

Elms Court Care Limited - Elms Court Village

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Elms Court Care Limited

Premises audited: Elms Court Village

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

Dates of audit: Start date: 22 March 2022 End date: 23 March 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: 73

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.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Elms Court Village provides hospital (geriatric and medical), rest home levels of care for up to 78 residents including 52 residents in the care centre and up to 26 residents in the serviced apartments. There were 73 residents on the days of audit.

This certification audit was conducted against the Nga Paerewa Health and Disability Services Standards and the contracts with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

The village manager is appropriately qualified and experienced and is supported by a clinical manager (registered nurse). There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified that improvements are required in relation to review of the business plan, signing of documents, contractual timeframes for completion of interRAI and care plans, and updating care plans when care needs change.

Ō tatou motika | Our rights

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



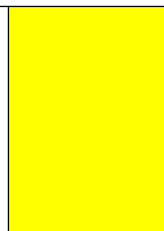
Subsections applicable to this service fully attained

Elms Court Village provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a resident advocate/social worker who is also a kaumātua who regularly visits the facility. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Elms Court Village provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



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

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers responsible for administration of medicines complete annual education and medication competencies.

The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. The activities coordinators provide and implement an interesting and varied activity programme which includes

resident-led activities. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is a mix of bedrooms with full ensuites. All rooms have hand basin and toilet ensuites. There are communal shower rooms with privacy locks. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to PPE supplies. There have been no outbreaks. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections standards that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained
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The restraint coordinator is the clinical manager. There are no restraints used at Elms Court Village. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

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	23	0	3	0	0	0
Criteria	0	131	0	4	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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>A Māori Health Plan and Ethnicity Awareness policy is documented for the service. This policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori and Pacific although the policy focuses on Māori. The service currently has two residents (hospital level) who identify as Māori. Links are in place with a kaumātua/social worker from the DHB who regularly visits one of the Māori residents. Visits are two-weekly although have not been as frequent recently due to Covid.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were no Māori staff members.</p> <p>Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Seven care staff interviewed (three care partners (caregivers), two registered nurses (RNs), two activities coordinators) described how care is based on the resident’s individual values and beliefs.</p>

		Interviews with one Māori resident confirmed that the service is proactive in supporting Māori and confirmed they are listened to and their needs are being met.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	Not Applicable	<p>On admission all residents state their ethnicity. Advised that family members of Pacific residents will be encouraged to be present during the admission process including completion of the initial care plan. There were no residents that identified as Pacifica. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The village manager is working towards the development of a Pacific health plan. The existing plan, which is linked to the Māori health plan, does not adequately address Pacifica. He plans to partner with a Pacifica organisation and/or individual to provide guidance.</p> <p>The service is actively recruiting new staff. The village manager described how they would encourage and support any staff that identified as Pacifica through the employment process. There are currently no staff that identify as Pacifica.</p> <p>Interviews with ten staff (seven care staff, one maintenance, one kitchen manager, one laundry), eight residents (four rest home, four hospital) and one relative; and documentation reviewed identified that the service puts people using the services, whānau, and communities at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their relatives. The village manager or registered nurse discusses aspects of the Code with residents and their relatives on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the two-monthly resident/family meetings. All eight residents (four rest home, four hospital) and one relative (rest home) interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were</p>

		<p>respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents. There are links to spiritual supports. Church services are held weekly.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual (online) training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</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>	<p>FA</p>	<p>Care partners and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>Residents have control over and choice over activities they participate in.</p> <p>The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2021 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place as well as online staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relative interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and a chaplain is</p>

		<p>available. A spirituality policy is in place.</p> <p>Te reo Māori is used during activities. Staff are encouraged to use te reo Māori and there are te reo Māori signs in a selection of locations throughout the facility.</p> <p>Online cultural training was last completed in 2021 with plans to roll out more specific Māori cultural training for staff in 2022.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Elms Court Village policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses harassment, racism, and bullying.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. One relative interviewed confirmed that the care provided to their family member is excellent.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with registered nurses and care partners confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give</p>	FA	<p>Information is provided to residents/relatives on admission. Two-monthly resident meetings identify feedback from residents and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p>

