

New Windsor 2017 Limited - New Windsor Aged Care

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

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 the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

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:	New Windsor 2017 Limited	
Premises audited:	New Windsor Aged Care	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 14 February 2022	End date: 15 February 2022
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:	23	

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 outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. 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 standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards 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 standards 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 standards 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 standards applicable to this service unattained and of moderate or high risk

General overview of the audit

New Windsor Aged Care provides rest home level of care for up to 27 residents. On the day of the audit there were 23 residents.

This certification audit was conducted against the health and disability standards and the contract with the district health board. The audit process included the review of existing policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, staff, management, and a general practitioner.

The managing director provides oversight of the facility with the assistant manager providing operational management. There is a registered nurse who provides onsite support during the week with a consultant (registered nurse) providing back-up when required.

Feedback from residents and families was very positive about the care and services provided.

This certification audit identified five shortfalls to neurological observations, dietitian input into menu planning, medication management, the fire evacuation scheme, and checking of electrical equipment. A rating of continuous improvement has been awarded around meeting cultural needs.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

All standards applicable to this service fully attained with some standards exceeded.

Information about the services provided is readily available to residents and families/whānau. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in information presented to residents and their families during entry to the service. Verbal and written information is provided to residents and family in their language. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy, and informed consent.

Cultural values and beliefs are understood and respected with the service providing a unique Chinese environment for residents identifying as Mandarin or Cantonese speaking. Care planning accommodates individual choices of residents and/or their family/whānau. Informed consent processes are adhered to. Residents are encouraged to maintain links with their community.

Complaints processes are implemented, and complaints and concerns are managed appropriately. Very few complaints are received.

Organisational management

<p>Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Services are planned, coordinated, and are appropriate to the needs of the residents. Quality and risk management processes are established. Business goals are documented for the service. The risk management programme includes a risk management plan, incident and accident reporting, and health and safety processes. Quality systems include regular monitoring of quality and risk data and an internal auditing programme.

Human resources are managed in accordance with good employment practice. An orientation programme and a regular staff education and training programme is in place. The registered nurse is on site for 10 hours a week. There are adequate numbers of staff on duty to ensure residents are safe. The residents' files are appropriate to the service type.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Care plans are developed, maintained, and reviewed by the registered nurses. A registered nurse assesses and reviews residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrate service integration and are reviewed at least six-monthly. Resident files include medical notes by the contracted general practitioner (GP), and visiting allied health professionals. There is a medication management system in place that follows appropriate administration and storage practices. Each resident is reviewed at least three-monthly by their general practitioner.

A range of individual and group activities is available and coordinated by the activity's coordinator. The activities coordinator implements the activity programme to meet the individual needs, preferences, and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations as covid restriction allow. Residents and families reported satisfaction with the activities programme.

All meals are prepared on site. There is a culturally focused rotating seasonal menu in place, which is reviewed by a dietitian. Residents' food preferences are accommodated, and the residents and relatives reported satisfaction with the food service. There are nutritious snacks available at all times.

Safe and appropriate environment

<p>Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The building holds a current warrant of fitness. External areas are safe and well maintained. Cleaning and laundry services are well monitored through the internal auditing system. Chemicals are stored securely throughout the facility. Staff receive training and

education to ensure safe and appropriate handling of waste and hazardous substances. The building holds a current warrant of fitness. All medical equipment has been serviced and calibrated.

Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. A staff member trained in CPR and first aid is on duty at all times. The facility is secure from dusk till dawn.

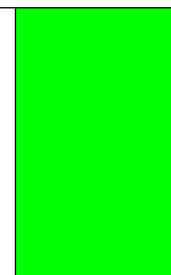
Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. The service aims at zero use or restraint. There were no residents using restraint or enablers at the time of the audit.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.



Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator (assistant manager) is responsible for coordinating/providing education and training for staff, and uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

The infection control coordinator has completed annual training through an external provider in addition to ongoing COVID education provided by the local DHB. There have been no outbreaks since the previous audit.

