

# Thorrington Village Limited - Thorrington Village

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## 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:** Thorrington Village Limited

**Premises audited:** Thorrington Village

**Services audited:** Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 13 April 2022 End date: 14 April 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:** 35

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō 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

Thorrington Village is part of the Archer Group. The facility is governed by a general manager and a board of trustees. The facility manager reports to the general manager and has been in the role for seven years. The service provides rest home and dementia level care for up to 58 residents including rest home level care across 13 studio's under ORA. There were 35 residents on the day of audit.

This certification audit was conducted against the Nga Paerewa Health and Disability Service Standards 2021 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 facility manager is supported by a clinical nurse manager. There are implemented quality and risk systems and processes and feedback from residents and family was very positive about the care and the services provided.

This certification audit identified that improvements are required in relation to monitoring of medication room temperatures, decanting of dried foods, and aspects of maintenance.

## 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.

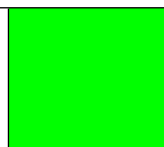


Subsections applicable to this service fully attained

Thorrington 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 the service is working towards consolidating links with local iwi. Residents receive services in a manner that considers their dignity, privacy, and independence. Thorrington 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.

## 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.



Subsections applicable to this service fully attained

The strategic and business plan includes a mission statement, values, and operational objectives. The service has a quality and risk management system that takes a risk-based approach, and these systems are designed to meet the needs of residents and staff. Internal audits, meetings, and collation of data that have been completed were well documented 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 is 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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk</p>
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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 healthcare assistants 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 diversional therapist and activities coordinator provide and implement an interesting and varied activity programme which includes resident-led activities and meets the needs of individual residents. 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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</p>
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The 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. There are communal shower rooms with privacy signs. 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

<p>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.</p>		<p>Subsections applicable to this service fully attained</p>
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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. A respiratory outbreak was managed appropriately. 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. Appropriate monitoring systems are 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 nurse manager. There are no restraints used at Thorrington Village. 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	2	1	0	0
Criteria	0	131	0	2	1	0	0

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



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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 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 no residents who identify as Māori. The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were two 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. Eleven staff interviewed (one registered nurse, four healthcare assistants (three rest home and one dementia), two activities coordinators, one cook, one cleaner, one HCA/health and safety representative and one laundry person) described how care is based on the resident’s individual values and beliefs.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</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>	<p>Not Applicable</p>	<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 Pasifika. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The existing Pacific health plan, which is linked to the Māori health plan, does not adequately address Pasifika. The service has recently purchased a new suite of policies and procedures and these are in the process of being implemented with the assistance of a consultant. There are currently two staff who identify as Pasifika.</p> <p>Interviews with staff, seven rest home residents, and two relatives with residents in the dementia unit; 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>	<p>FA</p>	<p>Details relating to the Code are included in the information that is provided to new residents and their relatives. The facility manager or clinical nurse manager 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 at reception in English and te reo Māori.</p> <p>Discussions relating to the Code have been held during resident/family meetings and these have been chaired by a resident advocate. Resident meetings are held monthly. The residents and relatives interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were 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, and a Chaplain is available to residents.</p>

		Staff have received 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 training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Healthcare assistants and the registered nurse 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 and it was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2022 confirm 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. 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. 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 relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is in place.</p> <p>Cultural training has been provided to staff.</p>
Subsection 1.5: I am protected from abuse	FA	An abuse and neglect policy is being implemented. Thorrington Village policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities,

<p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>and cultural days are completed to celebrate diversity.</p> <p>Staff have been provided with education on how to identify abuse and neglect and this is planned again for 2022. Staff are aware of how to value the older person by showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. The relatives 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 the clinical nurse manager, registered nurse and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>
<p>Subsection 1.6: 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 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>FA</p>	<p>Information is provided to residents/relatives on admission. Monthly resident meetings are held, and meeting minutes reviewed identified 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. Electronic 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. Sixteen accident/incident forms reviewed identified relatives are kept informed. Relatives 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</p>

