

# Papatoetoe Healthcare Limited - Papatoetoe Residential Care

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Papatoetoe Healthcare Limited
<b>Premises audited:</b>	Papatoetoe Residential Care
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 18 July 2024    End date: 18 July 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	28

# Executive summary of the audit

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## Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao 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

Papatoetoe Healthcare Limited owns the facility known as Papatoetoe Residential Care. The service provides rest home and hospital level care for up to 30 residents. The service is managed by a facility manager who is a registered nurse.

The residents and families interviewed spoke highly of the service, which provides a homely environment.

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

There was one area of improvement from the previous audit in relation to infection prevention surveillance, which has been fully addressed. Six new identified areas of improvement for this surveillance audit relate to complaints management, incident management, adverse event reporting, insufficient registered nurses, care planning, medication management and restraint elimination.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Some subsections applicable to this service partially attained and of low risk.
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Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld. Cultural and spiritual needs are identified and considered in daily service delivery. Principles of mana motuhake were evident in -service delivery provided.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse. Residents’ property is respected, and their finance is protected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Processes were in place to resolve complaints promptly and effectively with all parties involved.

## 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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Quality and risk management systems are focused on quality provision of care. Actual and potential risks were identified and mitigated. The service complied fully with all statutory and regulatory reporting obligations and met requirements of the contract held with Te Whatu Ora Counties Manukau.

Staff coverage was maintained on all shifts. The facility manager, who is a registered nurse, covers the after-hours service. Staff employed are provided with orientation and receive ongoing education. All employed and contracted health professionals maintain a current annual practising certificate.

Staff and residents' records were maintained and stored safely and securely and meet all health information requirements.

## 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 service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive assessments, and accommodate any new problems that might arise. Files reviewed demonstrated that the care provided meets the needs of residents and whānau and is evaluated on a regular and timely basis.

Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

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

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

<p>Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</p>		<p>Subsections applicable to this service fully attained.</p>
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The facility meets the needs of the residents and was clean and well maintained. There was a current building warrant of fitness. Electrical testing and tagging and calibrations were recorded, and inventories were maintained and were current. Internal and

external areas are accessible, safe and meet the needs of residents and those with disabilities living at this aged residential care facility.

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

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

Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection prevention and control coordinator leads the programme.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance is undertaken, with follow-up action taken as required.

## Here taratahi | Restraint and seclusion

<p>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.</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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At the time of the audit, three restraints were in use. A register is maintained by the facility manager, who is the restraint coordinator. Training is provided to all staff on de-escalation techniques and managing challenging behaviour. Three-monthly reviews occur.



## 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	12	0	2	4	0	0
Criteria	0	41	0	3	4	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Papatoetoe Residential Care has a cultural policy and staff received training on cultural safety and Te Tiriti o Waitangi on 13 March 2024. The facility manager (FM), who is a registered nurse, ensures that residents who identify as Māori receive effective services framed by Te Tiriti o Waitangi, and always works collaboratively with the individual residents and their whānau, to embrace and support a Māori view of health. There were residents but no staff who identified as Māori at the time of the audit.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Policies and procedures are available to guide staff in the care of Pacific peoples. The provision of equitable services that are underpinned by Pacific peoples' worldview will be sought with expert advice if not available from the resident and family and/or the community. Fourteen staff members from different parts of the Pacific are also available to provide advice as needed.</p> <p>Cultural assessment and care plans for residents of each Pacific descent were available to implement. Models of care are documented and implemented. There were residents on the day of the audit who identified as Pasifika.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff have received training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and ongoing annual training. This was verified in interviews and staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed at the reception area and on notice boards around the facility. The Code was available in English and te reo Māori. Residents and whānau confirmed being made aware of their rights and advocacy services during the admission process.</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>Staff have received education on professional boundaries, code of conduct, discrimination, security and abuse and neglect during the staff orientation period and annually as part of the annual staff training programme. There was no evidence of discrimination or abuse observed during the audit. In interviews, staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect and/or exploitation. Residents confirmed that they are treated fairly.</p> <p>Residents' property is labelled on admission. The facility manager (FM) stated that Papatoetoe Residential Care has zero tolerance of abuse or neglect.</p> <p>A strengths-based and holistic model of care, Te Whare Tapa Whā, is utilised to ensure wellbeing outcomes for Māori.</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,</p>	<p>FA</p>	<p>Staff understood the principles and practice of informed consent, supported by policies in accordance with the Code. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were available in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation treatment plans were completed. Staff were observed to gain consent for daily cares.</p>

