

APPQ Limited- Torbay Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	APPQ Limited
Premises audited:	Torbay Rest Home
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 24 October 2024 End date: 25 October 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:	46

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

General overview of the audit

Torbay Rest Home provides rest home and dementia levels of care for up to 52 residents. During the audit there were 46 residents receiving services.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand. The audit process included the review of policies and procedures; the review of resident and staff files; observations; and interviews with residents and families/whānau, management, and staff.

There have not been any changes in management since the last audit. The facility manager is supported by an experienced clinical manager (RN) who is appropriately qualified and experienced in healthcare management.

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

Shortfalls identified at the previous partial provisional/certification audit of orientation to the dementia unit, and to obtaining a code of compliance, have been addressed.

This surveillance audit identified that there are shortfalls to the business plan and to interventions documented in care plans.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Torbay Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan and ethnicity awareness policy in place.

Residents receive services in a manner that considers their dignity, privacy, and independence. Torbay Rest Home provides services and support to people in a way that is inclusive and respects their identity and their experiences.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

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

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is

analysed to identify and manage trends. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated and provided to the Board each month.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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The clinical manager or registered nurse is responsible for each stage of service provision. The care plans are completed in partnership with residents. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

All staff responsible for administration of medication complete education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences, dietary and cultural requirements are identified at admission. There is a current food control plan.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. There are snacks available 24 hours a day.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated. The dementia units operate independently from each other and are both secure.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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All policies, procedures, the pandemic plan, and the infection control programme have been reviewed by the facility and clinical managers. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is documented, including the use of standardised surveillance definitions, and ethnicity data. There have been outbreaks recorded since the last audit, with these reported to the funder and to Public Health.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The facility is committed to continuing an environment of no restraint use. There is commitment by the owners/directors to work towards a restraint-free environment. Education is provided to staff around restraint minimisation. Annual education takes place and staff have completed restraint competencies. On the day of audit, the service had no residents using restraint.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	2	0	0	0
Criteria	0	46	0	1	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Torbay Rest Home is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident’s care plan and evidenced in practice. Torbay Rest Home has an internal cultural support team that includes Māori members of staff who assist the staff and management team with Māori care and support. Cultural assessments are completed for residents who identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with</p>	FA	<p>There is a Pacific people’s policy that commits to providing appropriate and equitable care for residents who identify as Pasifika. The organisation has a Pacific health plan that has been developed in consultation with Pasifika. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families/whānau, and providing high quality healthcare.</p> <p>On admission all residents state their ethnicity. There were residents identifying as Pasifika at the time of the audit and the clinical manager confirmed that the residents’ whānau are encouraged to be involved in all</p>

<p>Pacific peoples for improved health outcomes.</p>		<p>aspects of care, particularly in nursing and medical decisions, satisfaction of the service, and recognition of cultural needs. Managers have access to external providers who can provide advice and support for residents who identify 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>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information that is provided to new residents and their families/whānau. The clinical manager discusses aspects of the Code with residents and their families/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Five residents, and three families/whānau (all with a resident in the dementia unit) were interviewed. All reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Managers and staff interviewed (the facility and clinical managers, three healthcare assistants, one registered nurse (RN), and cook) all were able to give examples of implementation of the Code in everyday practice.</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. Torbay Rest Home policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Torbay Rest Home as an organisation is inclusive of ethnicities, and cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. Torbay Rest Home's Māori health plan includes strategies to abolishing institutional racism.</p> <p>Staff interviewed were able to discuss the service's zero tolerance for abuse.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring,</p>

		<p>supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</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>	FA	<p>There are policies around informed consent. Five resident files reviewed included signed general informed consent forms. Residents and families/whānau interviewed could describe what informed consent was and their rights around choice.</p> <p>Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Files in the secure dementia unit documented that an EPOA has been activated.</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</p>	FA	<p>The facility and clinical managers maintain a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The were four complaints logged for 2023 and two year-to-date 2024. A review of the register evidence's that the service is proactive with recording all complaints and all include an investigation, follow up, and replies to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality, health and safety, staff, and</p>

