

St Andrew's Village Trust (Incorporated) - St Andrew's Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	St Andrew's Village Trust (Incorporated)
Premises audited:	St Andrew's Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 1 June 2022 End date: 2 June 2022
Proposed changes to current services (if any):	The service has reconfigured beds. Hospital level beds have reduced from 100 to 91, the dementia beds have reduced from 50 to 43 and the dual-purpose beds remain at 20. Twenty rest home beds (10 in Iona wing and 10 in Balmoral wing) were decommissioned on 28 April 2022. Total beds have reduced from 190 to 154 (with 36 beds being decommissioned).

Total beds occupied across all premises included in the audit on the first day of the audit: 143

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

St Andrew's Village is a standalone Charitable Trust and is located in Auckland. The service provides care for up to 154 residents at rest home, hospital level care and dementia level of care. There were 143 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, a nurse practitioner, and a general practitioner.

The service continues to enhance interior spaces and recently added a restaurant/café to the amenities. The service is in the process of building 21 care apartments. This audit verified a reconfiguration of bed numbers. The bed numbers reduced from 190 to 154.

There is a training area for in-services and other related training activities for staff.

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

This certification audit identified no areas of improvements required.

A continuous improvement rating has been awarded for quality and risk management.

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.

St Andrew's Village provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori plan in place. 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 service 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.

Services are planned, coordinated, and are appropriate to the needs of the residents. The director of care (RN) oversees the clinical operations of the service. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. St Andrew's Village has a well-established quality and risk management system. Quality and risk performance is reported across various facility meetings and to the organisation's management team. St Andrew's Village provides clinical indicator data for the three services being provided (hospital, rest home and dementia care). There are human resources policies including recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

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

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

The activities team implements the activity programme to meet the individual needs, preferences, and abilities of the residents. Residents are encouraged to maintain community links.

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. Snacks are available at all times. The service has a current food control plan.

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

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

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been residents and staff with Covid, and this has been well documented. 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.
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The restraint coordinator is a registered nurse. Nine residents were listed as using a restraint in the form of bed rails. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing falls prevention strategies, de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	1	170	0	0	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 is documented for the service. This policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has two residents and six staff members who identify as Māori. The human resources (HR) manager stated that they support increasing Māori capacity by employing more Māori staff members when they do apply for employment opportunities at St Andrews Village.</p> <p>Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Twenty-six care staff interviewed (twelve personal care assistants [PCAs], one enrolled nurse, nine registered nurses (RNs) [including two clinical managers, two nurse managers] one diversional therapist, and three physio assistants) described how care is based on the resident’s individual values and beliefs. The service has engagement with local iwi to inspect the land prior to a new build and actively correspond with nineteen Māori organisations in order to further develop meaningful partnerships to benefit Māori individuals and</p>

		<p>whānau. The chief executive officer (CEO) explained that only one of those nineteen organisations has reached out to St Andrews Village at this time. The admission manager is studying towards a diploma in social work and has established a relationship with tāngata whenua and Ngāti Whātua Ōrākei which translated into two recent Māori resident admissions.</p> <p>The service is committed to involve whānau, Māori staff and elders in the co-creation of policies and resources.</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 in the process of developing a comprehensive Pasifika health plan in partnership with Pacific communities to provide a cultural safe service to Pacific people by removing barriers. The draft plan (sighted) align with the Ngā Paerewa Health and Disability Services Standard. The Code of Residents Rights is also accessible in Tongan and Samoan.</p> <p>The service provide a whanau / family centred service and is responsive to the needs of their Pasifika residents. The service is working towards finalising the Pacific Health Plan however the current care plans and documents in place for Pacific people recognise their worldviews and values There were three residents who identified as Pasifika on the day of the audit.</p> <p>On admission, ethnicity information and Pacific people’s cultural beliefs and practices that may affect the way in which care is delivered will be documented. The service captures ethnicity data electronically. The resident whānau is encouraged to be present during the admission process including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The human resources (HR) manager stated that they consult with Pacific Island staff (three Pasifika employees) to access community links and continues to provide equitable employment opportunities for the Pasifika community.</p>

		<p>Interviews with thirty two (twenty six personal care assistants, three laundry assistants, one cleaner, one volunteer coordinator, one pastoral team member) and nine managers (CEO, director of care, HR manager, facility manager [maintenance], catering manager, quality and risk consultant, quality and risk facilitator, clinical training coordinator [also health and safety coordinator], household support manager), eleven residents (six rest home, five hospital), seven relatives (three hospital and four dementia), and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code are included in the information that is provided to new residents and their relatives. The clinical managers, nurse managers 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 in Tongan, Samoan and te reo Māori.</p> <p>Discussions relating to the Code are held at resident/family meetings. Regular newsletters from the CEO had information on the Code of Rights. Residents and relatives interviewed reported that the service is respecting 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 throughout the hallways and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links with a kaupapa Māori health provider delivering a range of whānau ora services. Church services are held weekly; a chaplain is available once a week for eight hours.</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</p>