Appropriate Covid-19 precautions are in place and appropriate for each alert level setting.

Summary of attainment

The following table summarises the number of standards 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)
Standards	1	39	0	2	3	0	0
Criteria	1	87	0	2	3	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during entry to the service in language that they speak (Cantonese or Mandarin). The Code is also available in a written format in the Cantonese and Mandarin language.</p> <p>The following managers and staff were interviewed: the director/manager, assistant manager, registered nurse (RN), two caregivers, one cook, one activities staff, one maintenance. All could describe how the Code is incorporated into their job role and responsibilities. Staff receive training on the Code during their induction to the service. This training continues via the staff education and training programme.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>There is an informed consent policy. In all five files reviewed, residents had general consent forms signed on file. These are available in English and Chinese (link CI 1.1.8.). For those residents without capacity, the enduring power of attorney (EPOA)/welfare guardian had signed the consent form to acknowledge the same. Care staff were knowledgeable around informed consent. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose.</p>

		<p>There is an advance directive policy. There was evidence in files reviewed of family/EPOA discussion with the GP for a medically indicated not for resuscitation status. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of EPOAs were on resident files where available.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Health and Disability advocacy details are included in the information provided to new residents and their family/whānau during their entry to the service. Residents and family interviewed were aware of the role of advocacy services and their right to access support. Staff receive regular education and training on the role of advocacy services, which begins during their induction to the service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service encourages residents to maintain their relationships with friends and community groups. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, evidenced through interviews and observations.</p> <p>Community links are established with local community groups. Residents who are able are supported to come and go from the facility as they please. Family were seen to come and go from the service during audit days. Residents interviewed stated that they would go out with family (e.g. to church or to activities in the community) as covid restrictions allow.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and families during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility. In addition to English, they have been translated to the Chinese language. The complaints process is linked to advocacy services.</p> <p>A record of complaints received is maintained by the assistant manager. There were 12 complaints lodged in 2021 and no complaints lodged in 2022 (year-to-date). All 12 complaints reviewed were for low level concerns (e.g. the rice was too hard one night, another resident watching television too loudly, a resident had taken fruit from the garden and it was too hard). Three complaints were reviewed to ensure that processes were being implemented as per policy. Complaints are being managed in accordance with HDC guidelines. All three complaints lodged were successfully dealt with and resolved. Staff are kept informed, as evidenced in the staff meeting minutes.</p>

		Discussions with residents and families/whānau confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly. The resident survey results (2021) identified that residents and family had received sufficient information around the complaints process.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	Details relating to the Code and the HDC advocacy service are included in the resident information that is provided to new residents and their families. The facility manager or clinical leader discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the residents' meetings. Resident meetings are typically held monthly but have been less frequent due to Covid-19. Interviews with three residents and six family confirmed that the residents' rights were being upheld by the service.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	The residents' personal belongings are used to decorate their rooms. The caregivers interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. Three rooms are utilised as double rooms with privacy curtains installed. Caregivers reported that they promote the residents' independence by encouraging them to be as active as possible. Residents and families interviewed and observations during the audit confirmed that the residents' privacy is respected. Shared toilets include appropriate door locking mechanisms. Guidelines on abuse and neglect are documented in policy. Staff receive regular education and training on abuse and neglect, which begins during their induction to the service. The general practitioner (GP) and staff interviewed stated that there was never any evidence of abuse or neglect.
Standard 1.1.4: Recognition Of Māori Values And Beliefs Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and	FA	A Māori health policy is documented for the service. The Treaty of Waitangi document is displayed at the entrance to the facility. The service is uniquely Chinese (by Chinese and for Chinese) and would not expect to admit a resident who identifies as Māori. The policies and procedures however are in place should there be a need to welcome Māori residents, family, or visitors onto the site or to the service. The assistant manager stated that they would support any resident with respect, include family etc and this would apply to a Māori resident should they enter the service. The care

