

Heritage Lifecare Limited - St Johns Hill Healthcare

Introduction

This report records the results of a provisional audit of St Johns Hill Healthcare 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 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 standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Heritage Lifecare Limited

Premises audited: St Johns Hill Healthcare

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 1 March 2022 End date: 2 March 2022

Proposed changes to current services (if any): Sale of premises to Heritage Lifecare Limited.

Total beds occupied across all premises included in the audit on the first day of the audit: 56

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 tatou 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.

General overview of the audit

St Johns Hill Healthcare (St Johns Hill) provides age-related residential care services (rest home and hospital), carer relief, and intermediate care for up to 60 residents.

The service is operated by St Johns Hill Healthcare Limited and is privately owned. A general manager oversees operations, and a facility manager manages the day-to-day operations of the service with the support of a clinical nurse leader. Management changes have occurred since the last audit with the recruitment of a new clinical nurse leader. Residents and family/whānau were complementary about the care provided.

Representatives from the proposed purchaser/owner were interviewed via telephone during the audit. The proposed new provider is currently providing aged care services in 40 locations around New Zealand. The sale of the business is expected to occur in April 2022.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the contracts with the district health board. It included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau members, managers, staff, a contracted allied health provider (occupational therapist) and a general practitioner.

An experienced aged care management team oversee the services with regular reporting to the facility owner.

Strengths of the service, recognised through the maintenance of continuous improvement ratings identified in the last certification audit, included ongoing evaluation of quality initiatives and restraint elimination. There were no required improvements identified during this audit.

Ō tatou motika | Our rights

St Johns Hill provides an environment that supports residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a health plan that encapsulates care specifically directed at Māori, Pacific peoples, and other ethnicities. St John's works collaboratively with internal and external Māori and Pacifica supports to encourage a Māori/Pacifica world view of health in service delivery. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of Mana Motuhake and this was confirmed by Māori staff interviewed.

Residents receive services in a manner that respects their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept well informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld. Complaints processes are implemented, and complaints and concerns are actively managed, well documented, and resolved in a timely manner.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Residents are safe from abuse.

Residents and family/whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau/family and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Given it is already a provider of aged-care services, the prospective provider is aware and understand the rights it is expected to adhere to under the Code.

Hunga mahi me te hanganga | Workforce and structure

The senior leadership group assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in organisational groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori, Pacific peoples, and people with disabilities.

Strategic and business planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The service has an organisation-wide approach to quality and risk. Quality and risk management systems are focused on improving service delivery and care. Residents and families/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifying trends leading to quality improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery. The prospective provider currently has no plans to change the workforce structure or staffing levels.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

When people enter St Johns Hill a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

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

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

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

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness, which expires in June 2022. There is a planned and reactive building maintenance programme in place. Electrical and functional

equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. Residents' rooms are spacious and personalised.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular six-monthly fire drills. Staff, residents and whānau understood emergency and security arrangements which are communicated to them through resident, family/whānau, and staff meetings and through staff education. There is always a staff member on duty with a current first aid certificate. Residents reported a timely staff response to call bells. Security is maintained.

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

The owner and senior leadership team at St Johns 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 control coordinator leads the programme and is involved in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The senior management team have approved the infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents and family/whānau were familiar with the pandemic/infectious diseases response plan.

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

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective cleaning and laundry services.

Here taratahi | Restraint and seclusion

The restraint coordinator is the facility manager. There were no residents using restraint during the audit. Restraint has not been used in the facility since 2014.

There are policies and procedures in place should restraint be required in the facility. This includes a process requiring restraint assessment, interventions, monitoring, and evaluation.

Education on restraint is included as part of the annual education programme for staff and is included as part of the orientation process. The service implements de-escalation techniques and alternative interventions and have continued to eliminate restraint in the facility.

Given it is already a provider of aged-care services, the prospective provider is aware and understand the rights the requirement in relation to any restraint use.