		<p>the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The CEO and Director of Care interviewed stated the Māori Health Strategy adopted by St Andrew's Village sets the overarching framework to guide the service to achieve the best health outcomes for Māori. Tino rangatiratanga is acknowledge within the strategic plan to ensure and promote independent Māori decision-making. St Andrew's Village have also adopted the four pathways of the original He Korowai Oranga framework.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Personal care assistants and RNs interviewed described how they support residents to choose what they want to do. 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. Residents interviewed stated they have choice with their daily routine and over activities the participate in.</p> <p>St Andrew's Village 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 November 2020 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place with training part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were three married couples in the facility on the day of the audit (not interviewed). The care plans had documented interventions for staff to follow to support to bring the couples together for mealtimes and respect their time together. The two younger persons with disabilities (YPD) are supported to maintain their personal, gender, sexual, cultural, and spiritual identity.</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</p>

		<p>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, a chapel is on site and spiritual support is available. There is a pastoral team on site and supported by six volunteers that connects with residents and support the chapel service and other spiritual events. 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. An activities board with te reo Māori is in place in various locations throughout the facility. Te reo Māori and tikanga Māori is promoted through the availability of resource tools (and posters) and the leadership team is committed to make te reo me Ngā tikanga Māori more visible within the organisation. Staff are supported with te reo pronunciation. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori and uphold their rights and interests under Te Tiriti o Waitangi.</p> <p>Comprehensive cultural awareness training is provided bi-annually and covers Te Tiriti o Waitangi, Māori worldview (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 documented and being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at St Andrew's Village are expected to uphold Andrew's Village 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, a safe environment free form harassment (including racial), and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. The human</p>

		<p>resources (HR) manager confirmed there is a diverse workforce where racial equity is promoted in the workplace.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with registered nurses and personal care assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. The service implements a process to manage residents' comfort funds.</p> <p>The strategic objectives in the strategic plan for 2020-2024 provides a framework and guide to improving Māori health and leadership commitment to address inequities Te Whare Tapa Whā is recognise and implemented to improve outcomes for Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. 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. Eighteen accident/incident forms across the service 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 were no residents who did not speak English. The two younger persons with disabilities (YPD) are supported to maintain</p>

		<p>communication with family and friends.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and DHB specialist services (e.g. older adult mental health, dietitian, hospice, speech language therapist, wound care and continence specialist nurses are available as required through the local DHB). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with regarding services involved. The director of care described and implemented a process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>There is a regular newsletter from the CEO to families, residents and to staff which include a range of information including pandemic strategies.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability</p>	<p>FA</p>	<p>There are policies around informed consent. The clinical records of seventeen residents reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the resident files reviewed. Copies of enduring power</p>

<p>to exercise independence, choice, and control.</p>		<p>of attorneys (EPOAs) or welfare guardianship were filed where available. Certificates of mental incapacity signed by the GP were also on file where appropriate.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The director of care 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 (e.g. staff related, property related, quality of care) in the complaint register, eight in 2021 and none for 2022 (year-to-date). Complaints logged include an investigation, follow-up within the required timeframes and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the monthly quality meetings (meeting minutes sighted). There were no complaints made through external agencies.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Residents/relatives making a complaint can involve an independent support person or whānau in the process if they choose. The process is the same for Māori residents.</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</p>	<p>FA</p>	<p>St Andrew's Village is a standalone Charitable Trust and is located in Auckland. The service provides care for up to 154 residents at rest home, hospital level care and dementia level of care. Twenty beds are certified as dual-purpose beds.</p> <p>On day one of the audit, there were 143 residents (29 rest home level, 76 hospital level including three on respite, three on palliative care and two on a younger person with disability contract [YPD] and 38 residents at dementia level of care. All other residents were under the</p>