cultural, values and beliefs.		<p>staff interviewed value and encouraged active participation and input from the family in the day-to-day care of the residents. This same principle would be applied to any resident of another ethnicity or culture including Māori.</p> <p>Staff reported that specific cultural needs for Māori would be identified in the initial cultural assessment. There are no residents who identify as Māori in the service.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	CI	<p>The service identifies the residents' personal needs and desires from the time of admission. One hundred percent of the residents identify as Chinese. The staff demonstrated through interviews and observations that they are committed to ensuring each resident remains a person, even in a state of decline. All staff speak Mandarin and/or Cantonese with some speaking English as well. A wide selection of documents are translated to Chinese.</p> <p>Beliefs and values are incorporated into the residents' care plans, evidenced in all five care plans reviewed. Residents and family/whānau interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs. The care staff reported that they are able to communicate with the residents using non-verbal communication if necessary.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are described in job descriptions. Interviews with the care staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training, staff meetings, and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The managing director and/or assistant manager is on site seven days a week (including visits over the weekends) and they are supported by a registered nurse and consultant (registered nurse) when required. Residents are reviewed by a general practitioner (GP) every three months at a minimum.</p> <p>Residents and family/whānau interviewed reported that they are satisfied or very satisfied with the services received. This was also confirmed in the 2021 resident/family satisfaction survey (sample of 17 respondents or an occupancy of 21 at the time of the survey).</p> <p>The environment allows for close relationships between the staff and residents. One continuous</p>

		improvement has been awarded around translating documents to the Chinese language and for the uniquely Chinese environment that allows Chinese to be surrounded by their own culture (link 1.1.6.2).
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed at all times. The care staff interviewed understood about open disclosure and providing appropriate information when required and in a way that they can understand.</p> <p>Families interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Fifteen accident/incident forms reviewed reflected documented evidence of families being informed following an adverse event.</p> <p>An interpreter service is available and accessible if required through the district health board. Staff and family are used in the first instance.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>The service provides rest home level of care for up to 27 residents. There were 23 residents on the day of audit, all were under the age-related residential care (ARRC) contract. There are three double rooms. One is occupied by a couple and both of the other rooms have single occupancy.</p> <p>A philosophy, mission, vision, and values are in place. These focus on the residents retaining as much independence as possible. An annual business plan (2021) was implemented with evidence of goals being reviewed. A 2022 business plan is documented.</p> <p>The organisation is owned by the directors with the managing director having a role in operational management and leadership. The role of assistant manager has been in place since 2018. The assistant manager is on site five to six days a week, and available on call. The organisation is a member of the Care Association New Zealand (CANZ) and the assistant manager attends CANZ meetings regularly in order to maintain educational opportunities and remain up to date with trends in the aged care sector. The assistant manager also attends meetings with a district health board (DHB) representative for managers of Chinese aged care facilities. The assistant manager has exceeded the required eight hours training this year.</p> <p>The assistant manager and managing director are supported by a registered nurse who provides 10-20 hours on site per week and is available on call.</p>

<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The managing manager is responsible for operational management in the absence of the assistant manager. The consultant (registered nurse) has previously been the registered nurse in the service, prior to the current registered nurse beginning in the role in December 2021, retains an interest in the service and will provide cover for the registered nurse if they are on leave.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>A quality and risk management system is established, implemented, and currently being updated for 2022. Policies and procedures align with current good practice. Policies have been reviewed, modified (where appropriate) by an external consultant and implemented. Reviews take place a minimum of two yearly or when changes occur (if sooner). New policies are discussed with staff as a regular agenda item in staff meeting minutes.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data collected for a range of adverse event data (e.g. skin tears, falls [witnessed and unwitnessed], infections) is analysed. An internal audit programme is being implemented. Corrective actions developed for areas identified for improvements (e.g., complaints management, manual handling, infection control) indicate that these corrective actions have been successfully resolved. There is a monthly staff meeting that includes all aspects of the quality and risk management programme. The meetings have mostly been held monthly noting that during the 2021 periods of lockdown for the Covid 19 pandemic, they were not held. Two meetings have been held in 2022 to date. Staff either read the meeting minutes or attend depending on their roster.</p> <p>The last satisfaction survey in 2021 included responses from 17 of the 21 residents. The survey is written in Cantonese/Mandarin so that all can understand and respond. There was very positive feedback from all respondents with all highly satisfied with care, and other aspects of service delivery.</p> <p>The assistant manager is the health and safety officer. Staff health and safety training begins during their induction to the service. Health and safety is a regular topic covered in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise each risk.</p> <p>Falls management strategies include the development of specific falls management plans to meet the needs of each resident who is at risk of falling. This includes (but is not limited to) sensor mats, regular toileting, and intentional rounding.</p>