<p>improvement.</p>		<p>RN meetings (minutes sighted).</p> <p>There have not been any complaints from external providers.</p> <p>Discussions with residents and families/whānau confirmed they are provided with information on complaints and complaint forms are available at the entrance to the facility and on request. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held at regular intervals and create a platform where concerns can be raised. During interviews with families/whānau, they confirmed the facility, or clinical manager is available to listen to concerns and acts promptly on issues raised. Residents and families/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Both complaints reviewed in 2024 showed that families/whānau had been involved in the investigation and received feedback on the outcome. Māori residents are supported to ensure an equitable complaints process. The clinical manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</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>PA Low</p>	<p>The service provides rest home and dementia levels of care for up to 52 residents. This included two units with ten dementia beds each (all occupied on the day of audit) and 32 beds identified as rest home level of care, including 12 superior units and one double room occupied by a single resident. On the day of the audit, there were 26 rest home level residents. All residents were on the age-related residential care services agreement (ARCC) contract.</p> <p>The organisation is co-owned and directed by the owners/directors. The owner/directors currently own and operate another three facilities, namely Freeling Holt which offers hospital and rest home level of care, Deverton House, and Eden Rest Home, both also rest home level of care facilities. Services are planned to meet the needs of the residents. Day-to-day operations are managed by the facility manager (FM), who is supported by the clinical manager (CM), and the residential care officer. All three work across two sites owned by the same directors (who own a total of four facilities).</p>

	<p>The owner/directors visit the facility throughout the week and when required to meet with the FM, and CM. The owners/directors were not able to be interviewed, but the FM stated that the directors were approachable. There are meetings to ensure that all staff are communicated with. These include two monthly staff meetings which have been reduced from monthly, because of the active use of an electronic noticeboard. There are monthly quality/management meetings that include discussion of the monthly reports developed by the FM and CM. Reports to the owner/directors confirmed adequate information to monitor organisational performance, including potential risks; contracts; human resources and staffing; growth and development; maintenance; quality management; and financial performance. The owners/directors attend the quality and management meetings. There are monthly RN and enrolled nurse (EN) meetings and three-monthly resident meetings. Newsletters are circulated to residents and families/whānau three-monthly. Some content is generalised to all facilities owned, with individual sections devoted to Torbay Rest Home.</p> <p>The business plan that includes the scope, direction, goals, values, and mission statement of the organisation. Goals are documented; however, a plan with interventions, timeframes, responsibilities, has not been documented. There is an organisational risk management plan that is current.</p> <p>The organisation has purchased a new resident and quality management system (RQMS) that is also able to record adverse events, quality data and reporting. The provider of the RQMS has confirmed that there is Māori representation and consultation that has underpinned development of policies and procedures. The FM confirmed that the managers and owners/directors were able to contact the provider if they need individual advice or support for Māori. Cultural assessments and care plans are based on Te Whare Tapa Wha Māori model of care. Staff stated they focus on improving outcomes for all residents including Māori and people with disabilities. The FM and CM have both attended education in cultural safety, Te Tiriti O Waitangi and understand the principles of equity.</p> <p>The owner/directors assume accountability for delivering a high-quality service through seeking meaningful representation of Māori through an external provider, honouring Te Tiriti o Waitangi and defining a governance and leadership structure, including clinical governance, which is appropriate to the size and complexity of the organisation. The CM (RN) has been in</p>
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		<p>the role for two and a half years, with a further three years in a large, aged care facility in the same type of management role. The FM (non-clinical) has been in the role for six years and has a background in insurance and managing customer service teams. The CM has completed eight hours annually of professional development activities related to aged care management. The CM deputises for the FM when absent. Responsibilities and accountabilities are defined in the job description and individual employment agreements.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Torbay Rest Home has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (eg, falls, skin tears, infections, episodes of behaviours that challenge) is collected, analysed at unit level, and benchmarked within the organisation. Meeting minutes reviewed evidence quality data is discussed in relevant meetings. The internal audit schedule is implemented in a timely manner, with corrective actions documented if required. There is evidence of progress and sign off when corrective actions have been achieved. Managers keep track of implementation of the internal audit schedule and progress against correct actions on the resident management system. Key quality improvements since the last audit have been the change to and implementation of a full resident and quality management system (purchased and implemented in September 2023); a change from manual entry of hours worked to an electronic system; and an air conditioner put into the room where medication is stored to ensure there is a consistent temperature maintained as per policy.</p> <p>Resident and families/whanau satisfaction surveys are completed annually. A survey completed in August 2023 reflected an 80% satisfaction with the service. A corrective action plan was documented where issues had been raised, with documentation confirming that the issues had been resolved. Results of the survey and progress towards sign off of the issues was documented at staff and resident meetings.</p> <p>A health and safety system is being implemented, with the service having trained health and safety representatives. An up-to-date hazard register was sighted. In the event of a staff accident or incident, a debrief process is</p>