<p>operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>age-related residential care agreement (ARRC).</p> <p>The audit verified the request of the provider to reconfigure the certified bed numbers. The bed numbers have reduced from 190 to 154. Hospital geriatric beds have reduced from 100 to 91, dementia beds reduced from 50 to 43. A further permanent decommissioning of the 20 rest home beds (10 in Iona and 10 in Balmoral) occurred on 28 April 2022. The reconfiguration is due to building of care apartments. The part of the facility where the new care apartments are being built is secure and not accessible to staff, residents or visitors.</p> <p>St Andrew's Village has an overarching strategic plan (2020-2024) in place with clear business goals to support their philosophy. The model of care 'Live your best Life' sits within a value-based framework of enhancing residents' quality of life, always do the right thing, being efficient and effective in everything we do, proud of the charitable trust status and respect for all.</p> <p>The business plan (2021-2022) includes a mission statement and operational objectives with site specific goals which are reviewed on a regular basis. The CEO reports to a board of nine trustees.</p> <p>The Board chair interviewed (who has been involved with the service for more than two years) confirmed there is a roles and responsibility framework for the trustees and is documented in the Board Charter. Each member of the board has their own expertise, and they receive orientation to their role and responsibilities. The board receives a monthly board report from the CEO. There are several sub-committees; Property Sub-committee (meets monthly); Finance Audit and Risk Sub-committee (meets quarterly); Clinical Governance Committee (meets quarterly); Strategy, Innovation and Sustainability Committee (meets quarterly); Nominations and Governance Committee (as required). The Clinical Governance committee includes two geriatricians and a GP representative.</p> <p>The HR manager stands in for the CEO if they are not available. The Director of Care (RN) oversees the clinical operations of the service. There is an executive team that further supports all aspects of the</p>
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		<p>service and includes a quality and risk consultant, quality and risk facilitator, catering manager, clinical training coordinator (also health and safety coordinator), household support manager, facility manager (maintenance).</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 not yet Māori representation to support the board. The board members attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and te reo and wananga cultural safety. The working practices at St Andrew's village is holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha and Māori.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, are completed for any quality improvements/initiatives during the year. The Clinical Governance committee also reviews a clinical incident report at each committee meeting.</p> <p>The Director of Care (RN) has been in the role for eleven years and has many years' experiences in managerial roles in the health industry including aged care. The director of care is supported by a team of experienced registered nurses including two clinical managers and five nurse managers. There is also a pm supervisor seven days a week that oversees all clinical aspects across the service after 5pm.</p> <p>The director of care has completed more than eight hours of training related to managing an aged care facility and includes leading clinical governance in aged care, palliative care approach in non-western cultures medicolegal congress, aged care in a pandemic world and being a dementia friend.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>St Andrew's Village 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 quality and risk facilitator provided an example of a report that can be generated for this purpose.</p> <p>Monthly quality meetings and monthly general staff meetings (each house) 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, restraint, 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 noticeboard, and staff receive the meeting minutes through their work emails. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. The quality and risk facilitator ensures corrective actions are followed up and signed off in a timely manner. The service has been awarded a continuous improvement rating for a system-wide improvement in investigating serious incidents.</p> <p>Quality initiatives include reviewing and enhancing quality systems, transition process to review policies against the Ngā Paerewa Health and Disability Services Standard and continue to reduce pressure. Quality initiatives are reviewed at the quality meetings.</p> <p>All staff completed cultural safety training to ensure a high-quality service is provided for Māori. There is a cultural competency completed as part of the training received in May 2022.</p> <p>The 2021 resident and family satisfaction surveys indicate that both residents and family have reported high levels of satisfaction with the service provided. Results have been collated by an external agency and compared with other providers, and results communicated to</p>
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		<p>residents in resident meetings (meeting minutes sighted). The quality and risk consultant and quality and risk facilitator interviewed confirmed the next survey is in process.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated with further updates required in order to meet the 2021 standards. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. A health and safety team meets quarterly. There is a health and safety coordinator and 17 representatives, and they have completed level 3 health and safety training. Hazard identification forms and an up-to-date hazard register had been reviewed on 25 May 2022 (sighted). The operational incident register is discussed monthly at both the Property Sub-Committee and full Board. This also includes health and safety reports from their major construction contractor.</p> <p>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 minor staff injuries reported in the last 12 months.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. Two physiotherapists are contracted for fifteen hours per week. Strategies implemented to reduce the frequency of falls include intentional rounding, comprehensive handovers and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and updated when changes occur. The registered nurses will evaluate</p>
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		<p>interventions for individual residents. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises. The service is currently involved in a 'Staying Upright' sub study.</p> <p>Electronic reports using eCase are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in eighteen accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours, skin tears). 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 and clinical coordinators. Incident and accident data is collated monthly and analysed. Benchmarking occurs externally with other aged residential care groups for infections only. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the Director of Care and quality and risk consultant evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been five section 31 notifications completed in 2021 (including two facility acquired pressure injuries and absconding) and one in 2022 year to date (non-facility acquired pressure injury) to notify HealthCERT. There had been four previous outbreaks documented (since the last audit: one gastro outbreak in 2020, three respiratory outbreaks in November 2020, January 2021, and July 2021). There was a recent Covid-19 exposure outbreak affecting 9 residents and 79 staff in March 2022. These were appropriately notified, debriefed, and managed.</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</p>	FA	<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>All staff are required to hold a first aid certificate. There is a first aid</p>