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	27	0	0	0	0	0
Criteria	0	171	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>St Johns Hill Healthcare (St Johns) has policies, procedures, and processes in place to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the organisation's values. Manu Motuhake is respected. Māori residents, and family/whānau interviewed, reported that staff respected their right to self-determination, and they felt culturally safe. The facility manager (FM) meets regularly with Māori residents and their whānau to ensure services are operating in ways that are culturally safe.</p> <p>A health plan has been developed for Māori with input from cultural advisers/local iwi and is used for residents who identify as Māori.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. There are currently two Māori staff members (caregivers) who confirmed they are supported in a culturally safe way and that their mana is respected. Ethnicity data is gathered when staff are employed, and this data is analysed at a senior management level.</p>

		<p>Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. Residents are involved in providing input into their care planning, activities, and dietary needs. Staff interviewed described how care is based on the four cornerstones of Māori health Te Whare Tapa Whā. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents. Interviews with the Māori residents and staff confirmed that the service is actively supporting Māori by identifying their needs and aspirations.</p> <p>The service has links with a Māori health support person through the DHB and through Te Oranganui, an iwi led organisation established to improve access and delivery of health services in the Whanganui region.</p> <p>Interview with the prospective provider confirmed that they are aware of their requirements to honour Te Tiriti o Waitangi and their responsibility to support Māori equity.</p>
<p>Subsection 1.2 Ola manuia of Pacific peoples in Aotearoa</p> <p>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.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>St Johns Hill currently has no residents who originate from the Pacific islands. Should a Pacifica resident be admitted to the facility, the facility has a plan for managing care so that their needs can be adequately met. There is support for Pacifica residents via a local church-based group. One registered nurse (RN), two caregivers and one housekeeper in the facility originate from Pacific islands. The clinical staff have input into care planning processes for Pacifica residents. The Pacifica RN acts in a leadership role being the infection prevention and control coordinator for the facility.</p> <p>Interview with the prospective provider confirmed that they are aware of their responsibility to support equity for Pacific peoples.</p>
<p>Subsection 1.3: my rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were</p>

<p>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>observed supporting residents in accordance with their wishes.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The Code is on display and accessible in English and te reo Māori. St Johns has access to interpreter services and cultural advisors/advocates if required, and has established relationships with chaplains, the Māori Health unit at Wanganui District Health Board (WDHB), and the local Māori health provider.</p> <p>Interview with the prospective provider, verifies their familiarity with their obligation to comply with the Code.</p>
<p>Subsection 1.4 I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>St Johns supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Care staff understand what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. Evidence of Te Tiriti o Waitangi training is sighted. Staff were aware of how to act on residents' advance directives and maximise independence. Residents verified they are supported to do what is important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</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</p>	FA	<p>Employment practices at St Johns include police vetting. Policies and procedures outline safeguards in place to protect people from abuse, and workers follow a code of conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any</p>

<p>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>signs of such practice. Residents reported that their property is respected. Professional boundaries are maintained. A holistic Te Whare Tapa Whā model of health at St Johns is promoted, that encompasses an individualised approach that ensures best outcomes for all.</p>
<p>Subsection 1.6:Effective Communication</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and family/whānau at St Johns reported that communication was open and effective, and they felt listened too. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated in day-to-day greetings.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau are informed in a timely manner of any events/incidents. Documentation supports family/whānau or enduring power of attorney (EPOA) contact has occurred.</p> <p>Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their</p>	FA	<p>Residents at St John and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</p> <p>A number as staff who identify as Māori assist staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose and cultural support when a</p>