<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>PA Moderate</p>	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the services quality and risk management programme.</p> <p>Ten accident/incident forms were reviewed including one witnessed fall where the resident had hit their head and five unwitnessed falls. Each event involving a resident reflected a clinical assessment and follow-up by an RN, however, neurological observations are not conducted as per policy for suspected head injuries and unwitnessed falls. The service has a low rate of falls (thirteen in 2021 and zero year to date for 2022).</p> <p>The managing director and assistant manager are aware of statutory responsibilities in regard to essential notification. No Section 31 reports have been required since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resources policies are in place, including recruitment, selection, orientation and staff training and development. Five staff files were randomly selected for review (three caregivers, the registered nurse and assistant manager), and all included evidence of the recruitment and induction process, including reference checking, signed employment contracts, job descriptions, and completed orientation programmes. The orientation programme provides new staff with relevant information for safe work practice that is specific to the position. Staff interviewed stated that new staff were adequately orientated to the service.</p> <p>An education and training programme is provided for staff with all staff attending. Competencies are completed specific to worker type and include medication, fire evacuation, resident cares, and handwashing. A register of current practising certificates for health professionals is maintained. The registered nurse and consultant (registered nurse) have completed their interRAI training. The registered nurse works in primary health as well and attends training offered through the practice. Both nurses attend training offered by the DHB with a record of training maintained.</p> <p>A first aid trained staff is always available 24/7, including on outings. One caregiver has completed level four (NZQA), and another has completed level three certificate. One caregiver is in training to complete level four and another enrolled in level three.</p>
<p>Standard 1.2.8: Service Provider Availability</p>	<p>FA</p>	<p>The staffing policy and rationale is documented and implemented. The assistant manager is on site most days of the week and on call. The registered nurse is on site 10 to 20 hours a week and on-</p>

<p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>call at all times. The registered nurse is also able to work extra hours if required.</p> <p>Staff rosters sampled confirmed that there are two caregivers on the morning (7am-3pm) and afternoon (3pm-11pm) shifts and one overnight (11pm-7am). Staff always come a little earlier or stay a little later to ensure that there is a formal handover at each shift. Additional staff are on call as required</p> <p>Residents and families interviewed confirmed staffing was adequate to meet the residents' needs.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The residents' files are paper-based and appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry. An initial support plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Archived records are secure in a separate locked area.</p> <p>Residents' files demonstrate service integration. Entries are legible, dated, timed, and signed by the relevant caregiver or RN, including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>There are policies and procedures to safely guide service provision and entry to services including an admission policy. The service has an information pack available for residents/families at entry. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their families. Resident agreements are available in both English and Chinese and contain all detail required under the Aged Residential Care Agreement. The five admission agreements reviewed meet the requirements of the ARCC and were signed and dated. Exclusions from the service are included in the admission agreement.</p> <p>Family members and residents interviewed stated that they liked having the choice of the admission agreement in their preferred language and have received sufficient information prior to and on entry to the service. Family members reported that the director/manager or assistant manager were available to answer any questions regarding the admission process.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p>	<p>FA</p>	<p>The service has a policy that describes guidelines for death, discharge, transfer, documentation, and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. The</p>