<p>responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>trained staff member on duty 24/7 in each house and on each shift.</p> <p>Interviews with staff confirmed that their workload is manageable, but challenges can arise when staff call in as unavailable. An agency is used for personal care assistant cover only. An orientation pack is available and the service endeavour to use the same personal care assistants from the agency.</p> <p>There is a full-time pm supervisor (RN) that is on site after hours. One nurse manager will cover weekends for support. In the absence of the director of care the role will be supported by a clinical manager.</p> <p>The workforce including RNs had been stable.</p> <p>The clinical director is available Monday to Friday.</p> <p>The manager (RN) and two clinical nurse managers work Monday to Friday. On call cover is shared between the two clinical managers and five nurse managers.</p> <p>The roster is developed as follows:</p> <p>House 1 (Hector 30 beds) with 10 rest home and 17 hospital residents.</p> <p>Nurse manager 8 am-5 pm Monday to Friday and EN 6.30 am-3.15 pm Monday to Friday.</p> <p>AM RN 6.45 am-3.15 pm supported by PCAs four long shifts till 3 pm and two shorter shifts till 1 pm.</p> <p>PM RN 2.45 pm-11.15 pm supported by four PCAs working long shifts.</p> <p>NIGHT two PCAs 11 pm-7 am.</p> <p>House 2 (Marion Ross 30 beds) with 7 rest home and 22 hospital</p>
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		<p>residents.</p> <p>Nurse manager 8 am-5 pm Monday to Friday.</p> <p>AM RN 6.45 am-3.15 pm supported by four PCAs long shifts till 3 pm and two shorter shifts till 1 pm.</p> <p>PM RN 2.45 pm-11.15 pm supported by two PCAs working long shifts till 11 pm and two shorter shifts till 9 pm or 10 pm.</p> <p>NIGHT two PCAs 11 pm-7 am.</p> <p>House 3 (Bruce 21 beds) with 7 rest home and 13 hospital residents.</p> <p>Nurse manager 8 am-5 pm Monday to Friday.</p> <p>AM RN 6.45 am-3.15 pm supported by four PCAs long shifts till 3 pm and two shorter shifts till 1 pm.</p> <p>PM RN 2.45 pm-11.15 pm supported by two PCAs working long shifts till 11 pm and two shorter shifts till 9 pm or 10 pm.</p> <p>NIGHT two PCAs 11 pm-7 am.</p> <p>House 4 (Douglas 30 beds) with 5 rest home and 24 hospital residents (including 3 on palliative care)</p> <p>Nurse manager 8 am-5 pm Monday to Friday.</p> <p>AM two RN 6.45 am-3.15 pm supported by PCAs four long shifts till 3 pm and two shorter shifts till 1 pm and one from 7 am to 7 pm.</p> <p>PM RN 2.45 pm-11.15 pm supported by two PCAs working long shifts till 11 pm and two shorter shifts till 9 pm or 10 pm.</p> <p>NIGHT two PCAs 11 pm to 7 am and one from 7 pm to 7 am.</p>
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		<p>House 5 (Henry Campbell 23 beds) with 23 residents – dementia only.</p> <p>Nurse manager 8 am-5 pm Monday to Friday.</p> <p>AM RN 6.45 am-3.15 pm supported by PCAs three long shifts till 3 pm and two shorter shifts till 1 pm.</p> <p>PM RN 2.45 pm-11.15 pm supported by three PCAs working long shifts till 11 pm and two shorter shifts till 9 pm or 10 pm.</p> <p>NIGHT two PCAs 11 pm to 7 am.</p> <p>Braemar with 10 dementia beds (6 male residents)</p> <p>AM RN 6.45 am-3.15 pm supported by PCAs one long shift till 3 pm and one from 7 am to 7 pm. (RN oversees Stirling)</p> <p>PM/NIGHT RN 2.45 pm-11.15 pm supported by one PCA working till 11 pm and one from 7 pm to 7 am.</p> <p>Stirling with 10 dementia beds (9 female residents)</p> <p>AM PCAs one long shift till 3 pm and one from 7 am to 7 pm.</p> <p>PM/NIGHT one PCA working till 11 pm and one from 7 pm to 7 am.</p> <p>ACROSS THE FACILITY</p> <p>PM supervisor</p> <p>NIGHT – three roaming RNs for across the facility.</p> <p>Three physio assistants from 9 am to 3 pm Monday to Friday.</p> <p>A team of nine activities/DTs with a total of 283 hours per week across the service.</p> <p>A team of 13 cleaners and four laundry assistants and eight</p>
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		<p>gardeners and ten maintenance persons working across the service seven days a week.</p> <p>There is a full-time clinical education coordinator is employed to oversee the education and competencies of all staff. There is an annual education and training schedule being implemented for 2022. The education and training schedule lists compulsory training which includes, but not limited to, cultural awareness training, dementia language skills, abuse and neglect, management of glaucoma, oxygen management, death and dying and infection control. Staff last attended cultural awareness training in March 2022, and all staff completed a cultural competency to reflect their understanding providing safe cultural care, Māori worldview and the Treaty of Waitangi. The training content provided resources to staff to encourage them to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. External training opportunities for personal care assistants include training through the DHB, hospice, Age Concern, and the Stroke Foundation.</p> <p>The service supports and encourages personal care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Eighty-nine personal care assistants are employed. The St Andrew's Village orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All eighty-nine have achieved a level four NZQA qualification or higher, thirty of thirty personal care assistants that work in the dementia units has completed the LCP dementia unit standards.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. All PCAs are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment (PPE), cultural safety and moving and handling. A record of completion is maintained on an electronic register.</p> <p>Additional RN/EN specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and interRAI assessment</p>
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		<p>competency. Twenty-seven RNs (including the clinical managers and nurse managers) are interRAI trained. All RNs are encouraged to also 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. The clinical training coordinator made resources available relating to Māori health equity data and statistics to staff.</p> <p>The service encourages all their staff to attend meetings (e.g. staff meetings [house 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). 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 PPE training. Staff wellness is encouraged through participation in health and wellbeing activities. A local Employee Assistance Programme (EAP) is available to staff that supports staff to balance work with life.</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. There is a full time HR manager and HR advisor employed and oversees all aspects of recruitment and retention.</p> <p>Staff files are securely stored. Sixteen staff files reviewed (six RNs including two clinical managers, one enrolled nurse, three cleaners, three DTs, one cook, one laundry person and one physio assistant) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, 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</p>