		<p>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, wound care specialist and DHB specialist services. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The clinical nurse 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 make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Six resident files reviewed (four rest home and two dementia level care) included signed general consent forms. Residents and relative interviewed could describe what informed consent was and knew they had the right to choose. Resident files reviewed evidenced signed Covid and flu vaccination consent forms. 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 included in resident files reviewed and rest home. All residents had an activated EPOA in the dementia unit.</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>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The facility manager has access to a register for logging record of all complaints, both verbal and written.</p> <p>There was one complaint logged for 2022 year to date, and one for</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>2021. No complaints were recorded for 2020. Complaints are documented in the complaints register and includes evidence of investigation, follow-up, and replies to the complainant. Advised by the facility manager that staff and the board would be informed of complaints (and any subsequent corrective actions) via staff meetings and Quality and Risk meetings (meeting minutes sighted). General Manager is advised of any material complaints.</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 monthly and are chaired by a resident advocate. 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 complaints received from the Health and Disability Commissioner 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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The Archer Group are the proprietors of the Thornington Village, which is governed by a general manager and a board of trustees. The service provides dementia and rest home level care for up to 45 residents, and rest home level care for up to a further 13 residents in studios under occupancy right agreements. On the day of the audit there were 35 residents, which included ten residents in the 15-bed dementia unit (named memory support unit), 18 rest home residents in the rest home area and 7 rest home level residents in the occupancy right agreement studio rooms. All residents were under the age-related residential care (ARRC) contract. There were no residents on respite care.</p> <p>The facility manager has been in the role for seven years and is supported by a clinical manager (RN), financial officer, general manager, and care staff. The facility manager reports monthly to the general manager (interviewed) on a variety of management issues and performance measures. The general manager advised that the board has Māori representation by way of a Māori Chaplain/Kuia, who</p>

		<p>can provide guidance and leadership to the board at the monthly board meetings.</p> <p>Strategic and business goals are reviewed at each board meeting as evidenced in board meeting minutes reviewed. Thorrrington Village has a current strategic and business plan. The plan reflects the special character of faith-based care and to create a culture of respect and treating others well. A quality plan and annual goals are documented and reviewed through the quality process. The business plan and quality and risk management plans are being implemented. Data such as incidents and accidents and internal audits are discussed at meetings and reported monthly to the board and general manager. The facility manager and the clinical manager have both completed eight hours of professional development related to managing a rest home, having attended a manager's training day in November 2021.</p> <p>The facility manager works Monday to Friday and is supported by a clinical manager, who is experienced in aged care and has been in the role of clinical manager for the past six months. The clinical manager works full time from Monday to Friday and is on-call after hours. The clinical manager is responsible for clinical oversight with support provided by the facility manager, and another registered nurse.</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</p>	<p>FA</p>	<p>Thorrrington Village has an established quality and risk management system which is embedded into practice. Quality and risk performance is reported across facility meetings and to the general manager and board.</p> <p>Resident meetings are held monthly. Minutes are maintained. An annual resident and relative survey has been conducted for 2022 with very positive results and comments relating to the care and services provided at Thorrrington Village.</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</p>