<p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>		<p>registered nurse interviewed could accurately describe the appropriate information required for transfer to hospital and on discharge from hospital back to the facility. Communication with family is made.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were no residents self-administering on the day of audit. There are no standing orders in use. There are no vaccines stored on site.</p> <p>The facility uses an electronic medication system and medications are packed in a robotic pack system. Medications are supplied monthly, checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. RNs and medication competent caregivers administer medications. Staff have up to date medication competencies and there has been medication education in the last year. Syringe driver training is available through the local hospice should the service require it. The medication fridge and room temperature are checked daily and are within acceptable limits. Eye drops are dated once opened.</p> <p>Staff sign for the administration of medications electronically. Ten medication charts were reviewed. Medications are reviewed at least three-monthly by the GP. There was photo identification and allergy status recorded. 'As required' medications had indications for use charted, and the effectiveness, once administered, was documented electronically and in the progress notes. Controlled medications are double signed for upon administration, however, weekly stocktakes were not taking place.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>PA Low</p>	<p>All meals are cooked on site. The kitchen was observed to be clean and well organised and a current approved food control plan expiring 7 August 2022 was in evidence. Special equipment such as lipped plates is available. On the day of audit, meals were observed to be well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. All staff have completed food safety training. Audits are implemented to monitor performance.</p> <p>Kitchen fridge and freezer temperatures are monitored and recorded daily. These are all within the accepted ranges. Food temperatures are checked at all meals. These are all within safe limits. Meals are prepared in a kitchen adjacent to the dining room for serving, with residents having the choice to eat in their own rooms if they wish.</p> <p>The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is reviewed six-monthly as part of the care plan review.</p>

		Changes to residents' dietary needs have been communicated to the kitchen. The cook interviewed was knowledgeable around the resident's preferences and nutritional requirements. Special diets, likes and dislikes are noted on a kitchen whiteboard. There is a four-weekly rotating seasonal Chinese menu which was last reviewed by a dietitian in 2017. All residents/families interviewed were happy with the meals.
Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.	FA	The service records the reason for declining service entry to potential residents should this occur and communicates this to the consumer and where appropriate their family/whānau member of choice. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. InterRAI assessments had been completed for all long-term residents' files reviewed. Initial interRAI assessments and reviews are evident in printed format in all resident files. Resident files reviewed identified that risk assessments are completed on admission and reviewed six-monthly as part of the evaluation unless changes occur prior, in which case a review is carried out at that time. Additional assessments for management of behaviour, pain, wound care, nutrition, falls and other safety assessments are appropriately completed according to need. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Care plans reviewed evidenced multidisciplinary involvement in the care of the resident. All care plans are resident-centred. Interventions documented support needs and provide detail to guide care. Residents and relatives interviewed stated that they were involved in the care planning process. There was evidence of service integration with documented input from a range of specialist care professionals, including the dietitian, physiotherapist, podiatrist, and mental health care team for older people. The care staff interviewed advised that the care plans were easy to follow. Integration of records and monitoring documents are well managed.
Standard 1.3.6: Service	FA	When a resident's condition changes, the RN will initiate a GP consultation. Staff stated that they

<p>Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>notify family members about any changes in their relative's health status, and this was in evidence in the resident files sampled on the day of audit. In the residents' files reviewed, short-term care plans have been commenced with a change in health condition and linked to the long-term care plan. Care plans have been updated as residents' needs changed. The general practitioner interviewed was complimentary of the service and care provided.</p> <p>Care staff stated there are adequate clinical supplies and equipment provided, including continence and wound care supplies and these were sighted. Resident files include a urinary continence assessment, bowel management and the continence products that are required are identified.</p> <p>There were no current wounds on the day of audit, however wound assessment, wound management, and evaluation forms were sighted for two skin tears that had healed in the three months preceding the audit. Wound monitoring had occurred as planned and there were also photos to show wound progress.</p> <p>Monitoring forms are in use as applicable, such as weight, vital signs and wounds, however neurological observations were not completed as per policy (link 1.2.4.3).</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>There is one activity coordinator (interviewed), covering five days per week who plans and leads all activities and has a current first aid certificate. Activities are also planned and set up for the weekends and overseen by the care staff on duty. On the days of audit residents were observed participating in activities delivered in both Mandarin and Cantonese languages.</p> <p>There is a monthly programme in large print (English and Chinese versions) on the facility noticeboards. Residents have the choice of a variety of activities which are varied according to resident preference and need. These include (but are not limited to) exercises, walks outside, crafts, games, quizzes, entertainers, singing, mah jong and tai chi.</p> <p>Those residents who prefer to stay in their room have one-on-one visits to check if there is anything they need and to have a chat.</p> <p>There are weekly outings to shops and local areas of interest, with the service utilising its own minibus. Residents not on the outing have access to self-directed activities (usually mah jong).</p> <p>Special events like birthdays, Easter, Christmas, and Chinese New Year are celebrated. There are visiting community groups such as choirs and children's groups, and regular entertainers visiting the facility (subject to Covid restrictions).</p> <p>Residents have an activity assessment completed over the first few weeks following admission, which describes the resident's past hobbies and present interests, career, and family. Activity plans</p>