		<p>dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes two weeks of buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and PCAs to provide a culturally safe environment to Māori. All staff participate in continuous education relevant to physical disabilities and young people with physical disabilities.</p> <p>There is a volunteer coordinator role that supports a group of approximately 20 volunteers including pastoral care volunteers. An orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in either electronic format or paper-based files. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>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 by a third party 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.</p>

		<p>An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The prospective residents are screened by the admissions manager and director of care (registered nurse).</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. Registered nurses interviewed described reasons for declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guides staff around admission and declining processes including required documentation. The admissions manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which is shared with the CEO, however, the decline records do not currently capture ethnicity. The service is actively working towards gathering specific entry and decline rate data pertaining to Māori.</p> <p>At the time of audit, the service had twelve vacancies. The service receives referrals from the NASC service, the DHB, and directly from whānau.</p> <p>The service has an information pack relating to the services provided at the St Andrew's Village and their not-for-profit philosophy (including dementia specific information) which is available for families/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The organisation has a person and whānau-centred approach to</p>

		<p>services provided. Interviews with residents and family members all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were two residents and six staff members identifying as Māori. The service has an established a relationship with tāngata whenua and Ngāti Whātua Ōrākei marae to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The electronic clinical records of seventeen residents were reviewed (five rest home, six dementia level of care, and six hospital level including a respite client, a younger person with a physical disability [YPD] and a resident funded on an end-of-life contract). The registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in electronic progress note entries. The service supports Māori and whānau to identify their own pae ora outcomes in their electronic care plans.</p> <p>The service uses a range of assessment tools contained in the electronic resident management system to formulate an initial support plan, completed within 24 hours of admission. The assessments include dietary details, emotional needs, spirituality, falls risk, pressure area risk, skin, continence, pain (verbalising and non-verbalising), activities and cultural/demographic information. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments formulate the long-term care plan.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timescales for all long-term residents (including YPD). Care plan interventions were individualised and resident centred. Evaluations were completed six monthly or sooner for a</p>