<p>meet the needs of people using the services and our health care and support workers.</p>		<p>facility is working towards meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies have been updated to meet the 2021 standards. New policies or changes to policy are communicated to staff via staff meetings and handovers.</p> <p>The quality monitoring programme is designed to monitor contractual and standards compliance and the quality-of-service delivery in the facility. There are clear guidelines and templates for reporting. The facility has implemented established processes to collect, analyse and evaluate data. This is utilised for service improvements; action plans are developed when service shortfalls are identified, and these are monitored by group office. Results are communicated to staff at the monthly staff/quality/risk meetings and reflect actions being implemented and signed off when completed. Communication to staff is enhanced by daily briefings as well as handovers.</p> <p>Health and safety policies are implemented and monitored through the quality/risk meetings, weekly clinical meetings, management meetings and through board meetings. Risk management, hazard control and emergency policies and procedures are in place. A health and safety representative was interviewed about the health and safety programme. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made.</p> <p>Falls prevention strategies are in place including (but not limited to): individual and group exercise programme; meeting individual toileting needs; sensor mats; increased monitoring; identification and meeting of individual needs</p> <p>All incidents and accidents are recorded electronically, with incident and accident data collated monthly and analysed. Results are discussed at staff meetings and at handover. Sixteen incident reports for February and March 2022 were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations have been conducted. Relatives</p>
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		<p>are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>Discussions with the facility manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification completed in August 2021 to notify HealthCERT and the DHB around a respiratory outbreak. The outbreak was confined to the dementia unit.</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 facility manager, clinical manager, registered nurse, and all senior healthcare assistants 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. The clinical manager and the registered nurse share on-call cover for the facility. Good teamwork amongst staff was highlighted during the healthcare assistant interviews. 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 onsite. The clinical manager works 40 hours per week from Monday to Friday 0800 – 1630 and the registered nurse works Monday to Friday from 0730 – 1600.</p> <p>Memory support unit (10 dementia level residents):</p> <p>One HCA 0700-1530, one HCA 0730-1300 cover the AM shift; one HCA 1500-2300, one HCA 1630-2030 cover the PM shift, and one healthcare assistant covers the night shift 2300-0700.</p>

		<p>Rest home area including the studio units (25 rest home residents):</p> <p>One HCA 0700-1530, one HCA 0730-1500, one HCA 0700-1300, one HCA 0730-1300 (studio units) cover the AM shift; one HCA 1500-2300, one HCA 1630-2100 (studio units), one HCA 1500-2300 cover the PM shift, and two healthcare assistants cover the night shift 2300-0700.</p> <p>Other staff include a daily cook and kitchenhand and an evening cook, two cleaners each day and one laundry person from seven days per week. The two activities staff provide activities over 32 hours per week Monday to Friday. There is also a receptionist and a fulltime financial officer.</p> <p>An education programme is in place for 2022. Education in 2022 has been provided around manual handling, skin tear management, fire drill, and hazard and incident reporting. The education programme for 2021 was completed. Training is also available to care staff online. The education and training schedule lists all mandatory topics. Staff have been provided with cultural training specific to Māori and the Treaty of Waitangi. External training opportunities for care staff include training through the DHB, and hospice.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. All HCAs are expected and supported to complete dementia unit standards regardless of whether they work in the memory support unit or not. Out of a total of 24 healthcare assistants, two newly employed staff members have yet to commence training, six staff have completed their level three qualifications plus level 4 dementia unit standards, 12 staff have completed their level four qualification and four have level 3 and are enrolled in level 4 dementia unit standards.</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, use of PPE, fire and</p>
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		<p>emergency training, and manual handling.</p> <p>The clinical manager and registered nurse are interRAI trained.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the facility manager's office in a locked filing cabinet. Seven staff files reviewed (three healthcare assistants, one cook, one activities coordinator, the registered nurse, and the clinical manager) evidenced implementation of the recruitment process, employment contracts, and police checking. There is an appraisal policy. All staff who have been employed for over one year are to have an annual appraisal completed. Completed orientation documentation and up-to-date appraisals were evident in the files reviewed.</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 copy of practising certificates is maintained for all health professionals.</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 healthcare assistants to provide a culturally safe environment to Māori. Volunteers have not been utilised due to Covid. An orientation programme for volunteers is available.</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 wellbeing is recognized through social events that are held</p>

		outside of work and acknowledging staff contributions and commitment during the Covid pandemic. Employee assistance programmes are made available where indicated.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity 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>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy, and electronically. The service utilises an electronic format for all resident information, documentation, and data. Electronic information (e.g. policies and procedures, incident, and accidents) are backed-up and password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. 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>	FA	<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. Six admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>Family members 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 nurse manager or Facility Manager are available to answer any questions regarding the admission process and a waiting list is managed. Advised by the clinical nurse manager and confirmed by resident and family interviews, that the service openly communicates with potential</p>

