, the review of resident and staff files, observations, and interviews with management, staff, residents, family/whānau and the general practitioner.

The owner/director nurse manager is supported by another owner/director who manages a sister facility. Both owner/directors are registered nurses with many years of experience in the health care sector. The owner/directors are supported by an operations manager, registered nurse, and a team of experienced caregivers and support staff.

There are systems and processes in place related to quality and risk management. Feedback from residents and family/whānau was positive about the care and the services provided. There is an orientation process and a documented in-service training programme that provides staff with appropriate knowledge and skills to deliver care.

This certification audit identified improvements are required in relation to complaints management; implementation of the quality and risk systems; implementation of staff recruitment and orientation processes; care plan interventions and monitoring; infection control; and outbreak management.

Ō tātou motika | Our rights

<p>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.</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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Kena Kena Rest Home provides an environment supporting resident rights and safe care. Details relating to the Health and Disability Commissioner’s Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Kena Kena Rest Home works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

A Pacific health plan is in place. Services and support are provided to people in a way that is inclusive and respects their identity and experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The facility and staff listen to and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. The rights of the resident and/or their family/whānau to make a complaint is understood and respected by the service.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The business plan includes key objectives/strategies that are regularly reviewed. There is a documented quality and risk management programme. Data is collected in relation to any complaints, accidents, incidents, and infections. Progress is monitored via internal audits and the collation of clinical indicator data. A health and safety programme is being implemented. Hazards are identified with appropriate interventions implemented.

A staffing and rostering policy is in place. Safe staffing levels were evident, and the owner/director nurse manager is available at least five days a week and provides on call. The owner/director nurse manager ensures there is a registered nurse on call for cover when not available on site.

There are human resource policies including recruitment, job descriptions, selection, orientation and staff training. An orientation programme is implemented, and a staff education/training programme is in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The owner/director nurse manager and registered nurse efficiently manage the entry process to the service. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care.

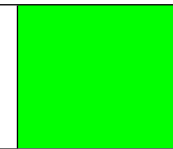
The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. The owner/director nurse manager, registered nurse and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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.



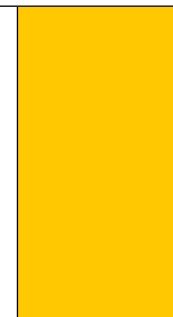
Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas, with safe access to the outdoors. The bedrooms are all single with residents encouraged to personalise as they wish. There are communal shower rooms with privacy signs.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff with closed circuit television cameras and security lighting enhancing security.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The infection prevention and control programme meets the needs of Kena Kena Rest Home and provides information and resources to inform the service. Staff receive education in relation to infection control. Health New Zealand - Capital, Coast and Hutt Valley staff provide external support and expertise. Infection prevention and control practices support tikanga guidelines.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on in a timely manner with staff. Internal comparison of data occurs. Antimicrobial usage is monitored.

The service has a pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. The service had a Covid-19 outbreak at the time of the audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the owner/director nurse manager and is a registered nurse. The facility has residents currently using restraints. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation. A restraint register is maintained, and restraints are reviewed on a regular basis.

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	24	0	1	4	0	0
Criteria	0	167	0	5	4	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>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. The management and staff at Kena Kena Rest Home are committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person’s culture is acknowledged, respected, and maintained.</p> <p>At the time of the audit there were Māori residents and Māori staff. All residents who identify as Māori are provided with equitable services based on Te Tiriti o Waitangi and the principles of mana motuhake. Māori 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>Key relationships with Māori are in place. Cultural advice is available through the local kaumātua who works alongside the service and has had input into the Māori health plan. The local kaumātua provides support and guidance for staff, residents and whānau.</p> <p>The owner/director nurse manager and staff have completed cultural</p>

		<p>safety training, including Te Tiriti o Waitangi training. This training takes place during staff orientation and continues as regular in-service topics. Te Tiriti o Waitangi training covers how the principles of partnership, protection and participation are enacted in the work with residents. Staff members' cultural expertise is monitored through cultural competency assessments.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members through connections in the community. Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs; this was evidenced in interviews with five residents and four family/whānau. The owner/director nurse manager, operations manager, five caregivers, the diversional therapist (DT), cleaner, registered nurse (RN) and cook described how the delivery of care is based on each resident's values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pacific people. Pacific culture, language, faith, and family/whānau values form the basis of their health plan. The plan addresses equity of access, reflecting the needs of Pasifika, collaboration with spiritual leaders and operating in ways that are culturally safe. 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>All residents state their ethnicity, and it is recorded at admission. Individual cultural beliefs are documented for all residents in their care and activities plan. At the time of the audit, the service had residents and staff who identify as Pasifika. The service has connections with a local Pacific health provider and use their own staff for any support and guidance for Pacific people. The Good Employer policy documents how Kena Kena Rest Home increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Residents and family/whānau interviewed stated they are encouraged</p>

		to be involved in all aspects of care and are encouraged to give feedback to the service. Staff also stated that cultural safety is embedded in the service they provide.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The owner/director nurse manager discusses aspects of the Code with residents and their family/whānau on admission. Interviews with residents confirmed their understanding of their rights. Discussions relating to the Code are held during the three-monthly resident meetings.</p> <p>All residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. There are links to spiritual supports. Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process, with contact details included on the complaints form. The service recognises Māori mana Motuhake, as evidenced in the Māori health plan and through interviewing the owner/director nurse manager.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care. The diversional therapist works alongside the residents to have control and choice over the activities they participate in. On the day of the audit, it was observed that residents are treated with dignity and respect. Resident and family/whānau satisfaction survey results for 2023 and</p>

