

Presbyterian Support Services (South Canterbury) Incorporated - The Croft Complex

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Presbyterian Support Services (South Canterbury) Incorporated
Premises audited:	The Croft Complex (Rest Home, Hospital, Dementia Care)
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 23 May 2022 End date: 24 May 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	74

Executive summary of the audit

Introduction

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

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

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

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

General overview of the audit

The Croft Complex is part of the Presbyterian Support South Canterbury (PSSC) organisation. The Croft is one of three aged care facilities managed by PSSC. The service is certified to provide rest home, hospital (geriatric and medical), psychogeriatric and dementia level care for up to 79 residents including rest home level care across four serviced apartments. On the day of the audit there were 74 residents.

The service has added a new 20-bed psychogeriatric unit to their service in May 2021.

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 nurse manager is appropriately qualified and experienced and is supported by a clinical coordinator (RN). There are quality systems and processes being implemented. Feedback from residents and families was 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 an improvement required in relation to care planning.

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

The Croft Complex provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori 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. The Croft Complex 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

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk
---	--	--

There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly.

Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities coordinators provide and implement an interesting and varied activity programme which includes resident-led activities. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan and snacks are available 24/7.

Te aro ki te tangata me te taiao haumarū | 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
---	--	---

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. External garden areas have suitable and safe pathways. The dementia areas are secure. There is a mix of bedrooms with full ensuites. All rooms have hand basin and toilet ensuites. There are shared shower rooms with privacy locks. Rooms are personalised. There is suitable lighting, ventilation, and heating in all areas. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained
--	--	---

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 has been a Covid exposure event, and this has been managed appropriately. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services 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 General Manager Services for Older People. 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 Croft Complex 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	162	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

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan and Māori Health policy is embedded in the National cultural policy Te Patikitiki o Kotatihanga and Presbyterian support national engagement with Tāngata Whenua policy. The PSSC policies aligns with the principles of Ta Patikitiki o Kotatihanga.</p> <p>Te Runanga o Arowhenua, Te Runanga o Waihoa Te Aitarakihī Trust were invited to establish a Māori Advisory Group (MAG). The MAG include a whanau (consumer) representative, Māori staff member and non-Māori staff member. There is a quarterly MAG hui and attended by the CEO.</p> <p>This policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has Māori resident’s. Their care plan supports a Māori worldview.</p> <p>The nurse manager stated that she supports increasing Māori capacity by employing more Māori staff members when they do apply for employment opportunities at Presbyterian Support South</p>

		<p>Canterbury – The Croft Complex. At the time of the audit there were five staff members identified as Māori. The staff member interviewed stated the service is respectful of all cultures.</p> <p>Residents and whanau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Twenty-three care staff interviewed (thirteen caregivers, six registered nurses (RNs), one enrolled nurse, one diversional therapist and two activities coordinators) described how care is based on the resident’s individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The organisation is working towards developing a comprehensive Pasifika health plan. The existing plan will address the Ngā Paerewa Health and Disability Standards 2021 and be based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The organisation partners with the Tongan society and Aoraki Multicultural centre for advice.</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 is documented. The service capture ethnicity data electronically. Resident’s whānau is encouraged to be present during the admission process including completion of the initial care plan. For all residents, individual cultural, spiritual beliefs and values are documented in their care plan and activities plan.</p> <p>The manager confirmed the service had four Pasifika employees at the time of the audit and continues to provide equitable employment opportunities for the Pasifika community for all vacant positions including management roles.</p> <p>Interviews with twenty-six staff (twenty three care staff, one laundry assistant, one cleaner, and one special diets cook), five managers (the general manager, the older person service admin/quality support, one clinical coordinator, the food services manager, and the nurse manager), five residents (one rest home and four hospital including one respite), six relatives (two hospital, two dementia and two</p>