<p>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>resident had a choice of treatment options available to them.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that lead to improvements. This meets the requirements of the Code. The FM maintains a record of all complaints on a complaints register; both verbal and written. Documentation sighted demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner and that complainants had been informed of findings following investigation.</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Staff were able to describe the complaints process and Māori and Pacific staff members were able to describe how they worked with Māori and Pacific people specifically so that any complaints could be heard.</p> <p>There have been nine complaints logged during 2021. All complaints documented a comprehensive investigation, follow-up, and replies to the complainant. Corrective actions (where possible) have been identified and implemented.</p> <p>There have been no complaints received from external sources since the previous audit. The Code of Health and Disability Services Consumers' Rights is visible in the facility, and available in te reo Māori, and English.</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>St Johns Hill is a purpose-built aged-care facility in Whanganui. The facility is across two levels and includes a total of 60 dual-purpose (hospital and rest home) rooms. Two of the larger rooms have been verified as suitable as double rooms for couples, however only one couple is currently in residence in one of these rooms, the other is occupied singly. The service holds contracts with district health board to provide age-related residential care and intermediate care at both rest home and hospital level. On the first day of audit there were a total of 56 residents. This included 29 rest home residents including one on intermediate care and 27 hospital residents including two on intermediate care. St John's does not hold a younger person with a disability (YPD) contract. The prospective owner has notified the WDHB of the proposed purchase of St John's.</p> <p>The business plan at St John's includes a mission statement identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals. Organisational goals aim for integrated service delivery and mana motuhake values are embedded into all levels of practice for all residents. Meaningful inclusion of Māori honouring Te Tiriti is embedded into the senior leadership team (SLT) which comprises of the current owner, the general manager (GM), the FM, and the clinical nurse leader (CNL). The SLT also covers clinical governance for the organisation. External support for te ao Māori and Pacific peoples is available in the local community and from staff. This is supported by a health plan to include specificities aligned with Te Whare Tapa Whā and Ola Manuia, as well as peoples from other ethnic backgrounds. The prospective owner is aware of its requirement to meet the Ngā Paerewa: health and disability services standard.</p> <p>An experienced and suitable qualified FM manages the facility with the support from facility owner, GM, and CNL. The owner and GM have responsibilities to another care service owned by the operator. The FM has managed St Johns for eight years and has significant</p>
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		<p>experience in the aged-care sector. The CNL has been in the post since 2021 having been an RN at the facility since 2016. The GM, FM, and CNL confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. There are no significant management changes expected in the transition process except for the current GM to be transferred into the new organisation as a regional manager.</p> <p>The SLT works with staff to meet the requirements of relevant standards and legislation. The FM provides a monthly report to the GM with an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. Critical and significant events are reported immediately to the GM and owner. All quality data collected identifies trends and specific shortfalls are addressed using a comprehensive corrective action process which includes completion sign-off. A sample of reports to the GM showed adequate information to monitor performance is reported. The prospective owner has indicated that they will include St John's into its current quality and risk reporting structure shortly after taking over management of the facility.</p> <p>The service is committed to ensuring staff receive appropriate training by supporting professional development of CGs to a level required for them to be able to provide a high standard of care. The SLT is collaborating with the community by relating and consulting with residents and their families/whānau. The team also evaluates services through meetings with residents, family/whānau meetings, and through surveys from residents and families/whānau making relevant changes where shortfalls are identified, or new ideas elicited.</p>
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<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>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. The quality and risk management plan follows the 'plan, do, check, and act' (PDSA) cycle. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation. A programme of internal audits is in place and there is a process for identifying and addressing corrective action. Activities include the management of incidents/accidents, complaints, audit activities, a regular resident satisfaction survey, a regular family/whānau satisfaction survey, monitoring of outcomes, policies and procedures, and clinical incidents including infections, falls, pressure injuries and other wounds (e.g., skin tears).</p> <p>Residents, whānau and staff contribute to quality improvement through being given feedback on quality data, complaints, internal audit activities, and resident and family/whānau feedback at staff meetings. Outcomes from the last resident and family/whānau satisfaction surveys (April 2021) were primarily favourable with corrective actions raised where deficits in service were identified. The staff survey (January/February 2021) was similarly favourable with corrective action identified for less favourable outcomes. Quality and risk data is also reported at the residents and family/whānau meetings.</p> <p>Combined quality RN meetings, health and safety meetings, and staff meetings ensure that quality data is communicated, discussed and that issues are acted upon. Corrective action plans are documented at the end of each set of minutes, detailing actions to be taken and signed off by the facility nurse manager once completed. Two of the three quality improvement projects identified at the last audit were implemented and continue to be refined using the PDCA cycle. Ongoing projects relate to the continued improvement in quality and risk systems and the continued absence of restraint within the facility. The service has demonstrated that these quality improvements have</p>