<p>clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented on the family communication sheet that is held in the front of the resident's file. Thirty accident/incident forms reviewed identified relatives are kept informed. One relative interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice, Nurse Maude (wound care specialist) and DHB specialist services. One Māori resident receives regular visits from a Māori social worker/kaumātua. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to</p>	<p>FA</p>	<p>There are policies around informed consent. Nine resident files reviewed, five at hospital level and four at rest home level included signed general consent forms. Residents and relative interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>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 enduring power of attorneys (EPOAs) were on resident files where available.</p>

<p>make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</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>The complaints procedure is provided to residents and relatives on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There was one complaint logged in the complaint register in 2021 and one in 2022 (year-to-date). Both complaints documented in the register included an investigation, follow-up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and one relative confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held two-monthly, chaired by the village manager. Residents/relatives making a complaint can involve an independent support person in the process if they choose. This is documented as an option in the outcome letter that is sent to the complainant and includes an HDC advocacy brochure. There have been no external complaints since the previous audit.</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 high quality service that is responsive, inclusive, and</p>	<p>PA Low</p>	<p>Elms Court, purchased on 31 May 2021, is located in Christchurch. It is one of three aged care facilities owned by the village manager and a second (silent) partner. The service is certified to provide rest home and hospital (geriatric and medical) level care for up to 78 residents with 52 beds in the care centre and 26 certified serviced apartments. Forty beds are designated as dual-purpose which includes a maximum of 10 hospital level residents in the serviced apartments.</p> <p>On day one of the audit, there were 73 residents. The care centre had 52 residents (37 rest home and 15 hospital) and there were 21 residents in the serviced apartments (four hospital, seventeen rest home). One resident (hospital) was on an ACC contract, three</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>residents (one hospital, one respite [hospital], one rest home) were on a young person with a disability (YPD) contract, and one resident was on a long-term support- chronic health contract (LTS-CHC). The remaining residents were under the age-related residential care agreement (ARRC).</p> <p>The business plan includes a mission and operational objectives. Goals are defined and regularly reviewed on an information basis by the village manager, however, there was a lack of documented evidence to indicate that these goals are regularly reviewed at defined intervals.</p> <p>A social worker/kaumātua from the DHB regularly visits the facility to speak with a Māori resident.</p> <p>The village manager/owner holds a bachelor's degree in business studies and has 11 years of experience as an aged care facility manager. He is supported by a clinical manager/registered nurse (RN) who has been in her role since November 2021. She has worked in aged care since 2017 and has held a clinical manager's title for three years. The clinical manager is responsible for clinical oversight with support provided by the village manager, staff RNs, care partners and activities staff.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Elms Court Village is implementing a quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Two-monthly quality meetings and two-monthly staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education are discussed. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted in the staffroom. The corrective action log is discussed at quality meetings</p>

		<p>to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Work is underway assess competency to ensure a high-quality service is provided for Maori.</p> <p>The 2022 resident and family satisfaction surveys have just been completed and work is underway to collate the results. On review, it is noted that both residents and family have reported satisfaction with the service provided.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated to meet the 2021 standards. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The maintenance officer is the health and safety representative and has undergone external training. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. The noticeboard in the staffroom keeps staff informed on health and safety. The village manager reported that there have been no staff accidents since the facility was purchased in May 2021. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available two hours a week and is assisted by a physiotherapy assistant (six hours per week). Strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance.</p> <p>Individual paper-based reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in thirty accident/incident forms</p>
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		<p>reviewed (witnessed and unwitnessed falls, skin tears, bruising). Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations were not consistently recorded (link 3.2.4). Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two section 31 notifications completed to notify HealthCERT around issues relating to RN cover. There have been no outbreaks.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The registered nurses and a selection of care partners hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Challenges arise when staff call in as unavailable. Agency has been used to assist with RN cover on the night shifts. Good teamwork amongst staff was highlighted during the care partner interviews. Staff from the other facilities owned by the village manager also assist to fill gaps in the roster when available. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The facility manager and clinical manager are available Monday to Friday and are on call when not available on site. In addition, one RN covers the care centre and serviced apartments on each shift (AM, PM, and night).</p> <p>Care Centre (37 rest home and 15 hospital level residents): Six care partners (two long [eight-hour shift] and four short shift [0700-1330]) cover the AM shift, four care partners (two long and two short shift [1600-2200 and 1700-2200]) cover the PM shift and one long shift</p>