		psychogeriatric), 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</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their relatives. The nurse manager, clinical coordinator 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/whanau. There are links to spiritual support and links with Huia Mai. Church services are held weekly.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual 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 chair of Presbyterian Support South Canterbury (PSSC) interviewed stated the Māori Health Strategy adopted by PSSC sets the overarching framework to guide the service to achieve the best health outcomes for Māori. Tino rangatiratanga is acknowledged within the strategic plan to ensure and promote independent Māori decision-making. The Croft Complex have also adopted the four</p>

		pathways of the original He Korowai Oranga framework.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Caregivers, ENs and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice over all aspects of their care. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The Croft Complex 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 April 2022 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families. The younger person with disabilities (YPD) are directly involved to establish their own routine and care.</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 no married couples in the facility on the day of the audit.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relative interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and 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</p>

		<p>availability of resource tools and leadership commitment to make te reo me ngā tikanga Māori more visible within the organisation. Staff are supported with Te Reo pronunciation through regular mihi whakatau and karakia.</p> <p>Comprehensive cultural awareness training is provided Te Kete training 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 The Croft Complex is expected to uphold. The Croft Complex 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, institutional and systemic racism, 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. There is a property list completed during the admission process, and residents stated their property and valuable items are respected.</p> <p>Police checks are completed as part of the employment process. 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>The strategic plan 2017-2027 provides a framework and guide to improving Māori health and leadership commitment to address</p>

		inequities.
<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>	FA	<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 (including challenging behaviour, witnessed and unwitnessed falls, skin tears) 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 no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement. Younger persons with disability are encouraged to maintain their links with their social groups and community through support with electronic devices and Wi-Fi access.</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, psychogeriatrician, 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 coordinator described an implemented a process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further</p>

		discussion, if required.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Nine resident files reviewed, included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents and relative interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. The service ensures that all staff follow Māori customary practices including related to consent through the Te Kete Tuatahi and Te Kete Tuarua cultural competency development programme.</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>	FA	<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 and risk rated in the electronic complaints register. There were seven complaints received in 2021 (rated as low risk) and none in 2022 (year-to-date). There have been 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</p>

		<p>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. Residents/relatives making a complaint can involve an independent support person in the process if they choose.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The Croft Complex is located in Timaru and is part of the Presbyterian Support South Canterbury (PSSC) Organisation who have two other facilities in the area. The service provides care for up to 79 residents at rest home, hospital level care, dementia, and specialist dementia (psychogeriatric) level of care. Four serviced apartments are certified to provide rest home level care. There are 33 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 74 residents (20 residents in the psychogeriatric unit (Lorna wing) and 22 in the dementia unit (Hamish unit) 5 rest home level, 27 hospital level including one on long term support-chronic health contract [LTS-CHC in Hubbard wing] and one on a younger person with disability contract [YPD] and one respite). All rest home, hospital and dementia level residents were under the age-related residential care agreement (ARRC). The psychogeriatric (PG) level residents were under the Aged Related Residential Hospital Specialised (ARRHS) contract.</p> <p>The Croft Complex has an overarching strategic plan (2017-2027) is in place and a PSSC operational business plan (2020-2022) with business goals to support their Eden philosophy of care. The Eden Alternative Philosophy is based on ten core principles that help create living environments that nurture and celebrate companionship, spontaneity, enjoyment, choice, meaningful activity, and a balance between the giving and receiving of care. The PSSC incorporates Māori concept of wellbeing – Te Whare Tapa Whā into their Eden alternative model of care.</p> <p>The business plan (2021-2022) includes a mission statement and</p>

