

# Observatory Village Charitable Trust - Observatory Village Lifecare

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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:

<b>Legal entity:</b>	Observatory Village Charitable Trust
<b>Premises audited:</b>	Observatory Village Lifecare
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 19 May 2022    End date: 20 May 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	81

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

## General overview of the audit

Observatory Village Lifecare provides hospital (geriatric and medical) and rest home levels of care for up to 93 residents. There were 81 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services 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.

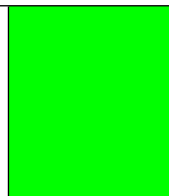
The village manager is appropriately qualified and experienced and is supported by a clinical manager (RN). There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training 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 risk assessments.

The service was awarded a continuous improvement rating related to reduction of urine tract infections.

## 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.

Observatory Village Lifecare provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Observatory Village Lifecare 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.



Subsections applicable to this service fully attained.

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

<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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Residents are assessed by the need's assessment service coordination service prior to admission to determine the required level of care. There is an admission package available to residents and families prior to or on entry to the service. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. The service has information available for Māori, in English and in Māori.

The electronic care plans demonstrate service integration, there is a plan in place for registered nurses to review assessments and care plans on the resident's six-month anniversary. Short-term care plans have been reviewed in a timely manner. The organisation has an electronic resident management system. Resident files are electronic and included medical notes by the general practitioner, and allied health professionals.

The activities manager provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

Medication policies reflect legislative requirements and guidelines. The registered nurse, enrolled nurse and competent caregivers are responsible for administration of medications and have completed education and medication competencies. The electronic

medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. Medications are stored securely.

All food and baking is prepared and cooked on-site in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. There are three spacious dining rooms. The menu has been reviewed by a dietitian and meet the required nutritional values. Alternatives are available for residents. A current food control plan has been registered.

## **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 has a code of compliance, which expires in July 2022. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised, and all have full ensembles.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly.

## 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.

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 a Covid exposure event and these have been well managed. 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 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.

The restraint coordinator is the clinical manager. The service is committed to a restraint-free environment. There are currently no residents with a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed. The service considers least restrictive practices, implement diversion, de-escalation techniques and alternative interventions, and only use approved restraint as the last resort. The Observatory Village Lifecare maintains a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.



## 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	26	0	1	0	0	0
Criteria	1	165	0	1	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

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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 is documented for the service. This policy acknowledges the Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has two residents (hospital level) who identify as Māori. One resident was interviewed. One resident explained about their whakapapa, and Ngāi Tahu whānau history and stated they do not enact its tikanga. The village manager stated that she supports increasing Māori capacity by employing more Māori staff members when they do apply for employment opportunities at Observatory Lifecare Village. At the time of the audit there were three staff members that identified as Māori.</p> <p>There is a cultural advisor (local kaumatua) that visits the facility to support Māori and whānau through the admission process and also provide advice to the board. There are links with The Oamaru Marae Te Whare Koa Community Marae.</p> <p>Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs.</p>

		Thirteen care staff interviewed (eight caregivers, two registered nurses (RNs), two enrolled nurses (EN) and one activities manager) described how care is based on the resident's individual values and beliefs.
<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>	FA	<p>The organisation had developed a comprehensive Pasifika health and wellbeing policy. The existing plan address the Ngā Paerewa Health and Disability Standards 2021. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The organisation partners with Oamaru Pacific Island Community and Fale Pasifika o Aoraki to provide guidance. There were pamphlets in the foyer about Pacific Women's Watch and Commerce Commission and Code of Residents Rights, that were available in Tongan and Samoan.</p> <p>There were no Pasifika residents on the day of the audit. On admission, ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered will be documented. The service capture ethnicity data electronically. The resident's whānau will be encouraged to be present during the admission process, including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The village manager stated that Oamaru has a large Pasifika community and the service has currently twenty Pasifika employees and continues to provide equitable employment opportunities for the Pasifika community.</p> <p>Interviews with eighteen staff (thirteen care staff, three hospitality team members [one cleaner and two laundry assistants], one maintenance person and one chef), ten residents (eight rest home, two hospital), five relatives (five rest home), and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p>
Subsection 1.3: My rights during service delivery	FA	Details relating to the Code are included in the information that is provided to new residents and their relatives. The village manager,