		<p>care partner covers the night shift.</p> <p>Serviced apartments (17 rest home and 4 hospital level residents): One long shift and one short shift care partner (0730-1130) cover the AM shift; one long shift and one short shift care partner (1530-1900) cover the PM shift and one long shift care partner covers the night shift.</p> <p>There is an annual education and training schedule being implemented. Training is delivered online (Care on Call e-learning). The education and training schedule lists all mandatory topics. Staff attended mandatory cultural training (online) in 2021. Plans are in place to provide additional cultural training that is more specific to Māori and the Treaty of Waitangi in September/October 2022. External training opportunities for care staff include training through the DHB, Nurse Maude and hospice.</p> <p>The service supports and encourages care partners to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 30 care partners, two have completed their level two qualification, nine have completed their level three qualification and six have completed their level four qualification.</p> <p>A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the online education training package. Additional (annual) competencies completed include medication, hand hygiene, fire and emergency training, and manual handling. A record of completion is maintained on an electronic spreadsheet. Agency staff (RN staff only) are required to hold a first aid certificate, syringe driver competency and Medimap competency.</p> <p>Five of six RNs (including the clinical manager) are interRAI trained.</p> <p>The service encourages all their staff to attend two-monthly meetings (e.g. staff meetings, quality meetings). Resident/family meetings are also held two-monthly, chaired by the village manager. Registered nurse meetings are held as required.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, emergency management</p>
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		including (six-monthly) fire drills and personal protective equipment (PPE) training. Environmental internal audits are completed.
<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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the village manager's office in a locked filing cabinet. Eight staff files reviewed (seven care partners, one kitchen assistant) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, podiatry). There is an appraisal policy. All staff who had been employed for over one year had an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and care partners to provide a culturally safe environment to Māori. Volunteers have not been utilised due to Covid. An orientation programme for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff. Staff well-being is acknowledged through regular social events that are held outside of work, celebrating the employee of the month in staff meetings, and shouts out to staff by the village manager for coffees from the local coffee cart. Employee assistance programmes are made available where indicated.</p>
<p>Subsection 2.5: Information</p>	PA Low	Resident files and the information associated with residents and staff are retained in hard copy. Electronic information (e.g. policies and

<p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>procedures, quality reports, meeting minutes) are backed-up and password protected.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Missing was evidence of staff signatures and dates in a selection of care plans and falls assessments. Signatures that are documented include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Nine admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family member and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The clinical manager or village manager are available to answer any questions regarding the admission process and a waiting list is managed. The clinical manager advised that the service openly communicates with potential residents and whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. The service is working on a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. A local kaumatua visits the facility on a regular basis. The service is working</p>