		<p>change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six monthly.</p> <p>All residents had been assessed by a general practitioner (GP) or nurse practitioner (NP) within five working days of admission. There are three GPs, one of whom visits routinely four days per week, one two days per week, and one visits once weekly. The service also employs its own nurse practitioner who works 40 hours per week and is based on site. There is a separate contracted GP service for out of hours cover. The main GP and NP (interviewed) commented positively on the excellent care, communication, and supportive environment the service provides. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. Residents with disabilities are assessed by the contracted physiotherapist and equipment is available as needed. The service contracts with a physiotherapist for fifteen hours per week and has three physiotherapy assistants on staff. A podiatrist visits regularly. Specialist services including older persons mental health, dietitian, speech language therapist, hospice, wound care, and continence specialist nurse are available as required through the local DHB. The two younger persons with disabilities (YPD) are supported to maintain their community links and receive support to access family and friends.</p> <p>Personal care assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written electronically every shift and as necessary by personal care assistants and at least daily by the registered nurses. The nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their whānau. When a resident's condition alters, the staff alert the</p>
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		<p>registered nurse who then initiates a review with a GP and/or NP. Family stated they were notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status and this was consistently documented on the electronic resident record.</p> <p>There were 46 current wounds including skin tears, abrasions, surgical wounds, three stage 2 facility acquired pressure injuries and one suspected deep tissue injury. All wounds reviewed had comprehensive wound assessments including photographs to show healing progress. An electronic wound register and wound management plans are available for use as required. There is access to the wound nurse specialist via the DHB whose input into resident wound care was evident in the files reviewed. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Personal care assistants and the nurses complete monitoring charts including bowel chart, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour on the electronic record as required. Neurological observations are completed for unwitnessed falls, or where there is a head injury as per policy.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GPs/NP review the residents at least three monthly or earlier if required. Ongoing nursing evaluations are undertaken by the nurses as required and are documented within the progress notes. Short term care plans were well utilised for issues such as infections, weight loss, and wounds. The GPs/NP record their medical notes in the integrated electronic resident file.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	<p>FA</p>	<p>There is a fulltime diversional therapist (DT) who is the activities team leader. There are eight other DT's and one activities coordinator. Six work fulltime and the other three parttime. Between them they cover</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>weekends as well. All have first aid certificates.</p> <p>The overall programme has integrated activities that is appropriate for all residents. The activities are displayed in large print on all noticeboards and each resident has a copy. They include exercises, walks, sing a-longs, word games, board games, ball games, skittles, movies, arts and crafts, van outings, happy hour and baking. The programme allows for flexibility and resident choice of activity. One on one activities such as individual walks, chats, hand massage/pampering occur for residents who are unable to attend to participate in activities or who choose not to be involved in group activities. There are plentiful resources. Some houses have a fish tank. Prior to Covid there was pet therapy, but this has not yet recommenced. There is a volunteer coordinator who assists the activities team by organising volunteers to sit with residents, read to them or help with group activities. Due to Covid residents have not been going on van outings but these will recommence. Residents have also been restricted in attending some community events but again these will recommence.</p> <p>There is a pastoral team who organise services or work with residents one on one. There are weekly church services in the chapel on site. A priest visits to give Catholic residents communion.</p> <p>Prior to Covid there were also visiting entertainers, school and cultural groups but as yet these have not recommenced. Residents are encouraged to maintain links to the community whenever possible. There is a café on site and residents and their families are encouraged to utilise this.</p> <p>Celebrations occur. On the days of audit residents were celebrating Queens Birthday with a high tea. Currently staff and residents are preparing for Matariki. There will be arts and crafts groups including poi making and a virtual Kapa Haka performance.</p> <p>There are seating areas where quieter activities can occur. There are several libraries and reading nooks. There is a hairdressing salon.</p>
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		<p>One dementia unit has a room set up as a nursery.</p> <p>Residents in the dementia units are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, creative and social activities. Each resident has individual activities care plan, and dementia residents have 24-hour activities plan which includes strategies for distraction and de-escalation.</p> <p>Younger residents have age-appropriate activities documented, including the use of technology and is supported to access the community.</p> <p>The residents enjoy attending the activities and enjoy contributing to the programme. A resident social profile and activity assessment informs the activities plan. Individual activities plans were seen in resident files 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 available for safe medicine management that meet legislative requirements. All staff (registered nurses, enrolled nurses and medication competent personal care assistants) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and personal care assistants interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolleys and seven medication rooms. The medication fridges and medication</p>

		<p>room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Thirty-four electronic medication charts were reviewed. The medication charts reviewed identified that a GP/NP had reviewed all resident medication charts at least three monthly and each drug chart has a photo identification and allergy status identified. There were two self-medicating residents whose ability to self-medicate had been assessed appropriately, with secure medication storage available. Standing orders were in use and these had been reviewed annually, with all the GPs and NP having signed the chart authorising their use. Indications for use, doses, timings, and contraindications were well documented and available to all medication competent staff for reference. No vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurses described working in partnership with the current Māori residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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>	FA	<p>The food services are overseen by a catering manager. All meals and baking are prepared and cooked on site by qualified chefs/cooks who are supported by rostered morning, and afternoon kitchenhands. All food services staff have completed food safety certificate or in-house food safety training. The four-week winter/summer menu is reviewed by a registered dietitian. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The kitchen serves individual meals and loads them on trays into a burlodge. These are taken to the house kitchens and staff serve the meals directly from the burlodge. Currently the facility is in the</p>

		<p>process of replacing the old burlodges with bain-maries. This has already occurred in one house, so staff serve from the bain-marie in the area. Residents are encouraged to come to the dining room for meals but may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. There are snacks available at all times. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</p> <p>The food control plan was issued on 5 May 2022. Daily temperature checks are recorded electronically for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), burlodge and bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. 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.</p> <p>Residents provide verbal feedback on the meals through resident meetings which is attended by the kitchen manager when required. Resident preferences are considered with menu reviews. One Asian resident has fried rice every lunchtime. The catering manager stated that the kitchen has provided 'boil ups' in the past. Resident surveys are completed annually. Residents and family/whānau 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. Residents with weight loss are referred to the dietitian. The dietitian informs the care staff and kitchen of any extra requirements.</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</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau 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 (if appropriate) and families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and</p>