<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>clinical manager or registered nurses discuss 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 monthly resident/family meetings. Residents and relatives interviewed reported that the service is upholding the residents' rights. 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 at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links with Huia Mai. Church services are held monthly.</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 education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The director interviewed stated the Māori Health Strategy adopted by Observatory Village Lifecare sets the overarching framework to guide the service to achieve the best health outcomes for Māori. Tino rangatiratanga is acknowledge within the strategic plan to ensure and promote independent Māori decision-making. Observatory Village Lifecare have also adopted the four pathways of the original He Korowai Oranga framework.</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>FA</p>	<p>Caregivers, ENs and RNs 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</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>in their care or other forms of support.</p> <p>Residents have control over and choice over activities they participate in.</p> <p>Observatory Village Lifecare 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 2022 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 with training part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were one married couple in the facility on the day of the audit (could not be interviewed). The care plans had documented interventions for staff to follow to support to bring the couple together for mealtimes and respect their time together.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives 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 spiritual support is available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated during Māori language week. A Tikanga Māori flip chart is available for staff to use as a resource. Activities board with te reo Māori is in place in various locations throughout the facility. Te reo Māori and tikanga Māori is promoted through the availability of resource tools and leadership commitment to make te reo me ngā tikanga Māori more visible within the organisation. Staff</p>
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		<p>are supported with Te Reo pronunciation.</p> <p>Comprehensive cultural awareness training is provided bi-annually and covers Te Tiriti o Waitangi, Māori world view (te ao Māori) and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at Observatory Village Lifecare is expected to uphold. Observatory Village Lifecare policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of 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 the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</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.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses, enrolled nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>Goal eight of the strategic plan stated the Equity of Health Care for Māori framework is a living document and provides a framework and guide to improving Māori health and leadership commitment to address inequities.</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. Quarterly 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. 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 in the progress notes. Fifteen accident/incident forms reviewed identified relatives are kept informed, this was confirmed through the interviews with relatives.</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 was one resident who did not speak English. There are four staff that can speak the same language and can assist with interpretation and support.</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 and DHB specialist services (e.g. physiotherapist, clinical nurse specialist for wound care, clinical nurse specialist mental health older person health, hospice nurse, speech language therapist and dietitian). 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</p>	<p>FA</p>	<p>There are policies around informed consent. Nine resident files reviewed (five at hospital level, four at rest home level of care), included signed general consent forms. Other consent forms include</p>

<p>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>		<p>vaccinations, clinical placements of students, media release and van outings. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives confirmed that 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>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 general 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>The complaints logged were classified into themes (for example, staff related, property related, quality of care) in the complaint register; seven in 2021 and four in 2022 (year-to-date). There were no complaints from any external agencies.</p> <p>Complaints logged include 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 relatives confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly, chaired by the activities manager. Residents/relatives making a complaint can involve an independent</p>



		<p>support person in the process if they choose.</p> <p>Information about the support and resources for Māori is available to staff to assist Māori in the complaints process. The village manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>
<p><b>Subsection 2.1: Governance</b></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 sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Observatory Village Lifecare is located in Oamaru and is a purpose-built facility. The service provides care for up to 93 residents at rest home and hospital level care. There are 81 beds in the care facility and 12 attached serviced apartments certified to provide rest home level care. All beds in the care facility are dual-purpose beds.</p> <p>There were no residents at rest home level care in the serviced apartments.</p> <p>On day one of the audit, there were 81 residents (49 rest home level, 32 hospital level including one on a long-term chronic health contract [LTS-CHC] and two on a younger person with disability contract [YPD]). All other residents were under the age-related residential care agreement (ARRC).</p> <p>Observatory Village Lifecare has an overarching strategic plan (2021-2026) is in place with clear business goals to support their philosophy of 'person centred model of care'. The model of care has five domains. Each domain is divided into three subcategories reflecting levels of acuity, severity and complexity. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Wha.</p> <p>The business plan (2021-2022) includes a mission statement and operational objectives with site specific goals. The village manager reports to Observatory Village Care Ltd Board of three directors that govern over the care centre, operations, and further development of the village. One director who is also the chair of the Board (interviewed) has over 20 years' experience in aged care and stated the Board receive a directors report monthly from the village manager. Each member of the Board has its own expertise, and the roles and</p>

		<p>responsibilities are documented in the Trust Charter.</p> <p>The chair interviewed explained the strategic plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There is a cultural advisor (local kaumatua) that provide advice to the Board in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The board visited The Oamaru Marae Te Whare Koa Community Marae for kawē mate (memorial ceremonies).</p> <p>The Board attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. All three directors completed Mauri Ora cultural competency.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, quality meetings and quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>The working practices at Observatory Village is holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha.</p> <p>The village manager (non-clinical) commenced employment at Observatory Village Lifecare in in February 2021 and has many years' experiences in managerial roles in the health industry and within hospitality.</p> <p>The village manager is supported by a clinical manager (in the role for three years), assistant to the manager, hospitality manager and contracted clinical/quality advisor (RN).</p> <p>The village manager has completed more than eight hours of training related to managing an aged care facility and include understanding interRAI information, privacy related training, cultural awareness and cultural competency completion, health and safety training and</p>
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		<p>workplace first aid.</p> <p>The clinical governance group is led by the clinical manager and include registered nurses and caregivers. The role of the group is to oversee clinical issues as they arise, to implement actions to address issues and to educate clinical staff in best practice. A monthly report is provided to the village manager.</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>Observatory Village Lifecare is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. The village manager provided an example of a report that can be generated for this purpose.</p> <p>Bi-monthly quality meetings and 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. 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 on a quality noticeboards, located in the staff room and the nurses' stations. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Quality initiatives (to reduce medication errors in 2021 and reduce/zero pressure injuries in 2022) are documented and progress monitored and recorded at regular intervals. The service is proactive in establishing quality initiatives/projects including (but not limited to), establishing a clinical governance group, and reduction in falls with fractures 2020/2021.</p> <p>All staff completed cultural competency and cultural safety training to</p>