		in building relationships with local Maori providers.
<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>	PA Low	<p>Nine resident files were reviewed: four rest home (three ARC contract and one LTS-CHC contract), and five hospital (three ARC contract, one ACC and one YPD respite contract). The clinical manager and registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family contact forms.</p> <p>All residents have admission assessment information collected and an interim care plan completed at the time of admission. Not all initial assessments and care plans were signed or dated (link 2.5.1). The clinical manager advised that since the change in ownership to Elms Court Village and her commencement at the service three months ago, the service has been working on transferring all residents to the new Elms Court care plan format. InterRAI assessments have been late in being completed for some residents and the clinical manager has developed a system for catching up on these. Not all interRAI reassessments have been completed within the required timeframes or prior to the completion of the long-term care plan. Evaluations are scheduled to be completed six monthly, and care plans reviewed had been evaluated within the required six-month timeframe. Not all long-term care plans have been completed within 21 days of admission to the service or updated following changes in health condition and identified needs. The long-term care plan includes sections on mobility and transfers, activities of daily living, continence, nutrition, communication, medication, skin care, cognitive function, and behaviours, cultural, spiritual, sexuality, and social needs. The care plan aligns with the service's model of person-centred care. Risk assessments are conducted relating to falls, pressure injury, continence, nutrition, skin, and pain. A specific cultural assessment has not yet been implemented and behavioural assessments have not been utilised where needed.</p> <p>The service has policies and procedures implemented to ensure tāngata whaikaha and whānau participate in care planning and decision making. Staff interviewed describe supporting and encouraging all residents with disabilities to make choices and have</p>

	<p>control over their care, and barriers to accessing information are removed.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. There are four general practitioners (GPs) who visit weekly from local medical centres. On call cover is provided by the individual GPs. The clinical manager and village manager also share on call afterhours for phone support and advice when needed. One of the GPs (interviewed) commented positively on the care, communication, and the quality of the care staff. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for two hours a week. A podiatrist visits regularly and a dietitian, speech language therapist and wound care specialist nurse is available as required through the local DHB.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by care partners and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager or an RN initiates a review with a GP. Family was notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. A family contact sheet records family notifications and discussions. Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for 11 residents with wounds (skin tears, skin conditions, venous ulcers, and cellulitis). There were no residents with pressure injuries on the day of audit. A wound register is maintained.</p> <p>There is access to the wound nurse specialist at Nurse Maude. Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required. Care plans reflect the required health</p>
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		<p>monitoring interventions for individual residents. Care partners and RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels and toileting regime. Behaviour assessments and monitoring charts have not been completed for residents with identified behavioural issues. Neurological observations have not routinely and comprehensively been completed for unwitnessed falls.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short term care plans were well utilised for issues such as infections, weight loss, and wounds. The GPs record their medical notes in the electronic medication management system.</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>	FA	<p>There are two lifestyle activities coordinators who work across seven days. One works 30 hours per week Wednesday to Saturday and one works 40 hours per week Sunday to Thursday. The overall programme has integrated activities that is appropriate for the cohort of residents. The activities are displayed and include exercises, chair yoga, word games, board games, household activities of resident's choice, te reo Māori language sessions, knitting and craft, church services, van outings, housie, quizzes, and seasonal celebrations. The programme allows for flexibility and resident choice of activity. Many activities are resident led. There are plentiful resources. Community visitors include entertainers, and church services when COVID restrictions allow. Residents are encouraged to maintain links to the community.</p> <p>There is a shop on site which is open twice a week. There are several lounges and seating areas where group or quieter activities can occur. One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities. The residents enjoy attending the activities and enjoy contributing to the programme. A resident social profile and activity assessment informs the activities plan. Individual activities plans were seen in resident file reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme</p>