<p>whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>social support or kaupapa Māori agencies where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 30 June 2022. Renewal has been planned. The fulltime facilities manager leads a maintenance team of ten maintenance people, eight gardeners, three painters and an inhouse electrician and plumber. This team is responsible for the entire village and care centre. There is an electronic preventative maintenance schedule. The reactive maintenance programme is also electronic. Staff request assistance on the 'my building 'system, this is checked by maintenance and signed off when repairs have been completed. Electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures takes place. Testing and tagging of electrical equipment was completed in March 2022. Checking and calibration of medical equipment, hoists and scales was also completed in March 2022. Personal care assistants interviewed stated they have adequate equipment to safely deliver care for rest home, hospital and dementia level of care residents.</p> <p>The service is in the process of including 21 care apartments to the facility. To do this hospital, dementia and rest home level beds have been reconfigured and reduced. This part of the building has been closed off and is not accessible to residents, visitors or staff.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens (every house) have seating and shade. The facility is non-smoking.</p> <p>There is one dementia house in the main care centre is secure and</p>

		<p>has mixed male and female beds. In the secure dementia lodge there are two wings - one has all female beds, and one has all male beds. The two dementia units in the Lodge have a fenced secure garden.</p> <p>All rooms are single occupancy. In the main care centre, all rooms have ensuites. This includes the three-bed hospice unit. The communal showers have privacy locks and privacy curtains. Fixtures, fittings., and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>There is 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. Personal care assistants interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>Each house has an open plan lounge and dining room. Each dining room has a satellite kitchen and food is served here from a burlodge apart from one house which uses a bain-maire. There are water coolers in each area. There are seating alcoves throughout the facility. There is safe access to the courtyards/gardens. Some courtyards have built up gardens for residents to plant and tend. There are two large communal areas which may be used for large gatherings. All communal areas are easily accessible for residents with mobility aids. All bedrooms and communal areas have ample natural light and ventilation. There is gas underfloor heating and/or wall panel heaters in the bedrooms (residents do not control these) the communal areas have heat pumps.</p> <p>The facility is currently in the process of rebuilding. There has been consultation and co-design of the environments to reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event</p>

<p>provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation</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 and was last held on 20 May 2022. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a civil defence response cupboard. This is checked six monthly. In the event of a power outage there is back-up power available (the facility has three generators) and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation and is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal showers and lounge/dining room areas. Indicator lights are displayed above resident doors to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night. There are security cameras installed outside and a security firm patrols at least twice a night. Currently, under Covid restrictions visitors are controlled by reporting to an area by reception and a rapid antigen test (RAT) is completed before entry to all areas.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component</p>	<p>FA</p>	<p>The infection control coordinator is a senior RN who oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by the</p>

<p>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>		<p>infection control coordinator and the quality and risk management team. Infection control audits are conducted and reported at quality and risk management meetings. Infection rates are also presented and discussed at quality and risk management meetings. These are also presented and discussed at infection control and house meetings. The facility uses an external company for benchmarking infection control data. Infection control data is discussed at board level six monthly. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Auckland District Health Board (ADHB).</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19. Strict visitor controls are in place and all staff perform rapid antigen test (RAT) daily. There were no residents with Covid-19 infections on the days of audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control (IC) coordinator is supported by a clinical manager. During Covid-19 lockdown there were meetings with the quality and risk management team which provided a forum for discussion and support. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed in-house infection training and there is further external education planned. There is good external support from the GP, laboratory, and the DHB IC nurse specialist. There are outbreak kits readily available and a personal protective equipment cupboard. Extra PPE equipment is supplied 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</p>

		<p>and education of staff. Policies and procedures are reviewed by the IC coordinator and the quality and risk management team. Policies are available to staff. The clinical manager and the infection control coordinator have had input to the development of the care apartments.</p> <p>There are policies and procedures in place around reusable and single use equipment. Audit tools are in place to check these are being utilised and best practice standards are being met. All shared equipment is appropriately disinfected between use. The service is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. The infection control coordinator and the clinical manager are involved in the procurement of all equipment and consumables.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards and at handovers. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate</p>	<p>FA</p>	<p>The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. 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 and infection control meetings as well as infection control and house meetings. They are also reported to the board six monthly. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>

to the needs, size, and scope of our services.		
<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	<p>Infection surveillance is an integral part of the infection control programme and is described in the St Andrew's Village infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic 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, infection control and house meetings. Data is also sent for benchmarking with other facilities. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The facility incorporates ethnicity data into surveillance methods and data captured around infections. The service receives email notifications and alerts from the local DHB for any community concerns.</p> <p>There was a recent Covid-19 exposure outbreak affecting 9 residents and 79 staff in March 2022. All have recovered well. The facility implemented their pandemic plan. All houses were kept separate, and staff were kept to one house if possible. Staff wore PPE and residents, and staff were RAT tested daily. Families were kept informed by phone or email. Visiting was restricted. There had been four previous outbreaks documented (since the last audit: one gastro outbreak in 2020, three respiratory outbreaks in November 2020, January 2021, and July 2021). These were appropriately notified, debriefed, and managed.</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</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Safety data sheets and product sheets are available. Sharps containers are</p>