		<p>2024 confirm that residents are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place. Sexuality and intimacy are addressed in residents' care plans. At interview, the caregivers stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. The residents who were interviewed confirmed that the service upheld their values and beliefs were considered and met. Privacy is ensured and independence is encouraged. The residents' files reviewed identified residents' preferred names. Information regarding values and beliefs is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Te reo Māori signage is evident in the facility and use of the language is promoted. Te Tiriti o Waitangi and tikanga Māori are promoted throughout the organisation and cultural training is included in the education planner. All staff have completed the relevant cultural training topics. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Participation in te ao Māori is facilitated through the activities programme.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Kena Kena Rest Home policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities, and cultural days are completed to celebrate diversity within the service. A code of conduct and house rules are discussed with staff during their orientation to the service and addresses the service's zero tolerance to harassment, racism, and bullying. These documents are signed and held in their employee file. The Māori health plan reflects cultural strategies within a strengths-based and holistic model that include a goal to understand the impact of institutional, interpersonal and internalised racism. Resident wellbeing and Māori health outcomes are improved through clinical assessments, as evidenced in</p>

		<p>the files reviewed.</p> <p>The residents and family/whānau when interviewed confirmed staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the owner/director nurse manager and staff confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Feedback from residents is provided at the three-monthly resident meetings and any concerns are followed up by the owner/director nurse manager. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any adverse event that occurs. Accident/incident forms have a section to indicate if family/whānau have been informed (or not). Family/whānau interviewed stated that they are kept informed when their family/whānau member's health status changes or if there has been an adverse event. The accident/incident forms reviewed evidenced this.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Health professionals involved with the residents may include specialist services (eg, mental health team). The owner/director nurse manager described an implemented process for providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Policies around informed consent and advance directives are in place. Admission agreements, informed consents, resuscitation plans, advance directives, copies of enduring power of attorneys and activation letters, and welfare guardianship documentation were evidenced in the resident files reviewed. These forms had been signed appropriately by the resident or the activated power of attorney (EPOA) or welfare guardian. Consent forms for Covid-19 and influenza vaccinations were on file where appropriate. Residents and family/whānau interviewed described their understanding of informed consent and their rights regarding choice. Training has been provided to staff around Code of Rights that included informed consent.</p> <p>Best practice tikanga guidelines welcoming the involvement of family/whānau in the decision-making process where the person receiving the services wishes to have them involved, are in place. Discussion with residents and family/whānau confirmed they are involved in the decision-making processes and the planning of care with residents' consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>PA Moderate</p>	<p>The complaints procedure is provided to all residents and family/whānau on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The owner/director nurse manager maintains a complaints' register; however, the register did not contain all appropriate documentation, including formal acknowledgement, evidence of an investigation process, and evidence of resolution of complaints in accordance with guidelines set by the Health and Disability Commissioner (HDC) and the organisation's own policy and procedures. Where corrective actions/improvements were identified; these were not always documented as addressed or implemented (link 2.2.2).</p> <p>All 14 complaints logged were internal, with no external complaints received since last audit. There were no trends identified. Although there was no evidence of appropriate documentation, discussions with the owner/director nurse manager evidenced there is a good understanding of the complaints process and management, including</p>

		<p>management of any external complaints. Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility.</p> <p>A variety of avenues are available for residents to be able to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held to provide residents with the opportunity to voice their concerns. The owner/director nurse manager has an open-door policy and encourages residents and family/whānau to discuss any concerns. The complaints process is linked to the quality and risk management system. Quality assurance meetings provide an avenue to discuss complaints and their subsequent required corrective actions; however, the quality assurance meetings have not taken place as scheduled (link 2.2.2).</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>Kena Kena Rest Home is a small privately owned facility located in Paraparaumu, Kapiti Coast, Wellington. The service is certified to provide rest home level care for up to 51 beds, including nine licence to occupy self-contained studio units, which are all certified as rest home. The service is awaiting certification (pending outcome of partial provisional audit completed 22 April 2024) for 12 additional rest home beds under the Occupational Right Agreement. The changes will bring the facility to a total of 51 beds. There are two double rooms; both currently have single occupancy.</p> <p>On the day of the audit there were 37 residents, including three on a younger person with a disability contract (YPD), one on Accident Compensation Corporation (ACC) funding, one on respite care, and two on long-term support chronic health contract (LTS-CHC). The remaining residents were all under the age-related residential care (ARRC) agreement.</p> <p>The facility is owned by two directors and a shareholder for approximately 27 years. The directors also own and operate another rest home facility (Kapiti Rest Home) for eight years, which is located nearby. The owners/directors communicate daily on operational and clinical matters. Two of the directors are also the nurse managers and</p>