		<p>operational objectives with site specific goals. The nurse manager reports to general manager older person service. The CEO is supported by nine board members that assist with advice and oversight of PSSC services. The chair of the board (interviewed) has been on the board for more than 11 years. The board meets monthly after receiving board papers from the CEO. Each member of the board has its own expertise, and the roles and 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 Māori cultural advisor (staff member) 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 also consult with kaumatua from Arowhenua.</p> <p>The board attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. All board members have completed Te Kete 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 nurse manager (RN) has been in the role for four years and has been with PSSC for 26 years in various roles. The nurse manager is supported by a general manager older person service (overseeing PSSC older person service, with an office on site at The Croft Complex), a clinical coordinator (in the role for five years), admin support/care supervisor, quality facilitator, Enliven liaison manager, food services manager, and an experienced care team (EN, RNs, caregivers, and activity coordinators)</p> <p>The nurse 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</p>
--	--	--

		cultural competency completion, health and safety training and workplace first aid.
<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>	FA	<p>The Croft Complex 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 nurse manager provided an example of a report that can be generated for this purpose.</p> <p>Monthly quality meetings and bi-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 notice boards, located in the staff room and three 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 include reducing falls in Lorna wing (PG) are documented and progress monitored and recorded at regular intervals. A continuous improvement project was implemented with the Health Quality & Safety Commission New Zealand to establish a pathway for UTI prevention in aged residential care (link 5.4.4).</p> <p>All staff completed cultural competency and cultural safety training to 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 (94%) with the service provided. Results have been communicated to residents in resident meetings (meeting minutes sighted). There were</p>

		<p>no improvements identified.</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 Ngā Paerewa Health and Disability Services Standard. 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, however corrective actions flowing from health and safety meetings had not always been implemented. There are two health and safety representatives who have completed level 2 health and safety training. Hazard identification forms are not always completed by staff when a hazard has been identified, and an up-to-date hazard register was last reviewed in April 2022 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 eight hours per week and extra when required. Strategies implemented to reduce the frequency of falls include intentional rounding, regular learning circles, comprehensive handovers and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and updated when changes occur. Clinical focus meetings including the weekly meetings with the psychogeriatric and nurse specialists will evaluate interventions for individual residents. Hip protectors are available for at-risk residents who consent to wearing</p>
--	--	---

		<p>them. Residents are encouraged to attend daily exercises.</p> <p>Electronic reports 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 and occur internally with the PSSC group and externally with national age care providers.</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 nurse manager, and clinical coordinator evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two section 31 notifications completed to notify HealthCERT (2021 and 2022 year to date) around issues relating to one stage 3 pressure injury (facility acquired) and one unstageable non-facility acquired pressure injury. There had been one recent Covid 19 exposure outbreak reported in March 2022. These were appropriately notified. There have been no other outbreaks or notifications required for RN shortages.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support.</p> <p>Interviews with staff confirmed that the workload is manageable. Challenges do arise when staff call in as unavailable.</p> <p>The service currently has thirteen RNs and one EN.</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>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The nurse manager (RN) and clinical coordinator are available Monday to Friday. In the absence of the nurse manager, the clinical coordinator will be responsible for the running of the facility with support from the general manager.</p> <p>Lorna unit is the psychogeriatric unit with 20 beds (20 occupied):</p> <p>AM: one RN 8.45am to 3.15pm who is supported by three long shifts and three shorter shifts (to 12 midday and can be extended when required).</p> <p>PM: one RN 2.45pm to 11.15pm and is supported by two caregivers working long shifts and three working short shifts till 9pm.</p> <p>NIGHT: one RN and two caregivers rostered.</p> <p>Hamish unit is the dementia unit with 22 beds (22 occupied):</p> <p>AM: one EN and three caregivers (two long shifts and one short shift) and four caregivers over the weekend including medication competent caregivers.</p> <p>PM: four caregivers (two long shifts and two shorter shifts till 9 pm).</p> <p>NIGHT: two caregivers</p> <p>Hubbard unit is the 33 dual purpose beds with 5 rest home residents and 27 hospital level residents including one on LTS-CHC, one YPD and one respite.</p> <p>AM: two RN one working from 6.45am to 3.15pm and one with various hours over five days to support infection control, and documentation. They are supported by nine caregivers (five long shifts and four shorter shifts till 1.30pm or 2 pm) - the RNs also oversee the dementia</p>
---	--	--