		<p>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. The service is working in building relationships with local Māori providers.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The care plan policy and procedure guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review. The care plans on the electronic resident management system were resident focused, individualised and identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement.</p> <p>Six resident files were reviewed: four rest home and two dementia level care residents. The clinical nurse manager and registered nurse 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. Initial assessments, long-term care plans and interRAI reassessments had been developed within the required timeframes in all files reviewed. Routine interRAI assessments and long-term care plans had been evaluated in five of six long term resident files. One resident had not been at the service long enough for an evaluation.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. There are two general</p>

	<p>practitioners (GPs) from the same medical practise who visit on alternate weeks. The GP reviews the residents at least three monthly or earlier if required. On call cover is provided by the local 24-hour surgery. One of the GPs (interviewed) commented positively on the care, communication, and the quality of the care staff.</p> <p>There was documented evidence of allied health professional involvement in the resident's care and interventions were integrated into care plans. A physiotherapist is contracted to the service for a total of two hours a week and a physio assistant for two and a half hours per week. The physiotherapist completes initial physiotherapy assessments of residents' post falls and on request. The physiotherapist is involved in the assessment of equipment for residents and provides staff training in safe manual handling. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into the care plan. A podiatrist visits regularly and a dietitian, speech language therapist and wound care specialist nurse is available as required through the local district nursing service.</p> <p>When there is a change in resident health needs, such as infections, wounds, or recent falls, appropriate assessments are completed, and short-term care plans initiated. Written evaluations reviewed, identified if the resident goals had been met or unmet. 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.</p> <p>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 cultural assessment has been implemented. Behavioural assessments have been utilised where needed. Care plans reflect the required health monitoring interventions for individual residents. Neurological observations have been routinely completed for</p>
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		<p>unwitnessed falls.</p> <p>Healthcare assistants 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 HCAs 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 were notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. Family contact is recorded on the electronic database and includes family notifications and discussions. Wound assessments and wound management plans were reviewed for one resident with a graze. There were no other wounds on the day of audit. A wound register is maintained.</p> <p>Healthcare assistants 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.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is an organisational qualified well-being manager who supports the activities team at Thorington. The onsite DT works 22 hours a week and an activities coordinator work 16 hours a week covering a seven-day programme. The overall programme has integrated activities that is appropriate for the cohort of residents. The activities are displayed and include mobility exercises, gentle exercises, walking groups, indoor croquet, word games, board games, sing a long, housie, and household activities of resident's choice. Māori connections are celebrated with a monthly Māori sing a long focus, te reo Māori language sessions, and the use of Māori names on communal facility doors. Special outings (subject to Covid restrictions) include the A &amp; P show, café outings, Pleasant Point barbeque, Lake Hood lunch outings, Lake Tekapo three Day vacation</p>

		<p>and school visits. Seasonal celebrations include but are not limited to Anzac Day, Easter crafts and church services, mid-winter banquet, pink ribbon day, St Patricks day, Father's Day, Mother's Day, and international nurses day. 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>A shop trolley is utilised weekly on Wednesdays. 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.</p> <p>A comprehensive and personalised resident social profile includes a tree of life, a personalised biography of the resident's life including memorable events and an activity assessment including physical, social, cultural, spiritual, and sensory requirements. The activity assessments and resident profile inform a paper-based "simply me" detailed 24-hour daily routine. Assessment information is incorporated in the activities section of the long-term care plan and 24-hour plan. Individual activities plans were seen in resident files reviewed. A continuing journey section is documented monthly, and the activities component of the long-term care plan is evaluated six monthly. The service receives feedback and suggestions for the programme through one-on-one conversations, monthly resident meetings, and resident surveys. The residents and relatives interviewed were happy with the variety of activities provided.</p>
<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</p>	<p>PA Low</p>	<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 HCAs complete annual competencies and education. Regular and 'as required' medications are administered from prepacked blister packs. The RN checks the packs against the electronic medication chart and a record</p>