		<p>documented on the accident/incident form. Health and safety training begins at orientation and continues annually.</p> <p>Twelve accident/incident forms reviewed (unwitnessed falls, skin tears, behaviour, choking and a pressure area) indicated that the electronic forms are completed in full and are signed off by the clinical manager. Incident and accident data is collated monthly and analysed by both the CM and FM. Results are discussed in the relevant meetings and a full report on data with graphs and discussion is provided in the monthly reports to the owners/directors.</p> <p>Discussions with the FM and CM evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There were no Section 31s that had been required to submit to HealthCERT since the previous audit. There have been four outbreaks since the last audit, and all have been correctly reported to Public Health and to the funder.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements, determines staffing levels and skill mixes to provide culturally safe care, 24 hours a day, seven days a week. The roster provides appropriate coverage for the effective delivery of care and support. The facility adjusts staffing levels to meet the changing needs of residents. Rosters from the past two weeks showed that all shifts have RN cover. This includes a RN or EN on both morning and afternoon shifts, seven days a week, with the CM also on site five days a week. The CM and RNs rotate on-call duties. A review of the roster evidences healthcare assistants are rostered to all areas.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in interviews. Residents interviewed confirmed their care requirements are attended to in a timely manner. Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available healthcare assistants, RNs/ENs, or agency staff.</p> <p>There is an annual education and training schedule documented and being implemented. The education and training schedule lists compulsory training, and includes cultural awareness training, which covers the provision of safe cultural care, te ao Māori (world view) and Te Tiriti o Waitangi. The training content provided resources to staff to encourage</p>

		<p>participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. The organisation's online training portal can be accessed on personal devices. External training opportunities for care staff includes training through hospice.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. All the HCAs that work in the secure dementia unit have achieved the limited credit programme for dementia level care.</p> <p>All staff are required to complete competency assessments as part of their orientation. All healthcare assistants are required to complete annual competencies for restraint; handwashing; correct use of PPE; cultural safety; moving and handling; falls; use of a nebuliser; and catheter change etc. A record of completion is maintained on an electronic register. Additional RN specific competencies include syringe driver and interRAI assessment competency. The CM, three RNs and one EN have completed interRAI training. All RNs are encouraged to also attend external training, webinars and zoom training where available.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (one CM, two RNs, one healthcare assistant, one activity coordinator) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved for each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g., RNs, GPs, pharmacy, physiotherapy, and dietitian). The appraisal policy is implemented. All staff who have been employed for over one year have an annual appraisal completed. Recommendations relating to the previous provisional/certification audit requirement NZS 8134:2021 criteria # 2.4.4. have been rectified.</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 Low</p>	<p>Five resident files were reviewed: three dementia resident files and two residents using rest home level of care. The RNs are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments. All residents have an interRAI assessment completed.</p> <p>Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences within 24-hours of admission. The individualised long-term care plans (LTCPs) are developed, with information gathered during the initial assessments and the interRAI assessment. Long-term care plans and interRAIs sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions mostly meet the residents' assessed needs, with details to provide guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the electronic progress notes. Registered nurses complete progress notes at the end of each shift and as issues arise. If any change is noted, it is reported to the RNs. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of families/whānau involvement in care planning and documented ongoing communication of health status updates. Families/whānau interviews and resident records evidenced that whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p>
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<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</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency</p>