	<p>are actively involved in all day-to-day operations of the two facilities. The owner/director nurse manager (interviewed) has an understanding of their responsibility in relation to the implementation of health and disability services.</p> <p>The shareholder has responsibility for property and maintenance for both sites. 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.</p> <p>Kena Kena Rest Home has an overarching business plan in place, with goals to support the ongoing operational and financial stability of the facility. The owners/directors guide the development and approval of the business plan. The business plan outlines the purpose, values, scope, direction, and goals of the service. Clear specific business goals are documented to manage and guide quality and risk and are reviewed at regular intervals by the owners/directors. Quality goals are documented and include key metrics on equity, including the number of staff identifying as Māori and the number of residents identifying as Māori. Clinical indicator data are required to be reported through a monthly quality assurance meeting (quality meetings); however, the quality assurance meetings were not held as scheduled (link 2.2.2).</p> <p>The business plan documents the commitment of Kena Kena Rest Home to build cultural capabilities, partnering with Māori and include participation from kaumātua to align their work with and for the benefit of Māori and tāngata whaikaha. The communication policies document guidelines for tāngata whaikaha to provide feedback through three-monthly resident and family/whānau meetings, general feedback and annual satisfaction surveys. Cultural policies are developed by an external industry advisor/ consultant. The owners/directors have completed cultural training.</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 registered nurse has completed at least eight hours of professional development to meet the requirements of their practice and registration with the Nursing Council of New Zealand. The operations manager has a bachelor's degree in business management and human resources and has attended</p>
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		courses run by the New Zealand Aged Care Association (NZACA).
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Kena Kena Rest Home has in place a quality and risk management programme developed by an external industry advisor/ consultant, in collaboration with the owners/directors. The owners/directors guide and manage the quality and risk management programme. Quality goals are reviewed annually in conjunction with the business plan. Quality goals include key metrics on equity. The analysis of data indicates a health equity approach to care of the residents.</p> <p>The quality programme includes performance monitoring through internal audits; resident and family/whānau satisfaction surveys; staff satisfaction, including staff retention; and the collection, collation, and internal benchmarking of clinical indicator data (including complaints, infections, adverse events and restraints). There were no quality improvement plans or corrective actions documented where gaps/deficits were identified in service delivery.</p> <p>Results from internal audits, clinical indicator data, surveys, complaints and any corrective actions were not always shared with staff. The quality assurance meetings have not taken place as scheduled.</p> <p>A document control system is in place. Policies are developed and reviewed by the external industry advisor/consultant and the management team and have been updated to meet the Ngā Paerewa Health and Disability Services Standard 2021. New policies or changes to policy are communicated to staff and staff can access policies from the folders. Staff satisfaction surveys have been completed in May 2023. Resident and family/whānau surveys have been completed in February 2023 and February 2024. Overall, the satisfaction surveys evidence a high level of satisfaction among participants. There were no corrective actions required from the surveys. There was no evidence that results of the surveys were communicated to staff, residents and family/whānau.</p> <p>A health and safety system is being implemented. The owner/director nurse manager has attended health and safety training. There are regular manual handling and health and safety training sessions for staff. Hazard identification forms and an up-to-date hazard register are</p>

		<p>in place; last reviewed in August 2023. Hazards are classified by their risk and priority. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed at the quality assurance meetings; however, these have not been held as scheduled. A major construction project attached to the facility was well underway during the audit, which was managed appropriately, and all health and safety measures were in place to ensure staff and residents' safety.</p> <p>In the event of a staff accident or incident, a debrief process is implemented and actioned. Accident/incident reports are completed for adverse events, as evidenced in the accident /incident forms reviewed. Incident and accident data is collated monthly and analysed. Where improvement strategies related to incident/accident data were identified, these were not always clearly documented and responded to. Staff's cultural competency is assessed to ensure a high-quality service is provided for Māori. Te ao Māori and Te Tiriti o Waitangi are included in the education plan.</p> <p>Discussions with the owner/director nurse manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There has been one Section 31 notifications completed to notify HealthCERT of a resident missing/unaccounted for. However, not all notifications were completed for situations that put (or could potentially put) the health and safety of a resident at risk. There were no documented risk mitigation strategies for the resident (link 3.2.3).</p> <p>Prior to the current outbreak, there have been no other outbreaks since the last 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>FA</p>	<p>There is a staffing rationale policy that includes staff skill mix, staffing levels and includes a procedure for replacing and increasing staff on short notice (eg, when a resident's acuity changes). The roster reviewed provides sufficient and appropriate cover for the effective delivery of care and support. The owner/director nurse manager communicates any changes to staffing levels to residents and staff informally through daily communication. The owner/director nurse</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>manager works full time from Friday to Tuesday. They also provide and share on-call with the other owner/director nurse manager, who works at the sister facility. When the owner/director nurse manager is off site for any period of time, the registered nurses with the support of the other owner/director nurse manager, provide ongoing leadership. The registered nurse works part time Tuesday to Thursday and as needed. The roster is flexible to meet the acuity and needs of the residents; this was confirmed during interviews with the owner/director nurse manager, registered nurse, and staff. Interviews with residents and family/whānau confirmed staffing overall was satisfactory.</p> <p>There is a two-yearly education and training schedule. The schedule for 2023 has been implemented and 2024 being implemented as scheduled. All staff completed mandatory training topics and related competencies. The service provides face to face training and online. The owner/director nurse manager and registered nurse attend online training. 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 evacuation. The service invests in staff health equity expertise and sharing of high-quality Māori health information through its cultural training programme and cultural competency assessments. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are twenty-three caregivers in total, including four who are level 4, six have achieved level 3, three are at level 2 and the others have experience in aged care.</p> <p>A first aid trained staff member is rostered on each shift over 24 hours per day. Of the three registered nurses (including the two owner/director nurse managers), two have completed interRAI training. The owner/director nurse manager has training opportunities provided through Health New Zealand– Capital, Coast and Hutt Valley. Staff wellbeing programmes include offering employees counselling services, maintaining an ‘open-door’ relationship, have shared meal days, and celebrating holidays as a group. Staff commented that they celebrate the cultural diversity of staff and residents through planned cultural events. Staff interviews confirmed that they feel supported by</p>
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		the manager. Staff turnover is reported as being low.
<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 policies are in place and include recruitment, selection, orientation, and staff training and development. Staff files are held securely. Six staff files were reviewed (two caregivers, one caregiver/cleaner, one tea person, one registered nurse, one owner/director nurse manager). Four of the files reviewed, did not have evidence of completed reference checks on file. Employment contracts and police checking were completed. Job descriptions are in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for health professionals (owner/director nurse manager, registered nurse, general practitioner, podiatrist, and pharmacist). In the staff files reviewed, all staff who have been employed for over one year had an annual performance appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Orientation documentations were not always completed in line with the programme requirements. Competencies are completed at orientation and are repeated annually. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained. Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of</p>	FA	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated</p>