		<p>wing.</p> <p>PM: one RN 3pm to 11.15pm and supported by six caregivers (three long shifts and four shorter shifts till 9pm or 9.30pm).</p> <p>NIGHT: one RN and one caregiver.</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 to 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>PSSC conducts staff study days 3-4 times per year. All staff attend an annual compulsory study day which includes training around: the Eden Alternative, infection control, restraint, fire safety and team building as well as a range of compulsory education subjects. The nurse manager and RNs are able to attend external training including sessions provided by the local DHB, and hospice. External training opportunities for RNs include training through the DHB, hospice, Aged Concern, and the Stroke Foundation but mainly through internal RN study days.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Seventy caregivers are employed. The Croft Complex orientation programme ensure core competencies and compulsory knowledge/topics are addressed. Forty-eight caregivers have achieved a level three NZQA qualification or higher. All caregivers except six working in Lorna (psychogeriatric) and Hamish (dementia) has completed the relevant dementia standards, the six caregivers who have not completed the course are enrolled.</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 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. Eleven RNs (including the clinical manager) and one EN 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 personal protective equipment (PPE), cultural safety, Te Kete competency 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 Enliven leadership and senior leadership discuss Ngā Paerewa Health and Disability Services Standard and have included a topic in the agenda of meeting minute templates to 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 include Wellness Wednesdays and `Support mates` initiatives. Local Employee Assistance Programme</p>
--	---

		<p>(EAP) are available to staff and a dedicated caregiver liaison that support staff to balance the roster with their needs. There are three monthly Te Aroha Kaha meetings are held to support staff and to support debrief.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development and staff appraisals. Staff files are securely stored. Ten staff files reviewed (clinical coordinator, three caregivers, one laundry assistant, activities coordinator one kitchen hand and three RNs,) 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 dietitian). 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 as part of the employment process and is easily extractable from the database.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is</p>

		provided to staff through various activities.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in 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. There is a plan for information technology (IT) management, contingency, interruption, and implementation (2019-2022).</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</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Nine admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The clinical coordinator or nurse manager are available to answer any questions regarding the admission process and a waiting list is managed.</p>

<p>communicated to the person and whānau.</p>		<p>Advised by the clinical coordinator that the service openly communicates with potential residents and whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. The service is working on a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. A part time cultural advisor is employed by Enliven and is working with management to develop strategies to eliminate inequities between Māori and non-Māori. The service has meaningful links to the local marae and is continuing to work on developing relationships with local Māori providers. The service has advised that they are currently working on increasing links to local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents through activities of a national roopu (group). Activities staff attended Māori event and celebration development day</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 safety. The model of care is based on the Eden alternative philosophy.</p> <p>Nine resident files were reviewed: four hospital including one resident on a YPD contract, one respite resident and one resident on an LTS-CHC contract, one rest home , two dementia rest home (including one</p>

		<p>respite) and two psychogeriatric (PG).</p> <p>The clinical coordinator and registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family contact forms. A registered nurse had undertaken an initial assessment, risk assessments and developed an initial care plan for all residents on admission. The residents on respite care had appropriate risk assessments and initial care plan completed. The YPD and the LTS-CHC residents had an initial care plan, risk assessments, and interRAI assessment, and long-term care plan completed.</p> <p>There are clinical policies in place to guide clinical staff in best practice to support early identification of deteriorating health.</p> <p>Registered nurse completes 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. InterRAI assessments and long-term care plans were completed within the required timeframes, however, changes were not always reflected in the needs and supports documented in the care plans on the electronic system. 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 were involved 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. A part-time cultural advisor and Enliven liaison manager is there to support the service with strengthening relationships with local iwi and local Māori health providers and to ensure residents with disability and their whānau are not restricted in accessing information, care, and support that they need.</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 Whakapiri.</p> <p>The care plans on the electronic resident management system were resident focused and individualised. 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 he is notified via phone, text, or email in a timely manner for any residents with health concerns including after hours. There is also an after-hours service between 5pm and 8pm. After that time, the after-hours service is at the local DHB. All GP notes are entered into the electronic system. The GP 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, psychogeriatrician, and clinical nurse specialist older persons mental health, district 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.</p> <p>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 / clinical file completed in November 2021 evidenced 92.2% compliance.</p> <p>There were ten residents (five hospital and five psychogeriatric) with a</p>
--	--	--