<p>access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy (also available on call). There were two rest home residents self-medicating metered dose inhalers and one rest home resident self-medicating lubricating eye drops. 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 are checked daily and recorded. Temperatures had been maintained within the acceptable temperature range. Medication room air temperatures are not currently monitored. Eye drops were dated on opening. There is a small stock of medications kept for use on prescription and these are routinely checked. Twelve 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 and in progress notes.</p> <p>Standing orders are not in use. All medications are charted either regular doses 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 Māori.</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>PA Low</p>	<p>The food services are overseen by a qualified cook. All meals and baking are prepared and cooked on site by experienced cooks who are supported by 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 February 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</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>for residents who require texture modified diets and other foods. The kitchen is adjacent to both the rest home and memory care units and meals are plated in the kitchen and served to residents in the dining rooms. Kitchen staff and HCAs interviewed understood basic Māori practices in line with tapu and noa.</p> <p>Residents may choose to have meals in their rooms. The food control plan is due to expire 23 August 2022. 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 were date labelled however not all dry goods were labelled with decanting and expiry dates. Cleaning schedules are documented (link 4.1.2). 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 cook. Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meal service. Relatives of residents from the dementia unit confirmed snacks were readily available.</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 food and fluid texture requirements and any swallowing difficulties are recorded on the care plan. These sections were completed in the six resident files reviewed.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition,</p>	<p>FA</p>	<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. One resident transfer to hospital was reviewed and managed well, relatives were notified in a timely manner and all supporting documentation was copied and sent with the resident as per policy. The service is proactive around referrals to</p>

<p>transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>appropriate health and disability services and supports residents to access social supports and Kaupapa Maori agencies as required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Moderate</p>	<p>The building holds a current warrant of fitness which expires 1 July 2022. There is a maintenance request book for repairs and maintenance requests located at reception. This is checked daily, and actions are transferred to a computer spreadsheet and signed off when repairs have been completed. There is an 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. Hot water temperature records reviewed evidenced higher than acceptable temperatures and no corrective actions documented. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment has been completed. Medical equipment, hoists and scales were checked and calibrated in October 2021. A maintenance person is employed for 20 hours per week, and a property manager who manages all Archer sites. The floor coverings in the kitchen and studio sitting area (vinyl) and the hallways (carpet) were noted to be requiring repair in places. Surfaces around the servery hatch in the kitchen also require repair with porous timber surfaces exposed. These are not able to be cleaned safely and thoroughly. Improvements are required in these areas.</p> <p>Gardeners are employed 40 hours per week to maintain gardens and grounds. Resident rooms are refurbished if required as they become vacant. The corridors are of sufficient width to 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. Healthcare assistants interviewed stated they have sufficient equipment including mobility aids, wheelchairs, electronic chair scales and pressure injury resources, a</p>

		<p>hoist (for use in the case of falls) and a sara-steady to safely deliver the cares as outlined in the residents' care plans.</p> <p>The dementia unit is designed so that space and seating arrangements provide for individual and group activities. There are quiet, low stimulus areas and seating alcoves that provide privacy when required. There is a safe and secure outside walking and garden area, which is easy for dementia residents to access.</p> <p>There are five double rooms in the dementia unit, all had single occupancy on the day of the audit. Privacy can be maintained with screens should these be used for two residents. There are sufficient numbers of toilets and bathrooms for the number of residents in the rest home and in the separate dementia unit. Privacy is maximised in both care settings. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if required. There are privacy signs on all shower/toilet doors. Residents confirmed staff respect their privacy while attending to their hygiene cares. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There is adequate space for the use of a hoist for resident transfers as required. Healthcare assistants 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 large and small communal areas. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. All bedrooms and communal areas have ample natural light and ventilation. There is a mix of electric and heat pumps and residents interviewed stated that the environment was warm and comfortable.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</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>provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>complete a safe and timely evacuation of the facility in case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six monthly and was last held in March 2022. 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. 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 and panels in hallways 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. 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</p>	<p>FA</p>	<p>The clinical manager 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 facility manager and general manager are part of the quality team where infection matters are raised. Infection rates are presented and discussed at quality and risk meetings and to monthly board</p>

