

Presbyterian Support Central - Levin Home for War Veterans

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Presbyterian Support Central
Premises audited:	Levin Home for War Veterans
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: 30 May 2022 End date: 31 May 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	61

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

Presbyterian Support Central Levin Home for War Veterans provides hospital (geriatric and medical), rest home levels and dementia levels of care for up to 81 residents. There were 61 residents on the days of audit.

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

The service continues to do internal refurbishments including carpet replacement and painting and also improvement of exterior landscaping. There is a current extension to the building to include a training facility for the provision of a competency assessment programme for nurses.

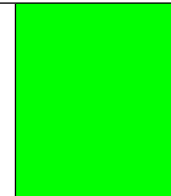
The manager is appropriately qualified and experienced and is supported by a clinical nurse manager (RN). There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme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

This certification audit identified no areas requiring improvement.

The service was awarded a continuous improvement rating related to the pandemic response plan.

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.



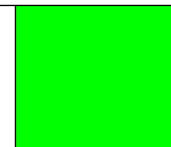
Subsections applicable to this service fully attained.

Presbyterian Support Central Levin Home for War Veterans provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

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

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality

improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

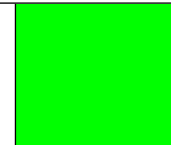
Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurses and enrolled nurses working under the supervision of 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 practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. The registered nurses, enrolled nurses, and healthcare assistants responsible for administration of medicines complete annual education and medication competencies.

The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. The recreation team leader and recreation coordinators provide and implement an interesting and varied activity programme which includes resident-initiated activities in line with the Eden philosophy. The programme includes outings, entertainment and meaningful activities as detailed in the individual activity plans created for each resident. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. There are nutritious snacks available 24 hours per day.

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.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including Covid-19. There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in CPR and first aid is on duty at all times.

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

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



Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type

of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been a Covid exposure event, and these have been well managed. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the clinical nurse manager who is a registered nurse. There are no restraints currently in use at the Levin Home for War Veterans other than environmental restraint for the secure dementia unit within the facility. Minimising restraint is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	166	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 residents who identify as Māori. A resident and relative who identified as Māori were interviewed. The resident explained about their Muaūpoko identity and stated they do not enact its tikanga. The manager stated that they support increasing Māori capacity by employing more Māori staff members when they do apply for employment opportunities at Presbyterian Support Central - Levin Home for War Veterans (PSC Levin). At the time of the audit there were staff who identified as Māori.</p> <p>Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Fourteen care staff interviewed (six health care assistants, five registered nurses (RNs), one recreation team leader and two recreation coordinators) described how care is based on the resident’s individual values and beliefs. The service has links with</p>

		<p>Kawui marae, Ngatolowaru, Takorehe and Matau via staff and elders.</p> <p>The Enliven Cultural Advisory Group (CAG) was established in 2018 with the goal of improving the environment, policies and practices to better support Māori health and wellbeing. The group 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>There is a comprehensive Pacific Health plan documented as part of the Cultural Appropriate service policy. Presbyterian Support Central recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people</p> <p>The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights is available in Tongan and Samoan.</p> <p>There were no Pasifika residents on the day of the audit. On admission, ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered will be documented. The service captures ethnicity data electronically. The resident/whānau will be encouraged to be present during the admission process including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The manager stated that they consult with Pacific Island staff to access community links and continues to provide equitable employment opportunities for the Pasifika community.</p> <p>Interviews with eighteen staff (fourteen care staff, kitchen team leader, cook, laundry assistant and maintenance person), five residents (three rest home, two hospital), four relatives (three rest home and one dementia), and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their</p>

		services.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their relatives. The manager, clinical nurse manager or registered nurses discuss aspects of the Code with residents and their relatives on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and Te Reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident/family meetings. Residents and relatives interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links with kaupapa Māori health provider delivering a range of whānau ora services. Church services are held weekly, and 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 the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The general manager of Enliven interviewed stated the Māori Health Strategy adopted by PSC Levin sets the overarching framework to guide the service to achieve the best health outcomes for Māori. Tino rangatiratanga is acknowledged within the strategic plan to ensure and promote independent Māori decision-making. PSC Levin have also adopted the four pathways of the original He Korowai Oranga</p>