	<p>total of 14 wounds including three pressure injuries, skin tears, grazes, and chronic skin lesions. One PG resident has two facility acquired pressure injuries and a second psychogeriatric resident has one. Incident reports and section 31 notifications have been made to the Ministry of Health. The electronic wound care plan documents a wound assessment with supporting photographs, the wound management plan and evaluations are documented. On interview the clinical coordinator advised the district nurse and GP have input into chronic wound management however, this is not currently required. An electronic wound register is maintained. Registered nurses have attended wound management and care training as part of the RN compulsory study days.</p> <p>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 included (but not limited to) weights, observations included vital signs, blood glucose levels, weight, turning schedules and fluid balance recordings, and all monitoring charts were implemented according to the care plan interventions.</p> <p>Initial care plans for long term residents reviewed were evaluated by the registered nurses within three weeks of admission. The GP has reviewed residents three monthly. 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. Evaluations are documented six monthly and evidence progress towards meeting goals.</p> <p>Relatives are invited to attend GP reviews, if they are unable to attend, they are updated of any changes.</p> <p>Caregivers interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic programme. Caregivers carry a pager connected to the call bell</p>
--	---

		system.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>A team of nine activities staff work across seven days. The team includes one qualified diversional therapist and two who are studying towards the qualification. Activities staff in Hubbard wing work from 9:30am to 4pm each day, Hamish (dementia) wing 9:30am to 5pm and Lorna (PG) wing 10:30am to 4:30pm. A day care programme also operates from Monday to Saturday for seven hours a day.</p> <p>The overall programme has integrated activities that is appropriate for the cohort of residents. The activities are displayed and include exercises, walking bus (moving to music), word games, board games, household activities of resident's choice, knitting and craft, church services, van outings twice a week, housie, quizzes, and seasonal celebrations. The programme allows for flexibility and resident choice of activity. Many activities are resident led. There are plentiful resources. Community visitors include entertainers, and church services when covid restrictions allow. Younger residents are encouraged and supported to maintain links to the community including fortnightly one on one shopping trips.</p> <p>The activities team has been provided with education and resource material from PSSC encouraging participation and understanding on the relevance of Te Tiriti o Waitangi today and the importance of Te Wiki o Te Reo Māori. Matariki and Māori language week are celebrated with the use of te reo, Māori music, karakia, kite making competitions, Māori art and display of Māori history and education on the Māori understanding of the seven sisters' solar system. Activities staff attended a Māori event and celebration development day in September. The service has a system of ensuring that all rooms that have been vacated by deceased residents are blessed – either by a staff member or a priest or chaplain associated with the facility. The activities programme includes Māori language education for residents. Residents are taught simple words, phrases, and greetings in Māori as part of the everyday programme.</p> <p>There are several lounges and seating areas where group or quieter activities can occur. One-on-one activities such as individual walks,</p>

		<p>chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities. The residents enjoy attending the activities and enjoy contributing to the programme.</p> <p>Residents in the dementia and psychogeriatric units receive one on one activities to meet the needs of each individual. Activities in the dementia and PG units were variable depending on residents identified needs on the day. Specific activities included one on one chats, supervised walks, music, and household activities (folding, setting tables etc).</p> <p>A resident social profile (getting to know me) and activity assessment informs the activities plan. Individual activities plans were seen in resident file reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through resident meetings and resident surveys. The residents and relative interviewed were happy with the variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to 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>There are policies and procedures in place for safe medicine management. Medications are stored safely in a locked medication cupboard in each wing. Registered nurses and medication competent caregivers complete annual competencies and education. Regular medications and 'as required' medications are administered from prepacked blister packs are delivered in blister packs. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy (also available on call). There were no residents self-medicating medications on the days of audit.</p> <p>The medication fridge temperatures and room air temperature are checked daily and recorded. Temperatures have been maintained within the acceptable temperature range. Eye drops were dated on opening. There is a small stock of medications kept for use on prescription and these are routinely checked.</p> <p>Eighteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification</p>