<p>keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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 Low</p>	<p>The complaint/compliment management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code), which is the right to complain and to be taken seriously and to receive a timely response. The complaints were followed through, and records were available; however, the complaints register reviewed was not current, and this is an identified area of improvement.</p> <p>Four written complaints (all from one family) have been addressed, and effectively closed off since the previous audit. One external complaint was received in 2019 from the Health and Disability Commissioner's (HDC) Office. This complaint is still pending. A request was received from HealthCERT to follow up this complaint at this planned audit. Despite this complaint not being closed out, the current FM (not the FM at the time of the complaint) has reviewed and updated in 2023: 'The clinical staff handover policy' and the 'Admission, transfer, discharge and death policy', to ensure all resident changes in condition are communicated to the RN, and that all documentation is recorded accurately in the progress records as required and that timely transfers are arranged by staff, with the resident and family being informed. Tool-box tools education was provided by the RNs on 31 May 2023, covering topics such as documentation, reporting and clinical handover. The session had 14 participants. All staff have completed first aid training (two-yearly), with some staff recompleting this course on 6 March 2024. All records for this formal complaint were reviewed, and the FM is awaiting further correspondence from the HDC's office.</p> <p>Staff interviewed stated that they were fully informed about the complaints procedure and where to locate the forms, if needed. The families interviewed were pleased with the care and management provided to their family members. They clearly understood their right to make a complaint</p>

		<p>and/or to provide feedback as needed to improve service delivery, to act on behalf of their family/whānau member. Family members commented that any issues were dealt with promptly and professionally. The FM is responsible for complaints management.</p> <p>In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of a te reo Māori interpreter if this was required.</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>Papatoetoe Residential Care provides aged residential care for rest home, hospital, respite, Accident Compensation Corporation (ACC), and long-term chronic health care (LTCHC) for under 65 years of age. There is one owner/director and the facility manager (an RN), who runs the day-to-day operation.</p> <p>The owner/director interviewed explained the commitment to the implementation of the Ngā Paerewa Standards, and that the health and safety of the residents is a priority. An information pamphlet is provided to families/whānau on admission. It explains the facility and its services and refers to the vision and mission statement of the organisation.</p> <p>The owner/director and the FM have completed training on Te Tiriti o Waitangi and equity. The manager endeavours to provide equitable services for Māori, as documented in the aims to reduce the barriers for those residents who identify as Māori and those with disabilities. The owner/director and the FM ensured they provide appropriate and safe services to meet the needs of the residents. Core cultural competencies are completed by staff as part of the orientation and the process is ongoing.</p> <p>The service has a focus of ensuring services for tāngata whaikaha are undertaken to improve resident outcomes, and this was explicit within the business and strategic plan 2023 to 2024 reviewed.</p> <p>Papatoetoe Residential Care provides age-related residential care (ARRC) and has contracts with Te Whatu Ora Counties Manukau. On the day of the audit, there were 29 residents: three residents receiving rest home level care, 22 hospital level, 1 respite [the resident funded by ACC is respite], two younger persons disabled (YPD) under 65 years of age (through Waikaha – Ministry of Disabled People), and one resident was being</p>

		funded by the ACC. The maximum number of beds is 30 at this facility.
<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>	PA Low	<p>The organisation has a planned quality and risk system that reflects the principles of quality improvement. This includes the management of incidents and accidents, complaints, internal and external activities, monitoring of outcomes, policies and procedures, health and safety reviews, and clinical incident management. The FM is responsible for implementation of the quality and risk system. The facility manager ensures all the documents are managed effectively within the required timeframes. A system is in place. It was observed that on the incident forms, the section to evidence whether the family/contact person had been informed was not consistently completed. This has been identified as an area for improvement in 2.2.5.</p> <p>There are a range of internal audits which are undertaken using template forms. The service prioritises those related to key aspects of service delivery, and resident and staff safety. Any issues raised were addressed with corrective action requests (CARs). The staff were informed of the results at the monthly staff meetings. Staff and quality meetings are minuted, and the minutes were reviewed. The FM and the director meet weekly. Staff interviewed felt they were well supported. The care staff understood the Māori constructs of pae ora, and have completed cultural competencies and endeavour to ensure residents receive culturally appropriate care.</p> <p>Internal audits evidenced that neurological observations were being undertaken following unwitnessed falls. Facility and environmental audits are completed three-monthly. Infection prevention, laundry and kitchen audits were reviewed. Surveys were undertaken annually. A good response was received from residents. Feedback from family/whānau interviewed was positive, and family stated their family members were well cared for at this facility. No quality improvement projects were currently being undertaken.</p> <p>Health and safety systems have been implemented. There was a current and up-to-date hazard register and hazardous substance register.</p> <p>A risk management plan dated 2024 is developed and implemented. Aims and objectives are documented and reviewed at regular intervals. The</p>