<p>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>process.</p> <p>Staff were observed to be safely administering medications, with a medication round observed during the audit. The RNs and medication competent healthcare assistants interviewed could describe their role regarding medication administration. The service uses robotic rolls and an electronic medication system to record administration of medication. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are appropriately stored in the secure facility medication room. Since the last audit, a new air conditioner has been installed in the medication room to manage the temperature. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly. Eyedrops or other medications with a short shelf life are dated on opening and discarded as per date on the packet.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photographic identification and allergy status identified. Indications for use were noted for 'as required' medications. The effectiveness of 'as required' medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications; however, there was a process in place if these were to occur. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and families/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</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>FA</p>	<p>The four-week seasonal menu is reviewed by a registered dietitian. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook who was interviewed reported they accommodate residents' requests. Nutritious snacks are</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>available at all times.</p> <p>There is a verified food control plan, with expiry date of September 2025. The residents and whānau interviewed were complimentary regarding the standard of food 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 coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There is a policy and procedure around transition, transfer, or discharge. The transition, transfer or discharge plan includes current needs and risk mitigation, and families/whānau are involved in all aspects. The accepting service provider receives all the necessary information.</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>The building holds a current warrant of fitness, which expires 30 June 2025. The building is well maintained. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home and can personalise their room. There are comfortable looking lounges for communal gatherings and activities in the rest home area and the dementia unit. Each dementia unit has quiet spaces for residents and their families/whānau to utilise. Both dementia units are secure. Recommendations relating to the previous provisional/certification audit requirement NZS 8134:2021 criteria # 4.1.1. have been rectified.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	<p>FA</p>	<p>The infection control programme links to the quality programme, infections</p>

<p>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>are collated, analysed, and reported on in meetings. Any infections of concerns are escalated to the CM. The infection control programme is reviewed annually as part of the review of the quality improvement plan and occurred at the end of 2023.</p> <p>The CM is the infection control coordinator, and they are responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Two-yearly infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 24 months. The CM has access to an online training system with resources, guidelines, and best practice. They also receive advice and support from the GP, laboratory and Health New Zealand specialists as required.</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 control programme and is described in the infection control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register on the electronic system. Surveillance of all infections (including organisms) occurs and ethnicity data. Data is discussed at the two-monthly staff meetings and monthly RN meetings and is compared to the results of the previous month. There have been four outbreaks since the last audit that were related to Covid-19 (two outbreaks), norovirus and gastroenteritis. Discussion is documented, with evidence of improvements to service delivery as these were identified. Meeting minutes and graphs are available for staff and the owners/directors to review.</p> <p>Personal protective equipment is available for staff and visitors and was noted to be appropriately used during the outbreak. Visitors to facility are notified of the outbreak, asked not to visit if they are unwell and masks available for use on entry to the facility.</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</p>	FA	<p>The restraint policy confirms governance commitment to aim for a restraint-free environment and when restraints are used; that restraint consideration and application must be done in partnership with families/whānau, and the</p>

<p>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>choice of device must be the least restrictive possible. The restraint coordinator (CM) confirmed that when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. There were no residents using restraint at the time of the audit. The facility records reviewed also confirmed that the service was restraint free since the last audit, with restraint minimisation still discussed annually as part of a restraint review.</p> <p>Frequency the restraint group meets as part of the RN and manager meeting. Training for all staff occurs at orientation and annually, as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint competencies are completed as part of training.</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 2.1.2</p> <p>Governance bodies shall ensure service providers’ structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.</p>	PA Low	The business, quality risk, and management plan are current and includes the scope, direction, goals, values, and mission statement of the organisation. The document describes annual and long-term objectives. There is a business plan with goals documented. An action plan to operationalise the plan has not yet been developed.	A plan to operationalise the goals articulated in the business plan has not yet been documented.	<p>Develop and implement a plan that will monitor progress against goals documented in the business plan, with progress documented at regular intervals.</p> <p>180 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,</p>	PA Moderate	Interventions are documented in LTCPs. On the whole, interventions describe care and support required for the person within the domain in which it is documented (eg, mobility, activities of daily living). Interventions were well documented in one of three resident records where there were	Interventions for two residents in the dementia unit with challenging behaviour and one who was also identified as having a high falls risk, were not sufficiently documented to provide direction for healthcare	Ensure there are detailed individualised interventions documented to guide staff in support and care for residents with challenging behaviour

<p>and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>challenging behaviours identified. Some interventions were identified in the two other records reviewed, noting that other interventions were at times generalised. One resident was identified as a high falls risk with an unsteady gait; however, interventions were not well documented. Care staff interviewed were able to describe strategies used to manage challenging behaviour and risk of falls. Two families/whānau for residents in the dementia unit who have challenging behaviour stated that staff managed escalation of behaviour well. Staff on the days of audit were observed to manage challenging behaviour well.</p>	<p>assistants to provide care and support.</p>	<p>and risk of falls.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.