		<p>and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either regular does or as required. Over the counter medications are prescribed on the electronic medication system. The service works on partnership with residents who identify as Māori and whānau to provide appropriate support advice and treatment for Māori.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>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>A food services manager oversees the food services. All meals and baking are prepared and cooked on site by qualified chefs/cooks who are supported by weekend cooks, cook assistants, morning, and afternoon kitchenhands. All food services staff have completed food safety training. The four-week winter/summer menu is reviewed by a registered dietitian- last reviewed in September 2020. The organisation is working towards how they can incorporate Māori residents' cultural values and beliefs into menu development and food service provision.</p> <p>The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods.</p> <p>The kitchen is situated in the Hamish wing food is placed in a bain-maries and transported to each area. Special diets are plated in the kitchen and placed in a shelf in the bain-marie. Bain-maires are transported to each of the three areas and dished by caregivers. Kitchen staff and caregivers interviewed understood basic Māori practices in line with tapu and noa. There are snacks available including fruit platters 24/7. Specialised utensils are available for</p>

		<p>residents.</p> <p>Residents may choose to have meals in their rooms. The food control plan has been issued in February 2022. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. There is no decanting of dry goods. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide written feedback on a daily feedback form and verbal feedback on the meals through the resident meetings which is attended by the food services manager when required. Resident preferences are considered with menu reviews. Resident surveys are completed annually which evidenced overall satisfaction with food services. Residents interviewed expressed their satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. This is recorded in the electronic resident management system and is graphed. The long-term care plan section for nutritional needs included a section on food and fluid texture requirements and any swallowing difficulties are recorded on the care plan. These sections were completed in the nine resident files reviewed.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. Discharge notes and summaries are uploaded to the electronic system and integrated into the care plan. There is evidence of referrals for re-assessment from rest home to hospital level of care. The service works in partnership with all residents and families/ whānau to ensure all have access to other health and disability services and social support or kaupapa Māori</p>

<p>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>agencies where appropriate.</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>An evacuation scheme was approved 12 May 2021 after the completion of the psychogeriatric unit (Lorna wing). The service sought input from the cultural advisor and local iwi related to the new development to reflect the aspirations of Māori. The building was blessed at the time of opening. The building holds a current warrant of fitness which expires 1 June 2022.</p> <p>The maintenance person (also the health and safety representative) works fulltime across the Croft and two sister facilities Monday to Friday. There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. There is a monthly and annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/ trades services are available 24 hours as required. Testing and tagging of electrical equipment has been completed and medical equipment, hoists and scales were last checked and calibrated in November 2021.</p> <p>Part time groundsmen are employed to maintain gardens and grounds. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The internal and external courtyards and gardens have seating and shade. There is safe access to all communal areas. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, dementia, and psychogeriatric level of care.</p> <p>Lorna PG unit: The unit is accessed from three different doors by a secure keypad. There is a safe and secure outside courtyard with easy access. The unit has 20 single rooms. Sixteen rooms have shared bathroom facilities between the rooms and four have full ensuite facilities. The shared bathrooms have privacy locks. The unit</p>