		framework.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Residents are encouraged and assisted to exercise freedom of choice, and their right to autonomous decision making related to their health and wellbeing. Healthcare assistants and RNs interviewed described how they support residents to choose what they want to do.</p> <p>PSC Levin’s 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 September 2021 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident’s right to have space for intimate relationships. There was one married couple in the facility on the day of the audit (could not be interviewed). The care plans had documented interventions for staff to follow to support to bring the couple together for mealtimes and respect their time together.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated during Māori language week. A tikanga Māori flip chart is available for staff to use as a resource. Activities board with te reo Māori is in place in various locations throughout the facility. Te reo Māori and tikanga Māori is promoted through the</p>

		<p>availability of resource tools and leadership commitment to make te reo me ngā tikanga Māori more visible within the organisation. Staff are supported with te reo pronunciation.</p> <p>Comprehensive cultural awareness training is provided bi-annually and covers Te Tiriti o Waitangi, Māori world view (te ao Māori) and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at PSC Levin is expected to uphold. PSC Levin policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>There are short and long-term objectives in the PSC cultural safety and Treaty of Waitangi expectation policy that provides a framework and guide to improving Māori health and leadership commitment to address inequities.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. Bi-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. 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 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 not all residents could speak and understand English. Residents that do not speak English are assisted with interpreters or resources to communicate.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and DHB specialist services (e.g. physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The clinical nurse manager described an 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>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will</p>	<p>FA</p>	<p>There are policies around informed consent. Eight resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for</p>

<p>be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>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 files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were resident files where available. Certificates of mental incapacity signed by the GP were also on file where appropriate. Residents in the dementia unit all have evidence of an EPOA activation letter on file.</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 manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The complaints logged were classified into themes (for example staff related, property related, quality of care) in the complaint register, five in 2021 and two in 2022 (year-to-date). There were two (one logged in 2019 and resolved in 2021 and one 2022) HDC complaints. One had been resolved and found to be unsubstantiated and one is still unresolved. The service had completed their own investigation and responded to HDC on 25 March 2022. There were system improvements made regarding the call bell system, progress to monitor is still ongoing.</p> <p>Complaints logged include an investigation, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the clinical focus meetings and staff</p>

		<p>meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held two-monthly. Residents/relatives making a complaint can involve an independent support person in the process if they choose.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Levin Home for War Veterans is located in Levin and part of Presbyterian Support Central (PSC). Presbyterian Support Central oversee fourteen aged care facilities on the North Island. The service provides rest home (20 beds), hospital level (30 beds) and dementia level of care (18 beds), and 13 rest home/hospital dual-purpose (including one double room) for up to 81 residents. There was only single occupancy in the double room.</p> <p>On day one of the audit, there were 61 residents (23 rest home level, 22 hospital level including one on long term support chronic health contract [LTS-CHC] and one on a younger person with disability contract [YPD]) and 16 residents at dementia level of care (including one like in age contract). All other residents were under the age-related residential care agreement (ARRC).</p> <p>PSC Levin has an overarching strategic plan (2020-2025) is in place with clear business goals to support their Enliven philosophy. The Enliven principles of care is based on the Eden alternative aim to promote positive ageing. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Whā.</p> <p>The business plan (2021-2022) includes a mission statement and operational objectives with site specific goals. The manager reports to the general manager (GM) Enliven and clinical director.</p> <p>There is a board of eight directors with Pasifika and Māori representation. The GM interviewed (has over 16 years' experience with PSC) confirm there is a roles and responsibility framework for the</p>