		<p>manager was informed about the National Adverse Events Reporting Policy 2023, and this has been implemented. No Section 31 notifications had been completed in the last 12 months; however, one Section 31 notification was reported on the day of the audit for the RN shortage (there is currently only one other RN apart from the FM). This was observed as an area of improvement refer to 2.2.6) There are four overseas-qualified nurses working as HCAs presently awaiting registration.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>The rosters for the last six weeks were reviewed. The roster reflected that the registered nurse cover is inadequate to cover the services provided. This is identified as an area of improvement. The FM and one RN are supported by four international qualified nurses (caregivers) who are senior medication competent (SMC) administrators. The FM covered additional shifts when able to do so. This has been the case for over three months. The last RN resigned on 1 April 2024. Care staff confirmed that they were able to complete the work allocated to them. No agency staff are used at this facility. The FM is on call 24/7 and covers the service Monday to Friday.</p> <p>The care givers have all completed the competencies required on employment, including cultural, manual handling, infection prevention and restraint management. The training plan was sighted. Staff were provided the opportunity to attend in-service education provided regularly with, for example, cultural awareness and Te Tiriti o Waitangi provided on 13 March 2024, challenging behaviour on 18 October 2023, pressure injury on 19 May 2023 and 24 April 2024, and health and safety, falls and safe environment on 29 September 2023. In response to a pending complaint, additional training was provided in 2023 and in 2024 related to assessment and management of deteriorating patients, and clinical staff handover responsibilities and the transfer process. Records of all education provided is recorded, along with the topics provided and the number of participants. The training plan is currently being reviewed to ensure the needs of residents are equitably met, to include the high-quality Māori information in the education provided, and to invest in the diversity of the staff, and health equity expertise.</p> <p>There are 18 caregivers in total. Sixteen (16) caregivers have completed Level 4, one is completing Level 2 and one is yet to enrol in the recognised</p>

		<p>New Zealand Qualification Authority (NZQA) aged-related courses. The Level 4 caregivers have all completed medication competencies. The activities coordinator is currently completing the Level 4 diversional therapy training and works five days a week 8.30am to 4pm. Non-clinical staff cover the cleaning and the kitchen seven days a week. The laundry is completed by the staff. An administrator works on a Friday to provide some assistance to the FM. The FM is interRAI competent. All staff (except for three) have completed their first aid training. There is a first aid certified staff member rostered on every shift. Handover between the shifts was observed.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resource management policies and procedures are based on good employment practice and relevant legislation. All employed and contracted registered health professionals had current annual practising certificates.</p> <p>A comprehensive orientation and induction programme has been implemented, and staff confirmed the usefulness and applicability and felt well supported. Any new care staff are buddied to work with a senior caregiver for orientation, and time is allocated to spend time with the FM. Additional time is provided as required. A checklist is completed.</p> <p>There are staff of different nationalities employed. All information is recorded and used in accordance with Health Information Standards Organisation (HISO) requirements and is kept securely.</p> <p>Staff are offered opportunity annually to discuss any needs they may have in relation to their work hours or performance. Appraisals for staff were reviewed and were currently up to date.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and</p>	<p>PA Moderate</p>	<p>The multidisciplinary teamwork in partnership with the residents and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>The care plans sampled reflected identified residents' strengths, goals and</p>