		<p>ensure a high-quality service is provided for Māori.</p> <p>The 2022 resident and family satisfaction surveys indicate that both residents and family have reported high levels of satisfaction with the service provided. Results have been communicated to residents in resident meetings (meeting minutes sighted). A documented action plan is in progress to improve on the tea meal service.</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 with further updates required in order 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 an annual identified health and safety goal that is directed from head office. A health and safety team meets quarterly. There are two health and safety representatives and all have completed level 2 health and safety training. Hazard identification forms and an up-to-date hazard register were reviewed (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 noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for four hours per week and when required and is assisted by a physiotherapy assistant for 20 hours per week. Strategies implemented to reduce the frequency of falls include intentional rounding, walking/talking handovers and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated and updated when changes occur. The clinical governance group will evaluate</p>
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		<p>interventions for individual residents. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises.</p> <p>Electronic reports using Vcare are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in fifteen accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours, skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs using best practice low/high performance levels per 1000 bed days; a tool developed by the clinical/quality advisor.</p> <p>Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Neurological observations were consistently recorded as per policy. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>Discussions with the village manager, clinical/quality advisor and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT around issues relating to two stage III pressure injuries (January 2022, a facility acquired and April 2022, a non-facility acquired) and two for RN shortages (February and May 2022). There had been one recent Covid 19 exposure outbreak affecting 19 residents and 28 staff in March 2022. These were appropriately notified.</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</p>	FA	<p>There is a staffing policy that describes rostering. The roster provides appropriate coverage for the effective delivery of care and support. The registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is high with the unavailability of RNs to fully cover the roster. Challenges also arise when staff call in as unavailable. There were collaborations with the</p>

<p>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>DHB and New Zealand Aged Care Association (NZACA) leadership group to develop a tool of pathway to follow according to the level of risk related to RN staff shortage. The service follows this tool /pathway to manage risk. There is an on-call policy and roster.</p> <p>The service currently has six RN positions vacant and three prospective candidates to start in the next six weeks.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The village manager (non-clinical) and clinical manager are available Monday to Friday and on-call as required..</p> <p>The roster is developed to cover three zones- each zone has its own nurse's station.</p> <p>To oversee all three zones (Zone 1 total of 26 residents 17 rest home and 9 hospital residents, Zone 2 have a total of 27 residents with 17 rest home and 10 hospital residents and Zone 3 total of 28 residents with 15 rest home and 13 Hospital):</p> <p>AM one RN works 7am-3.30pm, a second RN/EN 7am-3.30 pm and a third EN/medication competent caregiver 7am-3.30pm</p> <p>PM one RN works 3pm-11.15pm, a second RN/EN 3pm-11.15pm and a third EN/medication competent 3pm-11.15pm</p> <p>AM Total of ten caregivers- three per zone (four work from 7am-3.15pm and five works from 7am-2pm and one, another medication competent 10am-5pm to assist and work across zones (there is also a 7am-1pm shift added when acuity changed)</p> <p>PM Total of nine caregivers- six caregivers (four from 3pm-11.15pm and four from 3pm-9pm) and one shift added from 3pm- 9.30 pm when acuity changed)</p>
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		<p>NIGHT One RN and three caregivers</p> <p>Also included are three housekeepers from 8-2 pm and two from 4-8 pm. They will also assist with bedmaking, linen changes and assisting in the dining room to clean.</p> <p>A physio assistant is part of the activities team and works 20 hours across four days and three activities coordinators working from Monday- Saturday from 10am - 4pm.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural awareness training in March 2022, and all completed a cultural competency to reflect their understanding providing safe cultural care, Māori world view and the Treaty of Waitangi. The training content provided resources to staff and are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>External training opportunities for care staff include training through the DHB, hospice, Aged Concern and the Stroke Foundation.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty caregivers are employed. The Observatory Village Lifecare orientation programme ensure core competencies and compulsory knowledge/topics are addressed. Twenty-five caregivers have achieved a level three NZQA qualification or higher. There are fifteen caregivers that either completed or are enrolled to complete a level 2 qualification levels.</p> <p>A competency assessment policy is being implemented. All staff are required to completed competency assessments as part of their orientation. Level four caregivers complete many of the same competencies as the RN/EN staff (e.g. restraint, medication administration, controlled drug administration, nebuliser, blood sugar</p>
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		<p>levels and insulin administration, oxygen administration, wound management, nebuliser). Additional RN/EN specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and interRAI assessment competency. Five RNs (including the clinical manager) are interRAI trained. All RNs are encouraged to attend external training, webinars and zoom training where available. All RNs attend relevant quality, staff, RN, restraint, health, and safety in infection control meetings when possible.</p> <p>All caregivers are required to complete annual competencies for restraint, handwashing, correct use of PPE, cultural safety and moving and handling, A record of completion is maintained on an electronic register.</p> <p>There have been no agency staff used in the last twelve months.</p> <p>The service encourages all their staff to attend meetings (e.g. staff meetings, quality meetings). Resident/family meetings are held three monthly and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted). A clinical governance group meets a week before the two-monthly quality meeting. The quality advisor reviewed the policies against the 2021 standards and included a topic in the agenda of meeting minute templates including the governance /village manager report where ethnicity data can be discussed, and opportunities created to share Māori health related information. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, handwashing, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. Environmental internal audits are completed. Staff wellness is encouraged through participation in health and wellbeing activities. Local Employee Assistance Programme (EAP) are available to staff and a dedicated caregiver liaison that support staff to balance the roster with their needs.</p>
Subsection 2.4: Health care and support workers	FA	There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files