		<p>directors and is documented in the Trust Charter. Each member of the board has their own expertise, and some are appointed by the Presbyterian church. The board receive a directors report monthly from the clinical director. Three nurse consultants support the clinical director.</p> <p>The GM 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 Māori representation on the board that provide advice to the board in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The board members completed Mauri Ora, Pepehe, Karakia orientation.</p> <p>The board attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. PSC Enliven Wai Ora learning package and Whānau Ora Te Reo education and dictionary is available, and staff also completed an online seminar on Older Māori in residential care.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, clinical focussed (quality) meetings and quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>The manager (registered nurse) has been in the role for three years and has many years' experiences in managerial roles in the health industry including aged care. The manager is supported by a clinical nurse manager (in the role for two years), administration manager and a regional PSC clinical nurse consultant.</p> <p>The manager has completed more than eight hours of training related to managing an aged care facility and include privacy related training, business planning, palliative approach to dementia, Eden associated training, Enliven relevant residential training and cultural awareness training and health and safety.</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>PSC Levin 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 manager provided an example of a report that can be generated for this purpose.</p> <p>Monthly senior team, clinical and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on quality noticeboards, located in the staffroom and three nurses' stations. Corrective actions are discussed at senior team and clinical meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Quality initiatives (to reduce medication errors in 2022 and reduce/reduce UTIs) are documented and progress monitored and recorded at regular intervals.</p> <p>All staff completed cultural safety training to ensure a high-quality service is provided for Māori. There is a cultural Mauri Ora orientation competency package that staff will complete.</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 communicated to residents in resident meetings (meeting minutes sighted). A documented action plan was developed to improve the meal service and increase recreation hours. This was implemented.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated</p>
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		<p>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 NZS 8134:2021 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 one health and safety representative and they have completed level 2 health and safety training. Hazard identification forms and an up-to-date hazard register had been reviewed in November 2021 (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form in the electronic system (GOSH). There were minor staff injuries reported in the last 12 months.</p> <p>Individual falls prevention strategies are in place for residents identified as a risk of falls. A physiotherapist is contracted for four 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 interventions for individual residents. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises.</p> <p>Electronic reports using Leecare 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). Incident and accident data is collated monthly and analysed. Benchmarking occurs internally with the other PSC homes</p>
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		<p>and externally with other aged residential care groups.</p> <p>Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Neurological observations were consistently recorded as per policy. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical nurse manager and clinical coordinators.</p> <p>Discussions with the manager, clinical nurse manager and PSC nurse consultant evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been eighteen section 31 notifications completed (from 2021 YTD) to notify HealthCERT around issues relating to absconding from the facility, property related, and twelve for RN shortages. There had been two previous outbreaks documented (since the last audit: one gastro outbreak in 2021, one respiratory outbreak in January 2022). There was a recent Covid 19 exposure outbreak affecting 44 residents and 48 staff in February 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 responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support.</p> <p>The registered nurses and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. Challenges arises when staff call in as unavailable. There are no agency staff used and shifts are covered by available healthcare assistants and a casual pool. The service follows a tool /pathway to manage risk related to RN shortages. There is an on-call policy and roster and on call is divided between the clinical nurse manager and clinical coordinators. The clinical nurse manager of the sister facility (Reevedon) will perform the manager`s role in her absence.</p>