<p>whānau to support wellbeing.</p>		<p>aspirations, aligned with their values and beliefs. Care plans were individualised and included wellbeing and health needs of residents. Management of specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Identified whānau goals and aspirations were recorded in the care plan, where applicable. Six-monthly care plan evaluation was not completed consistently, and progress towards achievement of goals was not consistently indicated. Appropriate equipment was provided. The hand-over policy is upheld and the action to be taken is clearly communicated by staff to the next shift. Shift handover was observed.</p> <p>Te Whare Tapa Whā model of care is available for use for residents who identify as Māori, when required. The care planning process supports Māori and whānau to identify their own pae ora outcomes in their care plan. Māori healing methodologies, such as karakia, mirimiri and rongoā, are considered. Staff understood the process to support residents and whānau.</p> <p>Medical assessments were completed by the general practitioner (GP) within two to five working days of an admission. Routine medical reviews were completed three-monthly and more frequently as determined by the resident's condition, where required. On-call services are provided as required.</p> <p>Service integration with other health providers and allied health professionals was evident in the residents' records reviewed. Changes in residents' health were escalated to the GP. Timely referrals to relevant specialist services as indicated were evident in the residents' records. The GP expressed satisfaction with the care provided and communication from the nursing team.</p> <p>Residents' records, observations and interviews verified that care provided to residents was consistent with their assessed needs, goals and aspirations. Appropriate equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and whānau confirmed their involvement in care planning.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a</p>	<p>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the</p>

<p>safe and timely manner.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.  As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>day of audit. All staff who administer medicines were competent to perform the function they managed; current medication administration competencies were available in staff files.</p> <p>All medications sighted were within current use-by dates. Medicines stored were within the recommended temperature range. The administered “as required” (PRN) medicine were not consistently evaluated for effectiveness, and weekly and six-monthly controlled drugs stock checks were not consistently completed.</p> <p>Prescribing practices meet requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is facilitated. There were no residents who were self-administering medication at the time of audit. Appropriate processes were in place to ensure this would be managed in a safe manner, when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.  Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.  As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food preferences, allergies and cultural preferences of residents. Evidence of residents' satisfaction with meals was verified from resident and whānau interviews, satisfaction surveys and resident meeting minutes.</p> <p>The service operates with an approved food safety plan and registration. The food control plan in place expires on 27 May 2025.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.  Te Tiriti: Service providers advocate for Māori to ensure they</p>	<p>FA</p>	<p>The organisation’s policy in relation to ‘Admission, transfer, discharge and death’ was reviewed in 2023 to ensure a clear process to support and coordinate a safe and timely transfer of residents in response to a formal complaint. Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the</p>

<p>and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>resident and whānau or EPOA. Risks and current support needs are identified and managed. Whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There was a current building warrant of fitness which expires on 26 March 2025. Electrical resources testing and tagging was completed in March 2024 and medical equipment and calibration was completed on 1 December 2023. An inventory was maintained and was available.</p> <p>Family interviewed were pleased with the environment being suitable for their family member's needs. The facility is accessible to meet the mobility and equipment needs for residents receiving services, especially for the two YPD residents receiving hospital level care. Communal areas are suitable for those residents with disabilities. The environment is inclusive of residents' cultures and for supporting cultural practices.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention programme (IP programme) has been developed by those with IP expertise and approved by the director. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the infection prevention and control coordinator (IPCC) and review of the programme documentation.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. The previous area requiring improvement in relation to ethnicity data in surveillance information (criterion 5.4.3) has been addressed. Results of the surveillance programme are shared with staff and reported to the director. There were two COVID-19 outbreaks reported since the previous audit. A summary report for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>PA Moderate</p>	<p>The owner/director was interviewed and was committed to the elimination of restraint. The FM and staff understood that restraint is eliminated whenever possible; however, the restraint policy has not been reviewed since 2020, to reflect the new Ngā Paerewa Standard requirements. This was an area identified for improvement. The FM is the restraint coordinator and ensures the restraint register is maintained. Three residents were using a restraint on the day of the audit. Annual training was provided to staff on de-escalation, cultural considerations and management of challenging behaviour.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 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>	PA Low	<p>The complaints process was followed through. Hard copy records were available in a folder reviewed. Complaints and follow-up correspondence was sighted however no complaints register has been developed and implemented for this facility. The FM is responsible for complaints management.</p>	<p>The complaints register had not been updated for the last two years.</p>	<p>To ensure the complaints register is updated and the required processes are followed to meet the Code of Health and Disability Services Consumers' Rights.</p> <p>180 days</p>
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems</p>	PA Low	<p>The policy for incident and accidents was implemented and had been recently reviewed. This also included the responsibilities for the National Adverse Event Policy 2023. A sample of incident forms were reviewed. On the incident form currently used there was inconsistency as to whether the</p>	<p>The sample of incident forms reviewed did not consistently have the section completed to verify whether family/enduring power of attorney (EPOA) or contact person was notified after an incident or accident had occurred.</p>	<p>Ensure when and incident/accident occurs that the family, EPOA or contact person are notified and that this is recorded accurately, on the incident form provided.</p>