<p>personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Hardcopy documents are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The owner/director nurse manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Family/whānau and residents interviewed stated that they were involved in the admission process. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. The owner/director nurse manager is available to answer any questions regarding the admission process.</p> <p>Review of residents' files confirmed that entry to service complied with entry criteria. Seven admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available or if the potential resident's assessed needs were too complex for the resources available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to analyse entry and decline data and includes data related to Māori. The facility has established links with local kaumātua who provides cultural advice/support for staff and</p>

		<p>residents where required and can be involved in the admission process when required. The service has information available for Māori, in English and in te reo Māori. Kena Kena Rest Home is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, open communication and mutual understanding.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Seven files were reviewed for this audit: inclusive of one resident under ACC; one resident on a younger person with disability (YPD) contract; one on respite care; one on LTS-CHC; and three rest home residents. The RN and owner/director nurse manager are responsible for conducting all assessments and for the development and evaluation of the care plans. There is evidence in the progress notes of resident and family/whānau involvement in the initial assessments, interRAI assessments, and care plan review meetings.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. Three files reviewed (inclusive of the YPD, LTS-CHC) had an initial interRAI assessment completed within the required timeframe, to reflect the resident's needs. The resident on ACC and respite care had a suite of assessments completed. The long-term care plan includes interventions to guide care delivery; however, interventions were not always reflective of all the assessed needs and were not always reflective of the interRAI triggers/early warning signs.</p> <p>A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in the care plan. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan.</p> <p>Care plan evaluations occur six-monthly, following the interRAI reassessment. When health care needs change, evaluations occurred earlier; however, care plans have not always been updated when there were changes in health condition and identified needs. Evaluations stated progress against the set goals.</p> <p>The service contracts a general practitioner (GP) who assesses residents within five working days of admission. The GP reviews each</p>

	<p>resident at least three-monthly and is involved in the six-monthly resident reviews; after-hours support is available. Residents can retain their own GP if they choose to. The GP provides on-call service for after hours and on the weekend. The owner/director nurse manager is always available 24/7 for clinical advice and decision making as required. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency at Kena Kena Rest Home. The GP was complimentary of the clinical assessment skills, as well as quality of referrals received from the owner/director nurse manager and RN after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into the care plans. There is a physiotherapist available on request as required. A podiatrist visits every six weeks and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists, and wound care specialist nurse are available as required.</p> <p>Caregivers and registered nurses interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by the caregivers and registered nurses. The owner/director nurse manager and registered nurse further add to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their relative. When a resident's condition alters, the staff alert the owner/director nurse manager or registered nurse, who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any altered health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were four residents with wounds documented in the wound register. All of these had been recently evaluated and all are now healed. The wound assessments and wound management plans were reviewed for the four wounds and were found to be comprehensive in detail, with timely evaluation and clear documentation detailing the healing progress. There were no residents</p>
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		<p>with pressure injuries at the time of audit. A wound care specialist can be accessed when required.</p> <p>The owner/director nurse manager, registered nurse and caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels, restraint monitoring; and toileting regime. Neurological observations are completed for unwitnessed falls and suspected head injuries according to the policy.</p> <p>Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised and signed off when resolved.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme was led by a diversional therapist (DT) and one activities assistant to provide activities across six days. The programme is supported by the caregivers.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. The weekly programme and weekly menu were delivered to each resident and placed in large print on noticeboards in all areas. The activity team facilitate opportunities to participate in te ao Māori through incorporating te reo Māori in entertainment, participation in Māori language week, Matariki and other national celebrations. Community initiatives and other cultural events are supported to meet the needs of the residents.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits, and activities such as manicures, hand massage and technology-based activities are offered.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and</p>

		<p>family/whānau connections. A social and cultural plan is developed on admission and reviewed three-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading; music and movement; crafts; games; quizzes; entertainers; pet therapy; board games; hand pampering; housie; happy hour; and baking. Due to the Covid-19 outbreak at the time of the audit, the activity programme has been restricted to in-house activities only. All other times, weekly van drives/outings and regular entertainers are included in the activities programme. Staff responsible for van drives have a current first aid certificate.</p> <p>There are three-monthly resident meetings. Family/whānau are invited to attend meetings. The resident meeting minutes and results from the resident and family/whānau satisfaction surveys evidence overall satisfaction with the activities provided. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management policies are available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The RN and owner/director nurse manager completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The RN and caregivers interviewed could describe their role regarding medication administration. Kena Kena Rest Home uses blister packs for regular use and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in a medication room. The medication trolley was locked when not in use. The medication fridge and medication room temperatures are monitored daily and were within acceptable ranges. All medications, including stock medications, are</p>