		<p>has several areas designed so that space and seating arrangement provides for individual and group activities. There are quiet, low stimulus areas that provide privacy when required including individual rooms. Hallways are wide. There is a large communal kitchen/dining area and a large lounge area in the PG unit. The servery kitchen is equipped for activities which meets the intent of the Eden philosophy. Seating can be arranged to facilitate group or individual activities</p> <p>Hamish (dementia) unit: The unit is secure and can be accessed by secure keypad, and has several areas designed so that space and seating arrangement provides for individual and group activities. There are quiet, low stimulus areas that provide privacy when required including individual rooms. There is a safe and secure outside courtyard that is easy to access. There is a large lounge and dining room with kitchenette, and small seating/dining areas in the dementia unit. The unit has 22 single rooms with a mix of on suite and shared bathrooms.</p> <p>Hubbard (dual purpose) unit: All 33 rooms are single occupancy with their own ensuites. There is access to two internal courtyards. There is a large lounge and dining room with kitchenette, and two small lounges with a library.</p> <p>There is underfloor heating and heat pumps in the communal areas throughout the facility. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Caregivers interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. There are seating alcoves throughout the facility. There is safe access to courtyards and gardens which provides seating and shade. All communal areas are easily accessible for residents with mobility aids. All bedrooms and communal areas have ample natural light and ventilation. There is underfloor heating, radiators and heat pumps which can be individually adjusted.</p> <p>There are no plans for building projects, or further refurbishments,</p>
--	--	--

		<p>however if this arises, the organisation are open to the inclusion of local Māori providers to ensure aspirations and Māori identity are included.</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>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard. In the event of a power gas cooking is available, and there are two inverter generators which are sufficient to supply power to the nurse call system, phone system and computer server. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with ten litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. There is 24/7 first aid cover.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors to alert them of who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>There are CCTV in communal areas within the secure units. Doors to the secure units are accessed by a secure lock system. Staff working in the secure units have duress pendants to call for assistance when required. The building is secure after hours, staff complete security checks at night. There is a security company to support security</p>

		checks at night. Currently, under Covid restrictions visiting is restricted. Visitors are instructed to press the doorbell for assistance.
<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>A registered nurse oversees infection control and prevention across the service with support from the PSSC infection prevention control (IPC) lead. 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 quarterly by the PSSC IPC team and infection control audits are conducted. Infection matters are raised at the quarterly IPC committee meetings. Infection rates are presented at staff meetings and discussed at quality meetings and clinical governance group meetings. Infection control data is reviewed and benchmarked internally and externally with other aged care groups. Infection control is part of the strategic and quality plans. The CEO receives reports on progress quality and strategic plans relating to 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 lead and specialist from the DHB. Visiting hours are currently controlled. Visitors are asked not to visit if unwell. Covid-19 screening and health declarations continue for visitors and contractors. 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.</p>	FA	<p>The designated infection control (IC) coordinator has only been in the role for the last two years and is supported by the PSSC IPC lead. 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</p>

<p>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>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 PSSC IPC lead. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra personal protective equipment (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 quarterly by the PSSC lead in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service 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. Infection control practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice.</p> <p>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. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens</p> <p>The PSSC IPC lead and the infection control coordinator has input into the procurement of good quality PPE, medical and wound care products. The general manager confirmed that there was input from the PSSC IPC lead and infection control coordinator when Lorna wing was developed.</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>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting and clinical focus group. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The pharmacy generates a monthly report to assist the GP to review prescribing practices related to quality and quantity of antibiotics.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	Infection surveillance is an integral part of the infection control programme and is described in The Croft Complex 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 included in 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

		<p>of improvement. The service receives information from the local DHB for any community concerns.</p> <p>There have been no outbreaks since the audit, however there was a Covid exposure event. All have recovered well. The facility successfully followed and implemented their pandemic plan. Staff wore PPE, and residents and staff were RAT tested daily. Families were kept informed by phone or email, and 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. Staff have completed chemical safety training, and the chemical provider monitors the effectiveness of chemicals. Safety data sheets and product sheets are available, and sharps containers are available and meet the hazardous substances regulations for containers.</p> <p>There are three cleaners on each day. When cleaning trolleys are not in use they are kept in a locked cupboard. Gloves, aprons, 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.</p> <p>There is a sluice room in each area and the sluice room has a sanitiser and a sink. Goggles are available.</p> <p>All laundry is processed on site. The laundry has a dirty room where laundry is taken in bags to be picked up. The laundry is operational seven days a week. Caregivers are responsible for unpacking the clean laundry and putting linen into linen cupboards and personal laundry into baskets before returning this to residents' rooms. The linen 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 laundry assistant and cleaner interviewed were knowledgeable regarding their responsibilities and could describe changing to their practices to include changes around Covid- 19.</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 Croft Complex has maintained commitment to being restraint free. There were no residents currently with restraint. The restraint coordinator is the clinical coordinator.</p> <p>There is a job description, and the clinical coordinator interviewed is knowledgeable regarding the role responsibilities. 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 clinical focus meetings. The clinical manager completes six 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>Any restraint use would be reported through monthly quality reports to the general manager. The general manager report directly to the CEO and board regarding restraint management. The general manager is directly involved in the service and supports the management team on eliminating any restraint use.</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 and the psychogeriatrician is involved in the care of the dementia residents to support effective management of challenging behaviour. The new policy is in draft format and reflect committed leadership to maintain a restraint free environment.</p> <p>The draft policy includes holistic assessment processes of the person, care plan, and information to include a Māori and whānau representative to work in partnership and ensure services are mana enhancing and use least restrictive practices.</p> <p>Restraint minimisation training is included as part of the annual</p>
--	-----------	--