		are evaluated at least six-monthly at the same time as the review of the long-term care plan. Residents interviewed were positive about the activity programme.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	The five resident care plans reviewed had been evaluated in writing by the registered nurses six-monthly or earlier if there was a change in health status. Activities plans are in place for each of the residents and these are also evaluated or scheduled to be evaluated six-monthly. There are three-monthly reviews by the GP for all residents which family are able to attend if they wish to do so. Evaluation includes documenting progress towards the achievement of the intended goals. The multidisciplinary review involves the RN, GP, activities staff and family.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The registered nurse interviewed could give examples of where a resident's condition might change, and the resident would need to be reassessed for a higher or different level of care. The assistant manager and RN (interviewed) described the referral process should they require assistance from the mental health services, wound specialist, continence nurse, dietitian, speech language therapist, diabetes nurse or other allied health or nursing specialists.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and goggles are available for staff. Staff have been provided with chemical safety training by the external supplier.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	PA Low	The building holds a building warrant of fitness which expires August 2022. The service has a part-time maintenance person (interviewed) who works two days per week and provides an on-call/as required service outside these hours. There is a comprehensive planned maintenance programme in place. Reactive and preventative maintenance occurs. Hot water temperatures have been monitored in resident areas and are within the acceptable range. Electrical equipment belonging to the service and resident goods had not been tested and tagged.

		<p>Flooring is safe and appropriate for residential care. All 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 where required. The external areas, decked areas and gardens are well maintained. All outdoor areas have attractive features, including raised flower and vegetable beds which are easily accessible to residents. All outdoor areas have some seating and shade. There is safe access to all communal areas.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All rooms have hand basins and share communal toilets and showers, of which there are a sufficient number. Handrails are appropriately placed in communal showers and toilets which have a system that indicates if it is engaged or vacant. A visitor's toilet is centrally located. Fixtures, fittings, floorings, and wall coverings are in good condition and are made from materials which allow for ease of cleaning.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All resident's rooms are single apart from three which can be occupied by two residents (these are used for couples or single occupancy). There is sufficient space to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have more than adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There are large and small communal areas. These include sufficient lounges and private/quiet seating areas where residents who prefer quieter activities or visitors may sit. The main lounge/dining area is open, homely, and inviting. It is appropriate for the needs of the residents with easy access to all indoor and outdoor areas for residents using mobility aids.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe</p>	FA	<p>All laundry is done on site by the care staff. The laundry is situated in an external covered courtyard. Chemicals are stored separately in a locked cupboard within the building until required for use by staff. There are clearly defined clean and dirty areas and a cleaning policy manual is</p>