		<p>checked monthly. All eyedrops have been dated on opening and discarded as per the manufacturer's instructions. Over the counter vitamins, supplements or alternative therapies residents choose to use, are considered by the GP and charted on the electronic medication chart. The six-monthly controlled drug physical check and reconciliation has been completed as per schedule.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There were no residents self-medicating on the days of audit. The facility follows documented policies and procedures should a resident wish to administer their medications. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent caregivers, the RN or owner/director nurse manager sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and their side effects. This is documented in the progress notes and was confirmed in family/whānau interviews.</p> <p>The owner/director nurse manager described a process to work in partnership with Māori residents and their whānau to ensure the appropriate support is in place.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was sighted. The current food control plan expires in November 2024. Dry ingredients were decanted into containers for ease of access and labelled. The five-weekly seasonal menu has been reviewed by a dietitian. The cook is supported by part-time kitchen hands. The caregivers are responsible for the plating and serving of the evening meal. All kitchen staff have completed training in safe food handling.</p> <p>There is a food services manual available in the kitchen. The cook</p>

		<p>interviewed confirmed they receive resident dietary information from the RN, owner/director nurse manager or caregivers. Any changes to dietary requirements (vegetarian, dairy free, pureed foods) are notified. The cook (interviewed) is aware of the residents' likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Residents can be involved in food preparation, as confirmed by the DT. Caregivers interviewed understand tikanga guidelines in terms of everyday practice.</p> <p>The cook completes a daily diary which includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process and are all within safe limits. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the dining room and lounges, or transported on covered trays to their rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required.</p> <p>Residents offer feedback at the resident meetings and through resident surveys. The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided.</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</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The owner/director nurse manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>

coordinate a supported transition of care or support.		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness, which expires 4 June 2024. The environment is inclusive of peoples' cultures and supports cultural practices. The operations manager (interviewed) was responsible for ensuring maintenance requests were addressed and that the planned maintenance schedule was adhered to. There is a maintenance request book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in March 2024). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of equipment was completed as per schedule (April 2024).</p> <p>The building is a single level building with easy access to a small garden. A part-time gardener maintains the gardens and lawns. There are outdoor ramps with handrails, outdoor seating and shade, and raised garden beds. The facility has adequate wide corridors with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas. The staff interviewed stated there are sufficient equipment to safely carry out the resident cares as documented in their care plans.</p> <p>There are adequate number of toilet and showering facilities. There were vacant/in-use signage is on the toilet/shower rooms. All resident rooms are spacious enough to allow residents to move about with mobility aids. Residents and families/whānau are encouraged to personalise resident's rooms, as viewed at the time of the audit. All residents interviewed confirmed their privacy is maintained while attending to personal cares.</p> <p>Group activities occur in the main lounge/dining room. There are wall heaters in communal areas and in residents' bedrooms. All residents' bedrooms have external windows and are well ventilated. The facility has plenty of natural light. The residents interviewed stated the</p>

		<p>temperature within the facility is comfortable. It was reported that Māori consultation occurred during the development phase of the new extension to the facility, to ensure the environment reflects the aspirations and identity of Māori.</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>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand dated 10 August 2010. Fire evacuation drills are held six-monthly, with the last one completed on 21 March 2024. Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, there is a back-up generator available and gas cooking (BBQ and portable gas cookers). There is adequate food supply available for each resident for minimum of three days.</p> <p>There are adequate supplies in the event of a civil defence emergency, including water supplies to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secured at night with security lighting and closed-circuit television cameras (CCTV) to further enhance security of the facility. Additionally, staff wear the facility uniform and have name badges, and all visitors are required to sign in and out of the facility. Family/whānau interviewed confirmed they had been made aware of security and emergency procedures as part of their relative's admission process.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) is an integral part of Kena Kena Rest Home business and quality and risk programme to ensure an environment that minimises the risk of infection to residents, staff, and visitors. The policies reflect the requirements of the standards and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</p> <p>The IPC programme is overseen by a registered nurse. The IPC and AMS programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control links to the incident reporting system. Infection prevention and control audits are conducted at regular intervals. Infection rates and outcomes of IPC audits are not presented and discussed at quality assurance meetings (link 2.2.2). However, the owner/director nurse manager is aware of any infection control related issues through handovers and resident records. The service has access to an infection control specialist from Health New Zealand - Capital, Coast and Hutt Valley. Additional support and information is available through the microbiologist, public health team and the general practitioner as required.</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>PA Moderate</p>	<p>The infection control coordinator is a registered nurse and is responsible for overseeing and implementing the infection control programme. A position description for the infection control coordinator role, defines responsibilities and reporting requirements. The infection control coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The infection control manual outlines a comprehensive infection control programme, including a response plan in relation to a pandemic or outbreak. The range of policies, standards and guidelines include the infection control coordinator role; the infection prevention and control activities during construction/refurbishment; education of staff;</p>