<p>participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>meetings. Infection control is part of the strategic and quality plans.</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 a 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 (clinical manager) and is supported by the registered nurse. During Covid-19 lockdown there were regular zoom meetings with the DHB Aged 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 Māori</p>

		<p>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 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 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>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>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>
<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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Thornington 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 infection information 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</p>

with an equity focus.		improvement. The service receives email notifications and alerts from the DHB for any community concerns. There has been a respiratory syncytial virus (RSV) outbreak in the memory care unit in the past 12 months. The outbreak was managed appropriately and reported to Public Health and the DHB.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and 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>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps 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 across seven days. The laundry has a defined clean/dirty area with two door entry/exit. There are cleaning staff rostered seven days a week. 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 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>Kitchen cleaning processes are guided by policies and the food control plan. Cleaning schedules are documented and monitored through internal audits (link 4.1.2).</p>
Subsection 6.1: A process of restraint	FA	Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device



<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>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 clinical manager, is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the monthly quality meetings. The clinical manager/restraint coordinator interviewed described the focus on maintaining a restraint-free environment.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	Medications are stored in a designated medication room in locked cupboards and trolleys. The medication fridge temperatures are monitored daily and evidence all temperatures are within required ranges. The medication room air temperature is not monitored	The medication room air temperature is not monitored.	<p>Ensure the medication room air temperature is monitored and documented according to policy</p> <p>90 days</p>
<p>Criterion 3.5.3</p> <p>Service providers shall ensure people’s dining experience and environment is safe and pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.</p>	PA Low	The service has a current food control plan and adheres to safe temperature ranges. On interview the cook advised all foodstuffs including canned goods and dried ingredients are rotated however, not all decanted dry goods evidenced expiry or best before dates.	Decanted dry ingredients do not evidence decanting dates, best before or expiry dates.	<p>Ensure all decanted goods evidence best before or expiry dates.</p> <p>90 days</p>

<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Moderate</p>	<p>Hot water temperatures are checked monthly across various resident rooms, kitchen, and laundry areas. Records reviewed evidenced that hot water temperatures recorded for December 2021, February and March 2022 were consistently over 45 degrees Celsius. No corrective actions had been documented. The facility manager advised that he often checks the temperature of the hot water system from the boiler/heating source and this records around 45 degrees. The manager contacted the property manager on the day of audit to discuss and to assess how best to rectify the issue. Flooring in the kitchen is made up of large vinyl squares. The joins were noted to have large gaps which then collect dirt and grime. While attempts have been made to correct the issue, the gaps still remain and pose an infection risk. Similarly, in the studio unit sitting room, there has been an issue with water leakage. The carpet flooring has been replaced with vinyl however, this is not fully completed around the edges. Hallway carpet was evidenced as having trip hazards where it has stretched and rippled. The manager has temporarily rectified immediate issues; however this requires a permanent fix to ensure safety of residents. Around the servery hatch in the kitchen the timber framing is worn and exposed. Cleaning of these surfaces is not able to be sufficiently conducted</p>	<p>i). Hot water temperatures in resident areas are consistently recorded as over 45 degrees with no corrective actions documented.</p> <p>ii). Flooring surfaces in kitchen, hallways and studio sitting room, as well as kitchen servery hatch surfaces, pose an infection risk and potential hazards to residents and staff.</p>	<p>i). Provide evidence that hot water temperatures are at 45 degrees Celsius or below.</p> <p>ii). Provide evidence that flooring surfaces and kitchen servery hatch surrounds have been repaired or replaced and that hazards to staff and residents are minimised or eliminated, and that cleaning of surfaces to ensure infection prevention, is able to be safely maintained.</p> <p>60 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

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