<p>and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>available. Cleaning and laundry services are monitored through the internal auditing system.</p> <p>There is a dedicated cleaner. The cleaners' equipment was attended at all times or locked away in the cleaners' cupboard. All chemicals on the cleaner's trolley were labelled. Residents and families expressed their satisfaction with the standard of cleaning and laundry.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Moderate</p>	<p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills occur every six months (at a minimum) with the last fire drill taking place on 2 December 2021. There is a New Zealand Fire Service approved evacuation scheme dating from 2013, however this had not been updated in line with the shortfall identified at the previous certification audit in 2020.</p> <p>The orientation programme and annual education and training programme includes fire and security training. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes.</p> <p>A civil defence plan is documented for the service. There are adequate supplies available in the event of a civil defence emergency including food, water, and blankets. Battery back-up for emergency lighting and call bells in case of power outage is in place. A gas cooker is available on the premises.</p> <p>A call bell system is in place providing an audible and visual alert to staff. Residents were observed in their rooms with their call bell alarms in close proximity.</p> <p>There is always at least one staff member on shift with a current first aid/CPR certificate.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All bedrooms and communal areas have ample natural light and ventilation. All heating is electrical and thermostatically controlled. Staff and residents interviewed, stated that this is effective. There is a monitored outdoor area where residents may smoke. All other areas are smoke free.</p>
<p>Standard 3.1: Infection control management</p>	<p>FA</p>	<p>New Windsor Aged Care has an established infection control (IC) programme that is being implemented. The infection control programme is appropriate for the size, complexity and degree of</p>

<p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>risk associated with the service and has been linked into the incident reporting system. The assistant manager fulfils the role infection control coordinator (ICC) and has done for the past two years with support and oversight from the registered nurse and nurse consultant. Responsibility for infection control is described in the job description which was evidenced on the day of audit and the ICC has completed formal training in infection control. The infection control programme is linked into the quality management programme. Regular audits have been conducted and education has been provided for staff. The infection control programme has been reviewed annually.</p> <p>Hand sanitisers are appropriately placed throughout the facility. Visitors are asked not to visit if they are unwell. The majority of residents and all staff working in care have received both doses and a booster of the Pfizer Covid-19 vaccine. Residents and staff are offered the influenza vaccine. Covid-19 scanning/manual sign in is mandatory on entry to the facility and the use of face masks is required as part of Covid-19 red traffic light level restrictions. Covid-19 education has been provided for all staff, including hand hygiene and use of personal protective equipment (PPE).</p> <p>The facility has a Covid/Pandemic plan in place and appropriate amounts of PPE on hand. There have been no outbreaks since the previous audit.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The ICC has attended external training in infection control. There is access to infection control expertise within the DHB, wound nurse specialist, public health, laboratory, and the external consultant. The GP and laboratory monitor the use of antibiotics. The ICC also liaises and meets regularly with the director/manager, registered nurse, and nurse consultant. Overall effectiveness of the programme is monitored by the management team with external consultant oversight.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of</p>	<p>FA</p>	<p>The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection, and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies have been developed by an external consultant who is well known and respected in the industry. Policies include information and a response framework on Covid 19 preparedness including cleaning and laundry practices.</p>

service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The ICC is responsible for coordinating education and ensuring staff attend the training available. Training on infection control is included in the orientation programme. Staff have attended infection control in-services in the last 12 months. The infection control coordinator has also completed infection control audits. Resident education occurs as part of providing daily cares and as applicable at resident meetings. Staff have completed competencies for handwashing and the correct use of PPE. They also have regular updates and scheduled training related to the facility's Covid19 preparedness.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data including trends is discussed with the director/manager and at staff meetings. Meeting minutes are available to staff. Trends are identified and analysed, and preventative measures put in place. Systems in place are appropriate to the size and complexity of the facility. There have been no outbreaks since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies around restraint minimisation. The philosophy of the service is to not use restraint. There were no restraints used in the service. No enablers were required to be used at the service.</p> <p>Staff receive training on restraint minimisation and management of challenging behaviour. This had been provided in 2021. The caregivers interviewed were able to describe the difference between an enabler and a restraint.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. 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 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a policy around taking of neurological observations if a resident has an unwitnessed fall or if the resident hits their head. Staff use a modified form that does not include the full suite of neurological observations as predominantly only caregivers are on site. While this is appropriate, the forms reviewed when a resident had an unwitnessed fall or when a resident had hit their head was not completed fully as per the policy. Staff have had education around management of falls presented in English and Mandarin/Cantonese which included reference to neurological observations.</p>	<p>Neurological observations are not completed as per policy for suspected head injuries and unwitnessed falls.</p>	<p>Ensure that neurological observations are completed as per policy for suspected head injuries and unwitnessed falls.</p>