learnings.		resident's family had been contacted to meet requirements.		180 days
<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	Essential notifications were reviewed since the previous audit. No notifications had been reported. With the shortage of registered nurses to cover this facility 24/7 it was observed on the day of the audit that this had not been reported to the appropriate agency as required. On request the facility manager completed a section 31 notification on the day of the audit and sent this to the appropriate agency.	The rosters reviewed evidenced there was an inadequate number of registered nurses to safely cover this facility 24/7 and this had not been reported to HealthCERT as per the requirements of the agreement and obligations in relation to essential notification reporting.	<p>To ensure the statutory and regulatory obligations in relation to essential notification reporting are adhered to.</p> <p>180 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Moderate	Six weeks of rosters were reviewed. There is an inadequate number of registered nurses employed currently to cover the roster and/or to meet the obligations of the contract with Te Whatu Ora Counties Manukau. The facility manager covers Monday to Friday 8am to 5pm. The one additional registered nurse covers the afternoon shift, with senior medication competency care givers covering the additional shifts, including the night shift. A registered nurse resigned on 1 April 2024, and the FM has been unable to fill this position despite advertising.	There are insufficient registered nurses employed at this facility to cover the requirements of the roster 24/7 and to meet the obligations of the contract for providing hospital level care to residents.	<p>To ensure an adequate number of registered nurses are employed to cover this service seven days a week, twenty-four hours a day to meet the needs of the residents, and to meet the requirements.</p> <p>180 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a</p>	PA Moderate	Residents' care was evaluated on each shift in the progress notes by the care staff. Any changes noted were reported	Six-monthly care plan evaluation was not consistently completed	Ensure six-monthly care plan evaluation is consistently completed in a timely manner

<p>person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>to the RNs, as confirmed in the records sampled. Three of five care plans were overdue for six-monthly review. InterRAI triggered outcomes were addressed in the care plans reviewed. Short-term care plans were completed for acute conditions, and these were reviewed and closed off when the condition had resolved. Care plan evaluation did not always state residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations, where applicable. Where progress was different from expected, changes were made to the care plan in consultation with residents and whānau, where applicable.</p>	<p>in a timely manner.</p> <p>Care plan evaluation did not consistently state the progress towards the residents' goals.</p>	<p>and indicates progress towards residents' goals.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to</p>	<p>PA Moderate</p>	<p>The implemented medication management system is appropriate to the scope of the service. Medicines are stored safely, including controlled drugs. In seven of ten medicine charts</p>	<p>Administered PRN medicine was not consistently evaluated for effectiveness.</p> <p>Weekly and six-monthly controlled drugs stock checks</p>	<p>Ensure the administered PRN medicine is consistently evaluated for effectiveness.</p> <p>Ensure the required controlled drugs stock checks</p>

the scope of the service.		sampled, the administered PRN medicine was not consistently evaluated for effectiveness. The weekly and six-monthly controlled drugs stock checks had not consistently been completed in a timely manner within the previous three months. In previous records prior to three months, the stock checks were being completed consistently. The FM stated that the change in staff responsible for the checks had attributed to the lack of consistency.	were not consistently completed in a timely manner.	are completed consistently.  90 days
Criterion 6.1.1 Governance bodies shall demonstrate commitment toward eliminating restraint.	PA Moderate	The owner/director was interviewed and was committed toward eliminating restraint. A restraint register is maintained by the FM and three residents are using a form of restraint. Training has been provided for staff; however, the restraint management policy was sighted and was dated 2020.	The restraint management policy has not been reviewed since 2020 and therefore does not include the governance commitment to eliminating restraint use and/or the requirements to meet the Ngā Paerewa Standard 8134:2021.	To ensure the restraint management policy is reviewed and updated to meet the requirements of the Ngā Paerewa Standard 8134:2021.  90 days



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

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

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

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

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End of the report.