	<p>guidelines for single use items; and disinfection of surfaces and clinical equipment.</p> <p>Policies and procedures are approved and reviewed by an external industry advisor/consultant, in consultation with the owners/directors. The infection control coordinator has input into other related clinical policies that may impact on health care associated infection (HAI) risk and liaises with the owner/director nurse manager on personal protective equipment (PPE) requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand - Capital, Coast and Hutt Valley. Staff confirmed to have sufficient supply of PPE available.</p> <p>Medical reusable devices, surfaces and shared equipment is appropriately decontaminated. Single-use medical devices are not reused. Infection prevention audits include the monitoring of hand hygiene staff practice in relation to infection prevention and control, and cleaning practices. Infection control audits evidence compliance; there were no corrective actions required.</p> <p>The registered nurse has appropriate skills, knowledge, and qualifications for the role. Education has been attended through Health New Zealand - Capital, Coast and Hutt Valley on infection prevention and Covid -19 pandemic strategies. Staff have received education around infection prevention and control at orientation and through ongoing two-yearly education sessions. Education is provided by the owner/director nurse manager and is focussed on understanding the policies and procedures. Additional staff education has been provided in response to the current Covid-19 outbreak. Flowing soap and hand sanitiser dispensers were readily available around the facility. Staff were observed following good hand hygiene; however, the outbreak and isolation policy was not fully implemented, and the response plan was not coordinated.</p> <p>Education with residents occur on an individual basis during cares and include reminders about hand hygiene, cough etiquette and isolation strategies. This was confirmed in the short-term care plans sampled. The Māori health plan includes the importance of ensuring culturally safe practices in infection prevention and control. The infection control coordinator reported residents who identify as Māori are consulted on their individual infection control requirements. During interviews, staff</p>
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		<p>understood safe cultural practices in relation to infection control. There are educational resources in te reo Māori and other languages available and accessible.</p> <p>An annual review of the infection control programme has not taken place as planned.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A policy and procedure regarding antimicrobial usage is in place. The infection control coordinator monitors compliance of antibiotic and antimicrobial use through evaluation of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly; however, there is no reporting evident to the quality assurance meetings (link 2.2.2). Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from the incident reports, clinical and medication records. The infection control coordinator works in partnership with the GP to ensure judicious use of antibiotics and best practice strategies are implemented.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection prevention and control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Data is monitored and analysed for trends, monthly and annually. Quality assurance meetings have not been held to discuss infection control surveillance and action plans that may be required (link 2.2.2). The service captures ethnicity data and incorporates this into surveillance methods and data captured around infections.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents, as observed on the</p>

		<p>days of the audit.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation. At the time of the audit, the service was managing a Covid-19 outbreak which had started on 29 April 2024. There was a log showing the residents and staff affected and link to ethnicity data through the resident management system. The outbreak was appropriately notified.</p> <p>On the first day of the audit, there were nine active cases. There is a documented response plan and this was activated at the time of the outbreak. However, on the day of the audit, it was observed that the implemented response plan does not meet best practice (link 5.2.4). Residents and family/whānau were updated regularly through the outbreak. Staff received information through the daily handover process. There have been no other outbreaks since last audit.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. There are posters notifying visitors of the current outbreak, with PPE made available. Visitors to the facility are required to complete visitor protocols and record keeping of all incoming and outgoing visits is maintained.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances in place. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and sluice room. Cleaning products were in labelled bottles. There are dedicated cleaning staff who provide a seven-day cover of the roster. Cleaners ensure that trolleys are safely stored when not in use.</p> <p>Staff completed chemical training. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout.</p> <p>There is enough PPE available which includes masks, gloves, and aprons.</p>

		<p>There is a newly refurbished laundry and sluice room installed with new equipment and includes handwashing facilities and a sanitiser. There is clear separation of clean and dirty areas within the laundry. The washing machines and dryers are checked and serviced regularly. All personal laundry and linen are done on site by caregivers; however, recruitment is taking place for a full-time laundry assistant role from 7.00am-3.00pm. Caregivers have received training in relation to the laundry tasks and a laundry manual with documented guidelines is available. The laundry is operational seven days a week. Linen is distributed around the building in covered trollies. There are areas for storage of clean linen. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection control coordinator and the owner/director nurse manager.</p> <p>The infection control coordinator provided support to maintain a safe environment during construction, renovation and maintenance activities.</p> <p>Resident and family/whānau surveys and interviews confirmed satisfaction with cleaning and laundry processes.</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>	FA	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms leadership commitment to work towards a restraint-free environment. The policy provided guidelines in relation to restraint use; the process for approval; types of approved restraint within Kena Kena Rest Home; and consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The owner/director nurse manager takes responsibility for the restraint coordinator portfolio. There are three residents currently using four restraints and this is documented in a restraint register. The restraint register was reviewed and current. The type of restraint includes lap belts and bed rails, with a clear rationale for the use identified, along with care interventions and risk management strategies to guide care</p>

		<p>staff.</p> <p>The restraint data is collated as part of the clinical indicator data; however, there were no evidence that restraint data is reported and discussed with staff (link 2.2.2). The resident and/or family/whānau are consulted on the restraint procedures, as part of the restraint review processes, as required. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>A restraint register is maintained by the restraint coordinator. The files of the residents listed as using restraint was reviewed. The restraint assessment addresses alternatives to restraint use before the restraint is initiated. All residents were using restraint as a last resort and/or at the insistence of them or their activated EPOA to maintain safety. Written consent was obtained from each resident and/or their EPOA. The use of restraint is approved by the GP and reviewed three-monthly. The restraint policy outlines the process of when emergency restraint is considered, the approval thereof by the restraint coordinator, and the subsequent required debrief processes.</p> <p>The restraint coordinator determines the frequency of the required monitoring of the restraint, based on the completed risk assessment. Care plan interventions include the type of restraint, the interventions required to monitor risks and the frequency of the required monitoring. Monitoring forms reviewed are completed as required. Monitoring includes resident's cultural, physical, psychological, and psychosocial needs, and addresses Wairuatanga. The restraint coordinator regularly reviews the completed monitoring forms to ensure the monitoring were adequate to maintain the safety of the resident.</p> <p>The interview with the restraint coordinator and a review of the accident/incident management system evidence there were no accidents or incidents related to restraint use.</p>