<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>are securely stored. Ten staff files reviewed (clinical manager, two caregivers, two housekeepers, two RNs, one activities manager, one chef, one kitchenhand) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, physiotherapy, podiatry and dietician). There is an appraisal policy. All staff who had been employed for over one year have 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 caregivers to provide a culturally safe environment to Māori.</p> <p>Volunteers are used but have been limited over the last two years since Covid. An orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified and an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p>

<p>data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or back up on the electronic system and easily retrievable when required.</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 who are admitted to the service have been assessed by the needs assessment service coordination service to determine the required level of care. The facility village manager and clinical manager screen the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the resident back to the referrer and maintain data around the reason for declining. The management team describe reasons for declining entry would only occur if the service could not provide the required service the resident required, after considering staffing, equipment requirements, and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The village manager completes a weekly report identifying how many prospective residents and families have viewed the facility, admissions and declined referrals, which goes to the Board and sales/finance manager. This report includes ethnicity data and reports are able to be generated regarding Māori ethnicity.</p> <p>The service receives referrals from the needs assessment service coordination service, the District Health Board, Hospice and directly</p>

		<p>from residents or whānau.</p> <p>The service has an information pack relating to the services provided at The Observatory Village Lifecare which is available for families/ whānau and residents prior to admission or on entry to the service and kept in the resident room. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The Observatory Village Lifecare have a person-centred and whānau-centred approach to services provided. Interviews with ten residents and five family members all confirmed they received excellent information at entry and communication was good. The service includes information on meeting lifecare needs including other support services, such as community support groups, privacy information, residential care subsidy and advocacy services.</p> <p>The service identifies and implement supports to benefit Māori and whānau. A resident advocate/Kaumatua is available to support Māori and whānau through the admission process. The service has information available for Māori, in English and in te reo Māori. There are three staff that identify as Māori. The service has meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>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. Short-term care plan policy and procedure is included in this policy.</p> <p>There are a suite of policies around clinical aspects of care including (but not limited to); continence, challenging behaviour, pain, personal hygiene, intimacy and sexuality, skin wounds, fall prevention, spirituality and grief, and cultural safe care. The care plan documentation has the English and Te Reo wording equivalents. The service has a Person-Centred model of care.</p> <p>Nine electronic resident files were reviewed: five hospital (including</p>

	<p>one resident on a YPD contract and one resident on LTS-CHC contract) and four rest home level. A registered nurse had undertaken an initial assessment, risk assessments and developed an initial care plan for all residents on admission. The Māori resident on LTS-CHC had appropriate risk assessments and initial care plan completed including a Māori health care plan and a Māori advanced care plan. The YPD resident had an initial care plan and risk assessments completed, and long-term care plan completed. Risk assessments and review of the long-term care plan had been completed.</p> <p>Registered nurses complete an initial assessment and care plan on admission to the service which includes relevant risk assessment tools including (but not limited to); falls risk, detailed pain, pressure injury, skin, continence, and nutritional assessments. Risk assessments are completed six-monthly or earlier due to health changes. However, two of the rest home residents' files reviewed did not have risks assessments completed following a change in health status in a timely manner. InterRAI assessments and long-term care plans were completed within the required timeframe for those residents that had been at the service longer than six months. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included in the resident electronic file. Residents and whānau interviewed confirmed they participated in care planning and decision making. The registered nurses interviewed describe working in partnership with the resident and whānau to develop initial and long-term care plans.</p> <p>Staff described how the care they deliver is based on the four corner stones of Māori health 'Te Whare Tapa Whā. Care plans include the physical, spiritual, family, and mental health of the residents. For end of life care they use Te Ara Whakaperi. The service has a Māori Health action plan ensuring equal access to services for Māori which details for staff what to be aware of when developing a Māori resident's long-term care plan. The service also has Ola Manuia, a Pacific Health and wellbeing plan.</p> <p>The care plans on the electronic resident management system were</p>
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	<p>resident-focused and individualised. However, two of the rest home residents long-term care plans reviewed did not identify all support needs, goals, and interventions to manage medical needs/risks following a change in health. Care plans include allied health and external service provider involvement. The short-term care plans integrate current infections, wounds, or recent falls to reflect resident care needs. Short-term needs are added to the long-term care plan when appropriate and removed when resolved.</p> <p>Residents have the choice to remain with their own GP, however there is a 'house' general practitioner (GP) who provides medical services to residents. The GP visits once a week and completes three-monthly reviews, admissions and sees all residents of concern. The GP stated being notified via email or phone call in a timely manner for any residents with health concerns. There is an after-hours service available to Observatory Village Lifecare. All GP notes are entered into the electronic system. The GP interviewed commented positively on the care the residents received. Allied health care professionals involved in the care of the resident included, (but were not limited to), physiotherapist, clinical nurse specialist for wound care, clinical nurse specialist mental health older person health, hospice nurse, speech language therapist and dietitian.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or referral to nurse specialist consultants occurs. A personal care internal audit completed in March 2022 evidenced 96% compliance.</p> <p>There were ten residents (six hospital and four rest home) with a total of eleven wounds including skin tears, lesions, infected toe, bunion, and cellulitis. Four hospital level residents have stage I pressure injuries, and one hospital resident has an unstageable pressure injury which was present on admission. Incident reports and section 31 notification have been made to the Ministry of Health. The electronic wound care plan documents the wound assessment, wound</p>
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		<p>management plan and evaluations are documented with supporting photographs. The wound care clinical nurse specialist and GP have input into chronic wound management. Registered/enrolled nurses have completed wound care training February 2021 as part of the education plan. The wound care clinical nurse specialist has also facilitated wound care education updates. Pressure injury management is part of the facility audit plan resulting in 97% February 2021 and 98% February 2022.</p> <p>Registered/enrolled nurses and caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts including (but not limited to) weights, observations included vital signs, neurological observations, turning schedules and fluid balance recordings, were implemented according to the care plan interventions.</p> <p>Short-term care plans are regularly reviewed and if the issue is not resolved within three weeks, the short-term care plan is completed, and interventions were added to the long-term care plan. A planner was sighted in the nurses' stations and clinical managers office documenting when residents interRAI reassessments and care plan reviews were upcoming.</p> <p>Relatives are invited to attend GP reviews and interRAI assessments, if they are unable to attend, they are updated of any changes.</p> <p>Registered/enrolled nurses and caregivers interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. There is a handover document completed for each duty. Progress notes are maintained on the electronic programme</p>
Subsection 3.3: Individualised activities	FA	The activities programme is provided by the activities manager who provides activities from Monday to Friday. The activities manager is supported by two other activities staff. The activities manager collates