<p>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 antimicrobialresistant organisms.</p>		<p>available and meet the hazardous substances regulations for containers. 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 house in the main care centre, all have separate handwashing basins. Four houses have a macerator for disposable equipment, and the dementia unit has a sanitiser. Goggles are available. The two houses in the Lodge do not have sluice rooms. If they need sluice facilities, equipment is transported to a main care centre house sluice in yellow bags.</p> <p>All laundry is processed on site. The laundry has a dirty area where laundry comes in to be washed. It then moves to a clean area for drying and folding. Clean linen is returned to linen cupboards on trollies while personal laundry is returned in individual baskets. The linen cupboards in each house were well stocked. The washing machines and dryers are checked and serviced regularly.</p> <p>There are three fulltime laundry staff. There is a cleaner for every house and one for communal areas. Cleaning and laundry services are monitored through the electronic internal auditing system by the household supervisor. When interviewed laundry and cleaning staff were able to describe appropriate infection control procedures and all were wearing appropriate PPE.</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</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a nurse manager/RN. There are nine residents listed on the restraint register as using a restraint (seven hospital, one dementia and one palliative care). The one dementia and three hospital level care residents had the use of low beds listed as a restraint, with the palliative care and other four</p>

<p>restraint in the context of aiming for elimination.</p>		<p>hospital level care residents using bed rails.</p> <p>The use of restraint is regularly reviewed in the two-monthly restraint committee meetings, reported in the monthly facility clinical, staff and quality meetings and to the Board via the director of care and CEO (link 2.2.4). The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>A restraint register is maintained by the restraint coordinator. The files of the nine residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (e.g. falls prevention strategies, managing behaviours). All nine residents were using restraint as a last resort and/or at their insistence. Written consent was obtained from each resident and/or their EPOA. No emergency restraints have been required.</p> <p>Monitoring forms are completed electronically for each resident using restraint. Restraints are monitored at least two-hourly or more frequently should the risk assessment indicate this is required. Monitoring includes resident's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga. No accidents or incidents have occurred as a result of restraint use.</p> <p>Restraints are regularly reviewed and discussed in the staff meetings. The formal and documented review of restraint use takes after the first month of use and then three-monthly.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit goes through to the restraint committee and the clinical, quality and staff meetings. The restraint committee meets two monthly and</p>

<p>reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>includes a review of restraint use, restraint incidents (should they occur), and education needs. A consumer representative is also a member of the restraint committee. Restraint data including any incidents are reported as part of the restraint coordinator (nurse manager) report to the clinical managers and the organisation's director of care. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

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 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	CI	<p>The quality team introduced a Serious Incident Review Panel (SIRP) in 2019 to tighten up the process in reviewing incidences such as pressure injuries (PIs), falls with fractures, serious injuries, non-clinical events, and complaints.</p> <p>The SIRP is working closely with the clinical governance committee which is a subcommittee of the Board and meets quarterly. The Clinical Governance committee includes two geriatricians and a GP representative. The Clinical Governance committee also reviews a clinical incident report at each committee meeting.</p> <p>The objective was to initiate early investigation into events to identify corrective actions, evaluate and reshape clinical approach and prevent it from happening again.</p>	<p>Initiating the Serious Incidents SIRP methodology for stage 2 pressure injuries and above has allowed the service to review systems in place as early as possible, analyse what went wrong, and correct and improve resident care and the clinical approach. The tool has enabled them to prevent further deterioration of incidences such as PIs, falls with fractures, restraint incidents and potential complaints. A culture of no blame is promoted through open disclosure and quality improvement through staff education, meetings, and handover discussions.</p> <p>The SIRP process has increased staff awareness of their practice. Incidents and complaints are managed swiftly that reduces further possibility of harm, encourages organisational learning, and achieves internal and external accountability. The success was measured through consumer safety and the overall</p>

			<p>decrease in serious incidences</p> <p>2018 = 31 incidences; 2019 = 22 incidences; 2020 = 27 incidences; 2021 to 2022 = 6 year to date.</p> <p>The complaints register reviewed evidenced low level of complaints with no external agency complaints. Improved overall resident care, safety, and quality of life through a decrease of incidences of PIs (stage 3 and above), falls with fractures and absconding (quality indicator data reviewed for January 2019 to March 2022).</p> <p>Open disclosure with residents, families and staff enabled to solidify transparency and trust.</p>
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End of the report.