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		<p>been embedded into practice.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards, and these are implemented. Policies and procedures reviewed covered all necessary aspects of the service and contractual requirements. There is a document control system in place and all documents sighted were current.</p> <p>The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, corrective action plans were developed and followed-up in a timely manner. The FM understood and has complied with essential notification reporting requirements. There have been three section 31 notifications completed in 2021 and none in 2022. One of these related to a pressure injury, and the other two to a shortage of RNs at the facility. There has been one respiratory syncytial virus (RSV) outbreak at St Johns over the last 12 months and this was appropriately reported to regional public health.</p> <p>The prospective provider has indicated its intention to include St John's in its current quality and risk processes. There is an annual plan in place that includes internal auditing, management of adverse events (accidents, incidents, hazards), management of and risk, including infection control, and managements of complaints. There are no legislative compliance issues that could affect the service.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital. All RN and senior caregivers have current first aid certification. The prospective owner has indicated that they have no plans to change the staffing levels at St John's at this time. All current employees have been given the opportunity to transition into the new service.</p> <p>There is an annual education and training schedule that includes mandatory training across 2021 and 2022. The service has embedded cultural values and competency in their mandatory training programmes, including Te Tiriti o Waitangi and tikanga practices. Māori staff interviewed confirmed that culturally competent care is delivered to Māori residents. Related competencies are assessed and support equitable service delivery. The service supports and encourages support workers to obtain a New Zealand Qualification Authority (NZQA) qualification. Most care staff have either completed or commenced an NZQA education programme to meet the requirements of the provider's agreement with the DHB. Five staff have completed level four health and wellbeing with a further three enrolled, 13 have completed level three with a further three enrolled, and the orientation programme of the facility has been assessed to be at level 2. All staff files sighted showed completion of orientation and demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace. Māori and Pacifica staff reported feeling culturally safe. There are policies</p>
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		<p>and procedures in place around wellness, bullying, and harassment.</p> <p>The FM and the CNL are available Monday to Friday each week and share on-call. They are supported by two RNs on the morning shift, one on the afternoon shift, and one RN on night shift. Section 31 notification has been made to the MoH regarding RN nurse shortages but where this has occurred, cover has been provided by the CNL or the replacement of an RN by a medication competent senior caregiver on the morning shift; there has consistently been RN cover for the facility. The morning shift includes two RNs and seven caregivers; five caregivers work eight hour shifts and two four and a half hour shifts. The afternoon shift includes one RN and five caregivers working 8 hour shifts; one of the caregivers is a medication competent senior caregiver. The night shift is covered by one RN and two caregivers who are rostered from 11pm to 7am.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control portfolio.</p> <p>A competency programme is in place. Core competencies have been completed, and a record of completion and register is maintained. Training for clinical staff is linked to external education provided by the district health board. RN specific training viewed included syringe drivers, palliative care, wound care, and first aid. There are nine RNs employed (including the FM and the CNL) and six are interRAI trained and competent. The CNL provides oversight of the RNs and caregivers with support from the FM.</p> <p>Training and competence support are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, food handling, emergency management including fire drills, and pandemic planning including the use of</p>
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		personal protective equipment (PPE).
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<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>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. Six staff files reviewed (CNL, two RNs, one caregiver, one chef and one housekeeper) evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, covid vaccination passport check, and completed orientation.</p> <p>Orientation is role specific. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All staff had a three-month appraisal completed following orientation completion, otherwise staff performance is reviewed and discussed annually. Ethnicity data is recorded and used in line with health information standards.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors (eg, GPs and pharmacy).</p> <p>There is a personnel file policy. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment application stage. The service has gathered the data and reports it at senior leadership level.</p> <p>The wellbeing policy outlines debrief for adverse events, and this is implemented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity</p>	<p>FA</p>	<p>Residents' records are uniquely identifiable and all necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consents are sighted for data collection. Data collected</p>