<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>a social profile of the resident in the electronic system and then arranges what is important to that resident and she develops a social/cultural programme based on the information she has gathered.</p> <p>The registered nurses record some information and include this into the long-term care plan. A cultural assessment is completed to inform Te Whare Tapa Wha. Residents are encouraged to use Te Reo Māori. The care plan includes spirituality and religious preferences. The activities manager maintains attendance records and uses these to document progress notes. An internal audit completed in March 2022 evidenced 93.83% compliance for care and files which included activities.</p> <p>Residents, families, the chef, and registered nurses receive a copy of the monthly programme which has the daily activities displayed and includes individual and group activities. The activities manager endeavours to include previous hobbies and interests to the planner. There are monthly themes for example, Matariki, Māori language week, Easter, and Christmas. The planner accommodates one-on-one activities such as story gathering, wheelchair walks, massage, shopping, manicures, reading, and sensory activities.</p> <p>The staff are a wide diverse team from many nationalities and part of the activities programme is to celebrate diversity, which has included, Kapa Haka entertainment, Matariki was celebrated for the month, and children from the local schools, and kapa haka groups visited previously prior to covid restrictions. The facility has held residents craft exhibition where one of the Māori residents displayed and sold jewellery that was made at the facility. The money raised was donated. The facility supported and encouraged the Māori resident to maintain craft skills and links to Māori culture. The activities manager is able to access a local Māori group online (Te whare Koa Māori) and access activities and events available. A recent cultural day was held with Māori presentations and encouragement of Māori family connections. The facility has Māori and Pacific Island staff which are able to assist with cultural activities.</p> <p>There are a wide range of activities on offer, including (but not limited</p>
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		<p>to); quizzes (in English and Te Reo Māori) van outings, exercises, games, knit and natter news groups entertainers and housie. On the days of the audit, residents were enjoying exercises, going out on the van, participating in quizzes, playing a golf game, and attending happy hour. One on one included “conversations that count” and reading. Activities are held in line with the theme of the month such as Mother’s Day for the month of May. Pet therapy, dancing displays from Scottish Highland dancer’s and ballroom dancers and Olympic games have been some of the highlights of the activities programme. The needs of younger residents are accommodated. The activities manager ensures she takes the time so all residents can live their best lives.</p> <p>Covid restrictions over the last two years has limited community involvement however the service has maintained strong links within the community. A number of residents attend the Age Concern exercises classes and also the local Women’s Institute group. Van rides occur twice-weekly and with covid restrictions lifting, includes lunches and picnics, drives to places of interest selected by the residents. The facility has two residents’ vans, one of which accommodates wheelchairs. The services have links to local schools that visit to assist with exercises and morning teas.</p> <p>Residents provide feedback in a range of forums including residents’ three-monthly meetings and satisfaction surveys (92% 2022 which had increased from 75% in 2021). Residents provide feedback informally daily to the activities manager. The activities manager completes an annual review of the activities (January 2021-December 2021) looking at all aspects of the activities programme. Recommendations included to survey the residents to determine what their expectations are and to have a focus on activities to meet the needs of chair-bound residents.</p> <p>All residents at the facility were English speaking, however, the activities manager is able to access local or online interpreter services if required. The service has Māori and Pacific staff members that can assist as required. The days of the week are routinely displayed in</p>
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		<p>Māori.</p> <p>Residents have a copy of the activities programme in their rooms for easy access to staff. The programme is displayed around the facility, in all three nurses' stations and in the kitchen for the chef to consult.</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 access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in two medication rooms (only one has controlled medications). The internal audit schedule includes medication management. The medication management internal audit recorded 99% compliance in July 2021.</p> <p>Registered/enrolled nurses and medication competent caregivers administer medications, and all have completed medication competencies. Caregivers who have completed the second checker competency can act as a second checker if required. The pharmacist has visited the facility to provide education sessions around medications May and July 2021. Registered nurses have completed syringe driver training. All medication robotic packs are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent and safe storage of the medications. There were seven residents (three hospital and four rest home) who self-administer medications of the day of audit. One hospital and one rest home resident were self-administering all medications. Other residents were administering inhalers only. Residents' medications were stored securely in their rooms, and all had competencies in place which had been signed and reviewed three-monthly by the GP. There are no standing orders or 'nurse initiated' medications used. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP. All medication errors are reported and collated with quality data.</p> <p>The medication fridges and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy, there were</p>