				90 days
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Moderate</p>	<p>The service has detailed medication management policies in place. Controlled medications are double signed for upon administration, however, weekly stocktakes were not taking place.</p>	<p>Weekly stock checks of controlled medications had not occurred in the last two years.</p>	<p>Ensure weekly stock checks of controlled medications are undertaken as per policy.</p> <p>60 days</p>
<p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	<p>PA Low</p>	<p>There is a documented food control plan and policies in place; however, the resident menu had not been reviewed by a registered dietitian on a regular basis.</p>	<p>The resident menu had not been reviewed by a registered dietitian since 2017.</p>	<p>Ensure the resident menu is reviewed by a registered dietitian every two years.</p> <p>90 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with</p>	<p>PA Low</p>	<p>The service has a preventative and reactive maintenance schedule in place, however electrical items had not tested for safety once in the facility.</p>	<p>Facility owned and resident electrical goods had</p>	<p>Ensure all electrical items are tested for safety and</p>

legislation.			not been tested for safety (test and tag).	comply with current legislation. 90 days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Moderate	The service has an approved fire evacuation scheme dating from 2013, however in 2020 the provider had chosen to convert the laundry into a double bedroom for a couple who required rest home level care. The laundry room, (now situated externally) was originally one of the emergency exits and was still identified as an emergency exit on the approved evacuation scheme plans displayed throughout the building. This emergency exit was blocked off by the provider when they converted the room into a bedroom, thus reducing the number of emergency exits from four to three. Due to communication issues and the ambiguity of phrasing used in the previous report, this issue identified at the 2020 certification audit had not been resolved nor the fire evacuation scheme updated. During this audit the room was seen to be converted back into a fire escape with appropriate signage; to remain so until sign off from the Fire Service had been obtained. An online application to the New Zealand Fire Service to approve a new evacuation scheme was in process while auditors were on site.	The fire evacuation scheme has not been updated or approved by New Zealand Fire Service following the conversion of the laundry to a bedroom.	Obtain an approved evacuation scheme from the New Zealand Fire Service. 60 days

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard 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 standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.6.2</p> <p>The consumer and when appropriate and requested by the consumer the family/whānau of choice or other representatives, are consulted on their individual values and beliefs.</p>	CI	<p>All staff and residents all identify as Chinese. All speak Cantonese or Mandarin with varying degrees of proficiency in English. The dietitian, registered nurse and one of the doctors at the medical practice used by the service identify as Chinese. The service provides a Chinese service for Chinese and by Chinese.</p>	<p>One hundred percent (100%) of the residents are Chinese and all staff are Chinese. The majority of these residents and their families either do not speak/read English or it is their second language. Families have been asked to respond to this initiative and have stated that the translated forms are much easier to understand.</p> <p>Information and key documents for residents and family have been documented in Mandarin/Cantonese and English. These included the admission agreement, consent forms, Flu vaccination form. Residents and families who speak Chinese as their first language are offered both the English version and the Chinese version of documents. They are able to take these forms home to read and then return to discuss with either of the managers (vs only getting the detail verbally via the assistant manager).</p> <p>Residents, families, and staff/managers use Chinese social media platform for text and face to face video communication. This included messaging from the management team around Covid-19 and changes in levels, updates around their family member with the ability to communicate to family in China as well as those located in New Zealand. This has been</p>

			<p>translated to Chinese for those residents and families whose primary language is Chinese. Residents and family interviewed confirmed that this initiative had meant that they had a good understanding of the service and were able to make informed decisions.</p> <p>Documents including questionnaires and competencies related to staff training have also been interpreted into Mandarin/Cantonese and English. Staff who only speak Mandarin or Cantonese stated that this has significantly helped them to learn and develop skills.</p>
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End of the report.