<p>data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>includes ethnicity data.</p> <p>Residents' files are integrated electronic and hard copy files. Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>
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<p>Subsection 3.1 Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents enter St Johns when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care St Johns provides. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements. St Johns carries out routine analysis of entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.</p> <p>St Johns has developed meaningful partnerships with the local Māori health provider and the Māori health unit at WDHB, to benefit Māori individuals and whānau. When admitted, residents have a choice over who will oversee their medical requirements. Whilst most choose the main medical provider to St Johns, several residents request the local Māori health provider to manage their medical needs.</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>FA</p>	<p>The multidisciplinary team at St Johns works in partnership with the resident and family/whānau to support the resident's wellbeing. Nine residents' files were reviewed. Five of these were hospital files, including a resident on an intermediate care contract and a resident who identifies as Māori. Four of these were files of rest home residents, including a resident on an intermediate care contract, a resident who self-administers medication and a resident who identifies as Māori. Files reviewed verified a care plan is developed by a registered nurse (RN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes</p>

<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>resident and family/whānau input (as applicable). Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the general practitioner (GP), and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Interviews with the staff, verified their familiarity with all aspects of the care these residents require. An interview with the GP, also evidenced a high degree of satisfaction with the high-quality care provided by St Johns.</p> <p>The diversional therapist and two activities coordinators provide an activities programme (seven days a week in the hospital and five days in the rest home) that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in Te Ao Māori are facilitated. Prior to COVID-19 restrictions being in place, several community groups including the local school and college Kapa Haka groups visited St Johns, however this has not occurred during the COVID-19 outbreak.</p> <p>Residents' meetings occur bi-monthly in each area, and these enable</p>
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		<p>residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents/family/whānau are generally satisfied.</p> <p>Residents and family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</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 Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines</p>	<p>FA</p>	<p>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 day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at St Johns.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support my wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at St Johns is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in February 2021. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken in January 2022. No areas requiring corrective action was</p>

		<p>identified, and the plan was verified for 18 months.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have a menu that is in te reo Māori with options that are culturally specific to Te Ao Māori. All residents have opportunities to request meals of their choice and the kitchen will attend to this.</p> <p>Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys and resident and family/whānau meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
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<p>Subsection 3.6 Transition, transfer and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. The resident and family/whānau interviewed reported being kept well informed during the transfer of their relative, as was evidenced on the day of audit with a transfer being organised.</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>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The long-term preventative maintenance programme ensures the interior and exterior of the facility are maintained to a high standard, and all equipment is maintained, serviced and safe. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment and testing and tagging of electrical equipment. Monthly hot water tests are completed for resident areas and were below 45 degrees Celsius. Ad hoc maintenance management is carried out by the owner and a further maintenance person, and they are also responsible for maintaining the grounds. There are environmental and building compliance audits, completed as part of the internal audit schedule. The building has a building warrant of fitness which expires on 17 June 2022.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. The building is two-story. All outdoor areas are planted and</p>