		<p>no expired drugs on site on the day of the audit.</p> <p>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 for those residents that has been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. The registered/enrolled nurses and management describe working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, treatment is prioritised to achieve better health outcomes. The medication policy describes Māori health equity and partnership and documents access to the Māori Pharmacist's Association Nga Kaitiaki o Te Puna Rongoa which answers questions whanau have about medications. The policy also includes Rongoa Māori key concepts, the practice of Rongoa rakau and a list of Māori traditional healing/treatment remedies.</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 chef who has been at the services for five years. The chef is supported by a cook and seven kitchen hands. All meals and baking are prepared and cooked on-site by qualified chef/cook. All food service staff that are involved in cooking have completed food safety training November 2021. The chef facilitates the food safety education (previous Polytechnic educator). The Food Control Plan expires 25 July 2022. The four-weekly menu has been approved and reviewed by a registered dietitian and is due for review September 2023. The chef (interviewed) receives resident dietary profiles and notified of any dietary changes for residents. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes.</p> <p>The kitchen is centrally located off the main community dining room and community lounge. There are two smaller but spacious dining</p>

		<p>rooms. The chef serves the residents meals in the community dining room from the bain marie and the kitchenhands serves meals in the other two dining rooms from bain maries. Food is transported from the main kitchen to the other dining rooms via hot boxes. Tray service is available for residents who choose to dine in their rooms. The menu is displayed at the dining room doors and on a board so residents can easily see what is on the menu for the day. All staff have an understanding of tapu and noa. Staff were observed adhering to tapu and noa consistent with a logical Māori view of hygiene and align with good health and safety practices.</p> <p>All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. Food is probed for temperature and transferred to the hot box until serving when it is transferred to the bain-marie and served. The internal audit schedule includes food service audit. The last internal audit evidenced 98% in February 2022 and previously 97% in February 2021.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required. The satisfaction survey completed in 2021 evidenced 86% satisfaction with food quality and 100% in 2022. Residents and relatives interviewed were complimentary of the food services. The chef participates in the activities theme months particularly during cultural theme months and celebrations, and the menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can be requested. The chef and activities manager are planning a Hongi for Matariki celebrations in June 2022.</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</p>	<p>FA</p>	<p>The transition, transfer and discharge of resident management policy ensures a smooth, safe, equitable and well organised transfer or discharge of residents. The village manager and/or the clinical manager are responsible for facilitating the transition, transfer, or discharge process. The registered nurses interviewed describe exits,</p>

<p>wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. The service utilises the 'yellow envelope' system. A copy of the advance directives, advance care plan (where available), a transfer report is completed, and medication chart are included in the yellow envelope. A verbal handover is provided. Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services including social support and or Kaupapa Māori agencies as required. Referral documentation is maintained on resident files. Discussion with the registered nurses identified that the service accesses support either through the GP, specialists, and allied health services as required. There is evidence of referrals for re-assessment from rest home to hospital level of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The maintenance management policy ensures the interior and exterior of the facility are maintained to a high standard, and all equipment is maintained, serviced and safe. The building has a building warrant of fitness which expires on 18 July 2022. The service has a contacted maintenance person, who is available Monday to Friday. There are essential contractors who can be contacted 24 hours a day. Maintenance requests are logged into the maintenance book at reception and signed off once completed by the maintenance person. There is a preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks and calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. All equipment includes (but not limited to); three standing hoists, three full body hoists with a range of slings, three steady sara's, mobility equipment, weigh scales, pressure relieving equipment and sensor mats. There are environmental audits and building compliance audits, which are completed as part of the internal audit schedule and evidenced 100% compliance in March 2022. The satisfaction survey for 2021 and 2022 evidenced a 100% satisfaction rate for environmental safety.</p> <p>The Observatory Village Lifecare is a spacious, purpose-built building</p>