		<p>mandatory training plan, orientation booklet and annual restraint competencies are completed. All staff have current restraint competencies. Falls prevention and Restraint minimisation education was completed November 2021.</p> <p>Use of any restraint requires the approval group to guide in best practice. The general manager and clinical coordinator interviewed described the focus on maintaining a restraint-free environment.</p>
--	--	---

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</p>	PA Low	<p>The service is implementing electronic care plans as per the Presbyterian Support Services (South Canterbury) policies. There is a system in place for this to happen. The registered nurses document care plans and there was evidence of updates and evaluations conducted for some residents with changes to care plans made. One hospital resident on return from an admission to public hospital has had significant changes in care needs as evidenced in progress notes reviewed but this was not reflected in the care plan.</p>	<p>One hospital resident did not have their long-term care plan updated or a short-term care plan documented following a significant deterioration including mobility, diet and nutrition, and oxygen requirements changes in their care needs.</p>	<p>Ensure that all changes to care requirements are documented in either a short term or long-term care plan.</p> <p>90 days</p>

<p>through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
--	--	--	--	--

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 was to work with the Health Quality and Safety commissioner is to work on a standardised pathway for early intervention and treatment of urinary tract infection (UTI) in elderly residents in aged residential and not relying on antibiotic use for treatment. The collaborative effort aim to support and encourage quality and safety improvements, and to drive change. The IPC committee reviewed the incidence of urinary tract infections in June 2020 and wish to partake in the project ‘model of improvement of UTIs in aged care’.</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 personal cares including catheter and perineal cares, regular toileting regimens, and involvement of family regarding prevention of urinary tract infection including the importance of drinking plenty of fluids. Family and resident information was provided as part of care and also as part of resident/family communication.</p> <p>Registered nurse and caregiver study days include education regarding fluid support, personal hygiene, supporting and establish a</p>

			<p>routine/habits of fluid intake. The service reviewed continence products and ensured the correct use of products for each individual. The detection and reporting of UTIs include a UTI surveillance definition and clinical symptoms as part of the treatment pathway.</p> <p>The IPC committee, pharmacy and GP oversee prophylactic antibiotics use as 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. Registered nurses and caregivers interviewed stated the team collaborated together to ensure the strategies are passed on through their handovers and learning circles. The GP reviewed the monthly antimicrobial usage. A multidisciplinary meeting (IPC lead, DHB, pharmacy, GP, and selection of staff) was held every two months for discussion of date.</p> <p>Over the period June 2020 to March 2022 the incidence of urinary tract infections had reduced from 47 in August 2020 (third quarter) to less than less than three in March 2022 (first quarter). Internal and external comparative analysis showed a marked reduction of urine tract infections throughout all the levels of care.</p> <p>The IPC lead interviewed stated the success of the project and standardised pathway of treatment ensure better outcomes for the residents. The resident satisfaction results of 2022 improved and confirm a high satisfaction (94%) related to their care.</p>
--	--	--	---

End of the report.