<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data related to restraint and implementing improvement activities when required. The service includes the use of restraint in their annual internal audit programme. The restraint coordinator collates restraint related information, including recent reviews; monthly comparison of data; strategies to minimise and /or eliminate restraint; related incidents (if any); and restraint internal audit outcomes. However, there were no documented evidence that quality assurance meetings occurred where staff are provided with opportunities to discuss any information related to restraint use (link 2.2.2). Each resident utilising restraint and/or their EPOA has input into their individual review process. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.</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 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	<p>PA</p> <p>Moderate</p>	<p>The complaints procedure is provided to all residents and family/whānau on entry to the service. The owner/director nurse manager maintains a complaints' register; however, the register did not contain all appropriate documentation, including formal acknowledgement, investigation, and resolution of complaints in accordance with guidelines set by the Health and Disability Commissioner (HDC) and the organisation's own policy and procedures.</p> <p>Fourteen complaints had been recorded since last audit. Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are</p>	<p>(i). All fourteen complaints reviewed did not have a formal acknowledgement, a documented investigation process of the complaint and timeframes for resolution communicated to the complainants.</p> <p>(ii). Four of the fourteen complaints reviewed did not have final resolution letters sent back to the complainants.</p> <p>(iii). There was no evidence in nine complaints reviewed to confirm that the complainant was satisfied with the outcome.</p> <p>(iv). There were no corrective actions documented in relation to</p>	<p>(i)-(iv). Ensure compliance with the complaints policy and standards, as set out in the Code of Health and Disability Services Consumers' Rights by the Health and Disability Commission (HDC).</p> <p>90 days</p>

		available at the entrance to the facility.	complaints.	
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA Moderate</p>	<p>Kena Kena Rest Home has in place a quality and risk management programme developed by an external advisor/consultant in collaboration with the owners/directors. The quality and risk programme includes performance monitoring through internal audits; resident and family/whānau satisfaction surveys; staff satisfaction including staff retention; and the collection, collation, and internal benchmarking of clinical indicator data (including complaints, infections, adverse events and restraints). Corrective actions or improvements identified were not always documented as implemented/addressed or signed off by the owner/director nurse manager.</p> <p>Results from internal audits, clinical indicator data, surveys and subsequent corrective actions are not shared with staff.</p> <p>A health and safety system is being implemented. Hazard identification occurs and hazards identified are appropriately addressed. Health and safety issues are required to be presented and discussed with staff during the quality assurance meetings. This is an agenda topic in the meeting template. There was no evidence that health and safety issues are discussed with staff.</p>	<p>(i). Quality assurance meetings have not been held as scheduled since September 2022; therefore, there were no opportunity to evidence that: (a) outcomes of performance monitoring activities and subsequent corrective actions identified are discussed and shared with staff; and (b) health and safety issues identified are discussed and shared with staff.</p> <p>(ii). There was no documented evidence that resident and family/whānau satisfaction survey results/outcomes were discussed with residents and family/whānau.</p> <p>(iii). Where corrective actions were identified in relation to incident, adverse events and complaints, there was no documented evidence of implementation.</p>	<p>(i). Ensure quality assurance meetings are held as scheduled, to evidence staff engagement occurs in relation to all aspects of service delivery.</p> <p>(ii). Ensure the resident and family/whānau satisfaction survey feedback is provided to residents and family/whānau.</p> <p>(iii). Ensure that corrective actions identified are responded to.</p> <p>60 days</p>

		<p>Staff, resident and family/whānau surveys have been completed for 2024 and analysed. Overall, the satisfaction was of a positive level. There were no corrective actions required from the surveys. There are three-monthly resident and family/whānau meetings implemented as scheduled; however, there were no evidence that the results from the resident and family/whānau surveys were communicated to residents and family/whānau.</p> <p>Quality assurance meetings have not been held since September 2022.</p>		
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	PA Low	<p>Discussions with the owner/director nurse manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31(5) of the Health and Disability Services (Safety) Act 2001 requires certified providers to notify the Director-General of Health about any health and safety risk to residents or a situation that puts (or could potentially put) the health and safety of people at risk.</p> <p>There have been two Section 31 notifications completed to notify HealthCERT; one related to a pressure injury and one for a missing/resident unaccounted for (April 2024) which there was police involvement in the search of the resident. There was a similar incident for the same resident in March 2023; however, this incident was not</p>	<p>The service has not completed a Section 31 notification for a resident who was unaccounted for a period of two days in March 2023.</p>	<p>Ensure to notify HealthCERT of any health and safety risk to residents or a situation that puts (or could potentially put) the health and safety of people at risk.</p> <p>90 days</p>