	<p>on one level. There are four wings in the care centre – the Kakanui wing has 20 rooms, the Ahuriri wing has 20 rooms, the Waitaki wing has 20 rooms, and the Wanbrow wing has 21 rooms. All resident rooms are large and include full ensuites. There is a large shared open plan community lounge and dining room between the two wings. There are three other lounges and two other dining areas including a courtyard lounge and atrium lounge. Communal rooms include a library, well equipped gymnasium, a games room, media room, hairdresser, a chapel and a whānau meeting room. There is a separate wing of 12 serviced apartments (ORAs) that have also been verified as suitable to provide rest home level care.</p> <p>There is safe access to outdoor areas that are landscaped with paving, decking, and grassed areas. All outdoor areas have been planted and landscaped. All resident rooms have large windows for light and views. There is a clinical managers secure office, and three secure nurses' offices situated appropriately in the facility. There are several areas for resident to participate in activities including the large community lounge where exercises take place as observed during the audit. All areas and offices have signs with English and te reo names. The days of the week are also displayed in Māori.</p> <p>The external areas and gardens were well maintained. Outdoor areas had seating and shaded areas available. There is safe access to all communal areas. Caregivers and registered nurses interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>There are 81 large rooms and 12 studio apartments with occupational rights agreements. All rooms have been designed for hospital level care and have been certified as dual purpose. Each room has a spacious ensuite shower/toilet with appropriately situated call bells and handrails. Residents bring their own possessions into the home and adorn their room as desired as observed during the audit. Hospital level residents have hi/low hospital beds. 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. Residents requiring transportation between rooms or services are able to be moved from their room either by</p>
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		<p>trolley, bed, lazy boy or wheelchair.</p> <p>There are handrails in ensuites, and communal bathrooms. There are mobility toilets near to the communal lounges. The hallways are wide and there are small seating areas midway in each corridor for residents to enjoy a quiet area, or rest. The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is a centralised equipment storage area. Resident rooms, the nurses' station, kitchen, and sluice areas have free flowing soap and paper towels. The visitor's toilet has free flowing soap.</p> <p>There are other meeting rooms available for whānau/family meetings. There are a number of sitting areas around the facility and a large atrium area that can be used as a communal area.</p> <p>The building is appropriately heated and ventilated. There are underfloor heating and radiators throughout the facility. The temperature in each room can be individually set. There is plenty of natural light and views in all the rooms.</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>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The disaster management policy (includes the pandemic plan) outlines the specific emergency response and evacuation requirements for each site as well as the duties/responsibilities of staff in the event of an emergency. The emergency management procedure guides staff to 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 3 August 2020 following completion of the third stage of the building. A fire evacuation drill was held 14 January 2022 and is completed six-monthly. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There are emergency folders with specific information held in the nurse's station and civil defence supplies stored in a centrally located cupboard. Each nurse's station has a civil defence kit readily available for emergencies. All supplies including food stores are checked monthly. In the event of an emergency there are food supplies to last at least two weeks. In the event of a power</p>

		<p>outage there is access to a back-up generator and gas cooking. Battery backup lighting is also available. There are adequate supplies in the event of a civil defence emergency including a 2,000-litre water tank with access to a water tanker from Waitaki District Council if required. Emergency management is included in staff orientation and ongoing as part of the education plan annually. 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. Residents can choose to have a call bell pendant if they wish (observed), which are connected to caregivers' pagers. Indicator lights are displayed above resident doors to alert them of who requires assistance and display panels are also placed throughout the facility. Residents were observed to have their call bells in close proximity. There are environmental audits and building compliance audits, which are completed as part of the internal audit schedule and evidenced 100% compliance in March 2022 which includes answering call bells in timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. Currently under Covid19 restrictions, visitors are instructed to wear masks, sanitise hands and sign in.</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 programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The clinical manager oversees infection control and prevention across the service with support from the clinical/quality advisor. 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 electronic quality risk and incident reporting system. The infection control programme is reviewed annually by the clinical/quality advisor and infection control audits are conducted. Infection matters are raised at two-monthly quality meetings. Infection rates are presented at staff meetings and discussed at quality meetings and clinical governance group meetings. Infection control data is also reviewed by the clinical/quality advisor and benchmarked against best practice quality indicator reference ranges. Infection control is part of the strategic and quality plans. The governing body receive reports on progress quality and strategic plans relating to</p>

		<p>infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with IP and AMS on a monthly basis including any significant infection events.</p> <p>The service has access to an infection prevention clinical nurse specialist from the DHB. Visiting hours are controlled.</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. 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 the last three years and is supported by the clinical/quality advisor. During Covid-19 lockdown there were regular zoom meetings with the DHB which provided a forum for discussion and support related to the Covid response framework for aged residential care services. 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.</p> <p>The infection control coordinator has completed an online MOH infection training and there is further education planned. There is good external support from the GP, laboratory, and the clinical/quality advisor. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra PPE equipment as required.</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 by the clinical/quality advisor in consultation with infection control</p>



		<p>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 IPC policies acknowledge importance of te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out.</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 and staff were informed of any changes by noticeboards, handovers and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</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 antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting and clinical governance group. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Observatory Village Lifecare</p>

<p>(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>		<p>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 risk management system. 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, staff meetings and clinical governance group. The service is incorporating ethnicity data into surveillance methods and data captured around infections and this is now an agenda item on the meeting minutes. 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 information from the local DHB for any community concerns. There have been no outbreaks since the audit; however, there was a Covid exposure event where a number of staff and residents were affected. All have recovered well. The facility followed their pandemic plan. Staff wore PPE. Residents and staff were RAT tested daily. Families were kept informed by phone or email. Visiting was restricted.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and 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>FA</p>	<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 kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, apron's and masks 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 room in each area and the sluice room has a sanitiser and a sink. Goggles are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on-site. The laundry is operational seven days a week. Laundry staff are responsible for distributing clean laundry by putting linen into linen cupboards and personal laundry into baskets before returning this to residents' rooms. There are three housekeepers on each morning and two in the afternoon. The linen</p>