		through resident meetings and resident surveys. The residents and relative interviewed were happy with the variety of activities provided.
<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>	FA	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in a locked treatment room. Registered nurses and medication competent care partners complete annual competencies and education. Regular medications are administered from prepacked robotic sachets and ‘as required’ medications are delivered in blister packs. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy (also available on call). There were seven residents (six rest home and one hospital) self-administering metered dose inhalers and one rest home resident in the serviced apartments self-medicating all medications with exception of controlled drugs. Medications were stored safely in the resident’s room. Self-medication assessments had been completed for all residents self-medicating and are reviewed three-monthly by the GP.</p> <p>The medication fridge temperatures and room air temperature are checked daily and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. There is a small stock of medications kept for use on prescription and these are routinely checked. Eighteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. ‘As required’ medications had prescribed indications for use. The effectiveness of ‘as required’ medication had been documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either regular does or as required. Over the counter medications are prescribed on the electronic medication system. The service is working towards providing appropriate support advice and treatment for Maori.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food services are overseen by a kitchen manager. All meals and baking are prepared and cooked on site by qualified chefs/cooks who are supported by weekend cooks, cook assistants, morning, and afternoon kitchenhands. All food services staff have completed online food safety training. The four-week winter/summer menu is reviewed by a registered dietitian – last conducted on 2 March 2022. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The kitchen is adjacent to the main dining room and meals are plated in the kitchen and served to residents in the dining room in the care centre. Food in bain-marie dishes is delivered in hot boxes to the serviced apartment kitchen and served to residents in the dining room. Kitchen staff and care staff interviewed understood basic Maori practices in line with tapu and noa.</p> <p>Residents may choose to have meals in their rooms. The food control plan has been issued in February 2022 for 12 months. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. There is no decanting of dry goods. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the monthly resident meetings which is attended by the kitchen manager when required. Resident preferences are considered with menu reviews. Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. This is recorded in the medication management system and is graphed. The long-term care plan section for nutritional needs included a section on the international dysphasia diet standardisation initiative (IDDSI) level of food and fluid texture</p>
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		requirements and any swallowing difficulties are recorded on the care plan. These sections were completed in the nine resident files reviewed.
<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>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service.</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>The building holds a current warrant of fitness which expires 1 July 2022. The maintenance person (also the health and safety representative) works 20 hours a week (Monday to Friday). There is a maintenance request book for repair and maintenance requests located in the nurse's station. This is checked daily and signed off when repairs have been completed. There is a monthly, six-monthly, and annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment has been completed and medical equipment, hoists and scales are due for checking and calibration on 25 March 2022. Advised that this is booked with a contractor for completion.</p> <p>Gardeners are contracted to maintain gardens and grounds. Resident rooms are refurbished as they become vacant. The corridors are wide 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 courtyards and gardens have seating and shade. There is safe access to all communal areas.</p>

		<p>Care partners interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>All studio apartments have full ensuites. Some resident rooms in the care centre have full ensuites and other rooms have toilet and hand basin ensuites. There are communal bathrooms/showers within the facility with privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>There is one double room in the rest home wing which is currently single occupancy. There is sufficient space in all areas (including the serviced apartments) to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>There are two dining areas. The main dining room is adjacent to the kitchen and open plan with doors that open out to a garden with outdoor seating and shade. There is an open plan dining and lounge area for the serviced apartment residents and a satellite kitchen. There are alternative small lounge areas where more dependent residents have meals if they require more assistance. There is a main activity lounge and smaller lounges and seating areas available including an internal atrium lounge with skylights for natural light. There are activity stations in each household. There are seating alcoves throughout the facility. There is safe access to the three courtyards and gardens. All communal areas are easily accessible for residents with mobility aids with ramp access. All bedrooms and communal areas have ample natural light and ventilation. There is underfloor heating and ceiling panels which is centrally adjusted. Many rooms have opening doors out onto the courtyards.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to</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>complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard. In the event of a power outage there is back-up power available and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors to alert them of who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night. There are fourteen security cameras installed, both indoors and outside. Currently, under Covid restrictions visiting is restricted. Visitors are instructed to press the doorbell for assistance.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS</p>	<p>FA</p>	<p>A senior RN oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and infection control audits are conducted twice a year. The village manager (owner) is part of the quality team where infection matters are raised. Infection rates are presented and discussed at quality meetings. Infection control is part of the strategic and quality plans.</p>

<p>programmes and respond to relevant issues of national and regional concern.</p>		<p>The service has access to an infection prevention clinical nurse specialist from the local DHB.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and all residents are fully vaccinated against Covid-19. Strict visitor controls are in place and all staff perform rapid antigen test (RAT) daily. There were no residents with Covid-19 infections on the days of audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control (IC) coordinator has been in the role for four years and is supported by the clinical manager. During Covid-19 lockdown there were regular zoom meetings with the DHB Age Residential Care CNS which provided a forum for discussion and support for facilities. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur.</p> <p>The infection control coordinator has completed an online MOH course and there is good external support from the GPs, laboratory, and the IC nurse specialist at the DHB. There are outbreak kits readily available and a personal protective equipment cupboard.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed at support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service is working towards incorporating te reo information around infection control for Maori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the</p>

		ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff completed infection control via care-on-call education. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents were kept informed and updated on Covid-19 policies and procedures through resident meetings and newsletters.
<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	The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Prescribing patterns of medical practitioners who access the facility are also monitored. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.
<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	Infection surveillance is an integral part of the infection control programme and is described in the Elms Court Village infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic data base. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality/risk meetings and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from the DHB for any community concerns. There have been no outbreaks in the past 12 months.
Subsection 5.5: Environment	FA	There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored

<p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice tub located within the laundry with personal protective equipment available including a face visor available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on site by a dedicated laundry person 0930 – 1400 seven days. The laundry has a defined clean/dirty area with two door entry/exit. There are two cleaning staff on each day for the households and the serviced apartments. The cleaners' trolleys were attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The two linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. Staff have completed chemical safety training.</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>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint-free.</p> <p>The facility, led by the village manager, is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the two-monthly quality meetings. The clinical manager/restraint coordinator interviewed described the focus on maintaining a restraint-free environment.</p> <p>Maintaining a restraint-free environment is included as part of the</p>

		mandatory training plan and orientation programme.
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.2</p> <p>Governance bodies shall ensure service providers’ structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.</p>	PA Low	Business goals are defined in the business plan. Evidence of their review is completed on an informal basis by the village manager.	There is a lack of documented evidence to indicate that business goals are regularly monitored, reviewed, and evaluated at defined intervals.	<p>Ensure that the goals of the facility are monitored, reviewed, and evaluated at defined intervals.</p> <p>90 days</p>
<p>Criterion 2.5.1</p> <p>Service providers shall maintain quality records that comply with the relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p>	PA Low	Resident and staff files are in hard copy only. Records are uniquely identifiable, and legible. Staff signatures are accompanied by the designation. Missing was consistent evidence of dates and staff signatures.	Two of nine initial care plans (rest home level) and three falls risk assessments were missing evidence of staff signatures and dates.	<p>Ensure all clinical documentation is dated and signed by the relevant service provider.</p> <p>90 days</p>

<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Low</p>	<p>InterRAI assessments have been completed within the required timeframes for one hospital and two rest home residents. One hospital level YPD respite resident and one rest home LTS-CHC resident do not require interRAI assessments. Long-term care plans have been developed within the required timeframes for hospital residents (including the YPD respite resident) and three of four rest home residents. The clinical manager is working through a process of catching up on all overdue interRAI reassessments and the writing of new care plans for Elms Court residents (previous clinical requirement HDSS 2008 criteria #1.3.3.3).</p>	<p>i). InterRAI reassessments have been completed after the completion of the long-term care plan for three hospital level residents: ii). InterRAI has been completed two months late for one rest home resident and, (iii) a care plan not completed within 21 days (previous clinical requirement HDSS 2008 criteria # 1.3.3.3)</p>	<p>i) and ii) Ensure that all interRAI assessments are completed within required timeframes and that these inform the long-term care plan. (iii) Ensure that all residents have a care plan in place that addresses all their assessed needs.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the</p>	<p>PA Low</p>	<p>The service is working towards all residents having a new care plan as per the Elms Court policies. There is a system in place for this to happen. The registered nurses document care plans and there was evidence of updates and evaluations conducted for some residents with changes to care plans made. One rest home resident in a serviced apartment has had significant changes in care needs as evidenced in progress notes reviewed but this was not reflected in the care plan.</p>	<p>One rest home resident in a serviced apartment did not have their long-term care plan updated following changes in their care needs.</p>	<p>Ensure that all changes to care requirements are documented in the long-term care plan.</p> <p>90 days</p>

<p>person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
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Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, 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.