		appropriately notified to HealthCERT.		
<p>Criterion 2.4.1</p> <p>Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	Human resource policies are in place and include recruitment, selection, orientation and staff training and development. Six files were reviewed, and the required reference checks were not always on file.	Four of six staff files did not evidence that reference checks were completed prior to the employment of staff.	<p>Ensure reference checks are included as part of the pre-employment process.</p> <p>90 days</p>
<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	Six staff files were reviewed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice, is role specific and includes buddying when first employed. The required orientation documentation was not always completed in line with the programme requirements. Staff interviewed stated the orientation programme is adequate and provides them with the relevant skills and knowledge.	<p>(i). There was no evidence of orientation documentation on file for a caregiver/cleaner.</p> <p>(ii). Orientation documentation was not signed off by the employee and employer and there were sections not signed off as completed in the orientation manual for one (caregiver) file.</p>	<p>(i)-(ii) Ensure there is evidence of completed orientation records in staff 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</p>	PA Moderate	Review of documentation and staff interview evidenced that care plans were completed by suitably qualified staff. Cultural needs, values and beliefs were considered during the assessment process and incorporated throughout the care plan. The residents' strengths, goals and aspirations were incorporated in the care plan; however, not all care plan interventions reflect the interRAI triggers, risk scores, any early warning signs, or	<p>(i). Behaviour and mood identified in interRAI assessments were not addressed in the care plan for two residents.</p> <p>(ii). Two residents identified as a moderate falls risk had no interventions documented to manage the risk.</p> <p>(iii). The interRAI assessment identified undernutrition for one</p>	<p>(i).-(iii). Ensure all care plan interventions are reflective of the assessed needs, including the interRAI triggers and early warning signs.</p> <p>(iv).-(vi). Ensure care plan interventions are updated when health</p>

<p>support plan; (c) Comprehensive assessment includes consideration of people’s lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People’s care or support plan identifies wider service integration as required.</p>		<p>sufficiently detail interventions to guide staff in all their assessed needs. Care plan interventions were not always updated when health care needs change.</p>	<p>resident which was not addressed in the care plan.</p> <p>(iv). There was no documented evidence for risk mitigation strategies for one resident at risk of leaving the facility for a prolonged period of time.</p> <p>(v) There were no interventions for one resident with identified weight loss.</p> <p>(vi). There were no non pharmaceutical interventions documented for a resident experiencing pain.</p>	<p>care needs change.</p> <p>60 days</p>
<p>Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the</p>	<p>PA Low</p>	<p>A review of documentation and staff interviews evidenced that residents and where appropriate their family/whānau, were actively involved in the development of their care plans. Care</p>	<p>Neurological observations had not been completed as per protocol for two residents with unwitnessed falls.</p>	<p>Ensure neurological observations occur as required.</p>

<p>person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>plans reflect the required health monitoring interventions for individual residents. Caregivers, registered nurse and owner/director nurse manager complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; toileting regimen and restraint monitoring. Neurological observations are completed as part of the post falls assessment protocol for unwitnessed falls or where falls resulted in a suspected head injury. Neurological observations were not always completed as required for two residents with unwitnessed falls.</p>		<p>90 days</p>
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	<p>PA Low</p>	<p>The infection control coordinator is a registered nurse and is responsible for overseeing and implementing the infection control programme. A position description for the infection control coordinator role, defines responsibilities and reporting requirements. The infection control coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The infection control programme has been approved by the owners/directors; however, it has not been reviewed annually.</p>	<p>The infection control programme was last reviewed in March 2022.</p>	<p>Ensure the annual review of the infection control programme is completed.</p> <p>90 days</p>

<p>Criterion 5.2.4</p> <p>Service providers shall ensure that there is a pandemic or infectious disease response plan in place, that it is tested at regular intervals, and that there are sufficient IP resources including personal protective equipment (PPE) available or readily accessible to support this plan if it is activated.</p>	<p>PA Moderate</p>	<p>There is an outbreak and isolation management plan that guides the response. At the time of the audit, the service was managing a Covid-19 outbreak which had started on 29 April 2024. On the first day of the audit, there were nine remaining active cases (with a total of 28 residents affected throughout) and appropriate reporting was being completed.</p> <p>On the day of the audit, it was observed that the implemented response plan does not meet best practice. There was signage on the doors and residents affected would be kept in isolation. However, observation of practice identified that there were no outbreak kits set up at the doors of the affected residents' rooms. Staff would get masks from the nurses' station, aprons from the sluice room and gloves from the dispensers. Donning would occur outside the room but with no set spot, as PPE was accessed from different areas. Full PPE was used with direct cares of the affected residents. There was a notice by the lobby advising visitors that there were residents with Covid-19 in the facility and asking them to wear masks (surgical) and sanitise their hands before entry.</p> <p>There was no rubbish bin in the residents' rooms for disposal of PPE. Staff would walk along the corridor holding the dirty PPE and dispose of all PPE from the isolation room in the sluice</p>	<p>(i). The response plan did not evidence a coordinated approach with sufficient guidance to staff.</p> <p>(ii). There were no readily available outbreak kits.</p> <p>(ii). Best practice principles related to donning, doffing and disposal of PPE were not followed.</p>	<p>(i)-(ii). Ensure the response plan is implemented in a coordinated manner with sufficient guidance to staff, followed by a lessons learned meeting following the current outbreak.</p> <p>(iii). Ensure staff have appropriate knowledge of correct donning, doffing and disposal of PPE.</p> <p>60 days</p>
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		<p>room, where hand hygiene would be performed. Residents of concern were discussed at handover and what day they were at, as well as who was due to come out of isolation and when.</p> <p>Affected residents had short-term care plans developed. Antivirals were prescribed as clinically indicated by the GP.</p> <p>Infection control audits were completed with no identified corrective actions. Staff completed infection control training. Staff interviewed stated PPE supplies are sufficient.</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.