		<p>cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The one housekeeper and two laundry assistants interviewed were knowledgeable regarding their responsibilities.</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>The Observatory Village Lifecare has maintained commitment to being restraint free. There were no residents currently with restraint. The restraint policy states, 'We are committed to providing a restraint-free environment. It is our policy to actively investigate all options prior to implementing any form of restraint. Restraint is only to be used when all other options have been tried and as a last resort to ensure the safety of residents and others'. The restraint policy also states that if restraint is required the approval group must sign the approved restraint guide and members of this group will include a Māori and whānau representative to work in partnership and ensure services are mana enhancing and use least restrictive practices. The village manager and clinical manager interviewed described the focus on maintaining a restraint-free environment.</p> <p>Any restraint use would be reported through monthly clinical manager reports to the clinical and quality advisor and village manager which includes alternatives. The village manager and the clinical and quality advisor report directly to the Board regarding restraint management. The village manager is directly involved in the service and supports the management team on eliminating any restraint use.</p> <p>The restraint coordinator is the clinical manager. The clinical manager has been in this role for three months and has been employed at the facility for three years. There is a job description, and the clinical manager has completed specific training to the role through previous roles and experience. The restraint coordinator monitors environmental impacts on the potential use of restraint and implements changes that contribute to restraint minimisation/restraint free. An example of this is the use of low-low beds, fall out mats', sensor mats, chair sensor mats, diversion and de-escalation. Restraint is discussed at the monthly registered nurse meetings and head of department meetings. The clinical manager completes six-</p>

		<p>monthly (or as required) restraint audits to ensure that all appropriate action is taken to remain restraint free. Restraint audit completed in April 2022 reported 100% compliance. If restraint is in place this will be reviewed three-monthly.</p> <p>The Restraint management policy and procedure informs the delivery of services to avoid the use of restraint. The use of alternatives methods is a focus of the policy such as but not limited to, diversion and de-escalation. The clinical nurse specialist from older persons health mental health services has completed training for staff at the facility. The policy includes holistic assessment processes of the person, care plan, and information on avoiding the use of restraint aligning with the updated 2021 standards.</p> <p>Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed. All staff have current restraint competencies (December 2021). A training register supports management to monitor those staff who have not completed training or competencies are out of date. Falls prevention and restraint minimisation education was completed November 2021.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 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 person’s care or support plan, which are agreed collaboratively through the</p>	PA Low	Risk assessments are completed six-monthly or earlier due to health changes. However, two of the rest home residents’ files reviewed did not have risks assessments completed or updates to interventions in the care plan following a change in health status in a timely manner.	<p>One rest home resident had four falls in three months 2022 and no post falls risk assessments had been completed or interventions updated in the care plan. The resident had a fractured pubic ramus. The facility completed a short-term care plan for the fractured pubic rami; however, there was no pain assessment completed on return to the facility from hospital, to assess and manage the residents pain level. Staff were fully aware of care needs and supports and the relative was kept informed.</p> <p>One rest home resident had two falls in January 2022 and no post falls risk assessments had been completed or interventions updated in the care plan. Staff were fully aware of care needs and</p>	<p>(i).To ensure that risk assessments are completed following an incident or change in residents’ health status and, (ii) ensure the changes are updated in the care plan and implemented.</p> <p>90 days</p>

<p>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>			<p>supports and the relative was kept informed.</p>	
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	CI	<p>The aim of the project was to work with the Health Quality and Safety commission on a pathway of early intervention and treatment of urinary tract infection in elderly residents in aged residential and not relying on antibiotic use for first line of treatment. The collaborative effort aims to support and encourage quality and safety improvements, to identify areas where improvements can be made, and to drive change. The clinical governance group reviewed the incidence of urinary tract infections in December 2020 and wished to partake in the project ‘model of improvement of UTIs in aged care’.</p> <p>The service was supported to identify best practice using latest clinical resources.</p>	<p>The service recognises UTIs are one of the most common reasons for antibiotic prescribing in New Zealand. The service implemented a plan to reduce the incidence of urinary tract infection. Interventions included non-pharmacological interventions to support prevention of UTIs (but not limited to); education for staff, regarding fluid intake and personal cares, educating residents and family regarding prevention of urinary tract infection and the importance of drinking plenty of fluids. Family and resident information was provided as part of care and also as part of resident/family meetings and communication.</p> <p>The service reviewed staffing and ensured support is available to improve residents’ routine/habits of fluid intake. The service reviewed continence products and ensured the</p>

			<p>correct use of products. Antimicrobial champions were appointed to ensure prophylactic antibiotics are a last-line treatment option and routine urine dipstick of detecting bacteriuria without urinary symptoms be avoided.</p> <p>Surveillance data had been regularly reviewed at IPC and quality meetings to ensure effectiveness of strategies are monitored. Care staff interviewed stated the team collaborated together to ensure the strategies are passed on through their walking/talking. The GP reviewed the antimicrobial usage monthly.</p> <p>Over the period December 2020 to April 2022, the incidence of urinary tract infections had reduced from 55 to less than 10. The incidence of UTIs in 2021 were below the benchmarking upper reference range of 8 (reduced from 2.0 to 0.75 in 2021). The resident satisfaction results of 2022 improved and confirm a high satisfaction (from 83% to 92%) around care provided, residents own involvement in their care and staff.</p>
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End of the report.