		<p>landscaped and there are areas external to the building on both levels for residents to enjoy with appropriate seating and shade. There is a large, shared dining room and lounge on each floor with smaller spaces for privacy, including a family/whānau room on the first floor. Lounge areas are used for activities for the residents. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. All areas and offices have signs with English and te reo Māori. There is also a large chapel on the bottom floor of the building.</p> <p>All rooms have been designed for hospital level care and have been certified as dual purpose. There are two two-bedded rooms for the use of couples, though only one was in use for a couple, the other is singly occupied. All rooms have either an ensuite or shared ensuite facilities. Each bathroom has a spacious ensuite shower/toilet with appropriately situated call bells and handrails. There are separate toilets available for staff and visitors.</p> <p>Residents' rooms are personalised according to their preference and all rooms have hi/low beds in situ. All rooms have external windows which can be opened for ventilation; safety catches are in place. Corridors are wide and promote safe mobility with the use of mobility aids, residents were observed moving freely around the areas with mobility aids during the audit.</p> <p>The facility is heated using gas central heating, room temperatures are monitored as part of the internal audit programme.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
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<p>Subsection 4.2 Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster, pandemic, and civil defence plans and policies direct the facility in their preparation for such challenges. These described the procedures to be followed as well as the duties required by staff (e.g., as fire wardens). Staff have been trained and those interviewed knew what to do in an emergency. The fire evacuation plan was approved by the New Zealand Fire Service (NZFS) on 20 March 2004. A fire evacuation drill was held with the NZFS on 6 October 2022.</p> <p>Emergency folders guide staff in the event of an emergency and adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. In the event of a power outage there is a back-up generator (checked as part of the maintenance programme) and gas cooking. There are adequate supplies in the event of a civil defence emergency including approximately 3,000 litres in water tanks and containers. Emergency management is included in staff orientation and as part of the ongoing education plan. A minimum of one person trained in first aid is always available.</p> <p>Call bells alert staff to residents requiring assistance, these are present in all rooms, bathrooms, and communal facilities. Call bells are checked as part of the internal audit programme, the last on 13 February 2022 identified one call bell issue and this was rectified immediately. Residents and family/whānau reported staff respond promptly to call bells and call bells were sighted near to residents during the audit.</p> <p>Appropriate security arrangements are in place, the building is secure after hours and staff complete security checks at night. Residents were familiar with emergency and security arrangements; these are discussed at resident and relatives' meetings and minutes sighted confirmed this.</p> <p>Visiting is currently not restricted but under the COVID-19 red setting,</p>
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		precautions are being taken with vaccine passports, temperature checking and health declarations prior to entry to the facility.
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the SLT, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process, most notably from regional public health and the DHB. A documented pathway supports reporting of progress, issues, and significant events to the GM and owner of the facility, and where required to the regional public health authority.</p> <p>Key performance indicators for IP and AMS are monitored, and expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues, and significant events to the governing body.</p> <p>Signage around the facility is in te reo Māori and English, and includes advice regarding hygiene practices, COVID-19 precautions, and actions required to minimise the risk of infection.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to the CNL/FM and the organisation's owner. The IP and AMS programme are linked to the quality improvement programme that is reviewed and reported on annually. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p>

scope of our services.		The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services</p>	FA	<p>St Johns is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an AMS programme in place and the effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. Evidence was sighted of a downward trend in the use of antibiotics over the past six months, with no adverse outcomes because of this.</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>Surveillance of health care-associated infections is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. St Johns uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. Surveillance data includes ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented.</p> <p>There has been one outbreak due to RSV infection at St Johns in September 2021. The outbreak lasted two weeks and affected ten residents. Residents affected were isolated in their rooms and visiting was restricted. The Regional Public Health Unit (RPH) and the WDHB were informed of the outbreak.</p>
<p>Subsection 5.5 Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and</p>	FA	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms at St Johns. Suitable personnel protective equipment is provided to those handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas are available, and staff have appropriate and adequate access,</p>

<p>environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and gel are available throughout the facility.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on site including resident's personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and family/whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>St John's is a restraint free environment. Restraint has not been used in the facility since 2014 (Refer also criterion 2.2.3). The FM and CNL interviewed described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed who also described their commitment to maintaining a restraint free environment and therefore upholding the 'mana' of the residents under their care.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role undertaken by the CNL who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the ongoing education programme. Restraint protocols are covered in the orientation programme of the facility and restraint use is identified as part of the quality programme and</p>

		<p>reported at all levels of the organisation. There are no residents using equipment that could be construed as a restraint by choice.</p> <p>The SLT are responsible for the approval of the use of restraints and the restraint processes and there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their enduring power of attorney and/or family/whānau as part of the decision-making process.</p> <p>Given no restraint has been used since 2014, criteria 6.2 and 6.3 are not applicable and have not been audited.</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 standard by looking at the code. For example, a 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.

No data to display

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, a 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 of this audit.

No data to display

End of the report.