	<p>At the time of the audit the service had 4.6 FTE RN positions vacant, with active recruitment strategies in place. The service has been accredited to provide a Competency Assessment Programme (CAP) for overseas RNs from 1 June 2022.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The manager (RN) and clinical nurse manager are available Monday to Friday.</p> <p>The roster is developed as follows:</p> <p>Hospital (Kowhai) with 19 hospital and two rest home residents</p> <p>Clinical coordinator from 7.45am-4.15pm</p> <p>AM RN form 7.45am-4.15pm seven days a week and five HCA long shifts.</p> <p>PM one RN from 3.30pm- midnight and EN four days a week 1.30-10pm to relieve one RN to do documentation; supported by five HCA long shifts and one flexi shift that change as care needs change.</p> <p>NIGHT RN 11.45pm-8.15am and two HCAs</p> <p>The rest home and dementia unit are rostered together for RN cover (Rest home [Pohutakawa] with 21 Rest home and three hospital residents; Dementia (Matai) with 16 dementia level residents).</p> <p>Clinical coordinator from 7.45am-4.15pm</p> <p>EN 7.45AM-4.15PM six days a week and one EN 10am-6.30 pm for three days a week.</p> <p>Dementia (Matai)</p> <p>AM HCAs two long shifts till 4.15pm and a flexi shift 11am-6pm as</p>
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	<p>requires.</p> <p>PM HCAs two on long shifts (3.30pm-midnight)</p> <p>NIGHT HCA one from 11.45pm-8.15am</p> <p>Rest home (Pohutakawa)</p> <p>AM HCAs two long shifts till 4.15pm.</p> <p>PM HCAs three on long shifts (3.30pm-midnight)</p> <p>NIGHT HCA one from 11.45pm-8.15am</p> <p>Also included are three housekeepers from 7.30-2 pm and two from 8-12am –.as flexi shift can be added if required.</p> <p>There is a recreation team of four coordinators working across the service.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (Enliven essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural awareness training in December 2021, and all completed a cultural competency to reflect their understanding providing safe cultural care, Māori world view and the Treaty of Waitangi. The training content provided resources to staff and encouraged staff to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>External training opportunities for care staff include training through the DHB, hospice, Aged Concern and the Stroke Foundation.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-four HCAs are employed. PSC Levin orientation programme ensure core competencies and compulsory knowledge/topics are addressed.</p>
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		<p>Twenty-eight HCAs have achieved a level three NZQA qualification or higher, thirteen of seventeen staff that works in the dementia unit has completed the LCP dementia unit standards (four are enrolled). Two HCAs have completed a level 2 qualification.</p> <p>A competency assessment policy is being implemented. All staff are required to completed competency assessments as part of their orientation. All HCAs 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 competency. Four RNs (including the clinical nurse manager) are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. All RNs attend relevant clinical, staff, RN, restraint, health, and safety in infection control meetings when possible. The PSC intranet has extensive resources relating to Māori health equity data and statistics available to staff.</p> <p>Enliven introduced a staff bureau in 2016 to provide cover. Bureau staff are orientated and trained to the same level as home staff.</p> <p>The service encourages all their staff to attend meetings (e.g. staff meetings, clinical 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, six-monthly fire drills and PPE training. Environmental internal audits are completed. Staff wellness is encouraged through participation in health and wellbeing activities. Local Employee Assistance Programme (EAP) are available to staff that support staff to balance work with life.</p>
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<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. Staff files are securely stored. Ten staff files reviewed (three RNs (including two clinical coordinators and the clinical nurse manager), two cleaners, two HCAs, one recreation team leader, one cook, one laundry person) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>Volunteers are used but have been limited over the last two years since Covid. An orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database 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</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected.</p>

<p>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>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 in a locked room or back up on the electronic system and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The manager and clinical nurse manager (registered nurse) screen the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The manager 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 guide staff around admission and declining processes including required documentation. The manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which is shared with head office, however, these records do not currently capture ethnicity. The service is actively working towards gathering specific entry and</p>

		<p>decline rate data pertaining to Māori.</p> <p>At the time of audit, the service had sixteen 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 Levin home and the Enliven 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 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 four residents and six staff members identifying as Māori. The service currently engages with a local Māori community organisation and marae in order to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eight resident files were reviewed, (three rest home including a younger person with a physical disability, two dementia level of care and three hospital level including an ACC client and a resident funded on a LTS-CHC). The registered nurses (and enrolled nurses under registered nurse supervision) 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 progress notes and family/whānau contact forms. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service uses a range of assessment tools contained in the</p>

	<p>electronic resident management system in order 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 assessment. 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 residents including ACC, LTS-CHC and YPD. Evaluations were completed six-monthly or sooner for a 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 the general practitioner (GP) within five working days of admission. The GP service visits routinely for at least 13 hours per week and provides out of hours cover. The GP (interviewed) commented positively on the excellent care, communication, and teamwork he experienced in his four years overseeing the home. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. 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 four hours per week and a podiatrist visits every eight weeks. Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through the local DHB.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written electronically</p>
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		<p>every shift and as necessary by HCAs 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 registered nurse who then initiates a review with a GP. Family stated they were notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status and this was consistently documented on the electronic resident record.</p> <p>There were twelve current wounds including skin tears, abrasions, chronic ulcers and two stage 2 facility acquired pressure injuries. 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. 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>Healthcare 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 GP reviews 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 GP records their medical notes in the</p>
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		integrated electronic resident file.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The service employs one full-time recreation team leader (qualified diversional therapist) and four part-time recreation coordinators (one qualified and two undertaking diversional therapy qualifications) who lead and facilitate the activity programme seven days per week. A weekly activities calendar is posted on the noticeboards located in each of the facility's wings, with the Matai (dementia) area having its own dementia specific activity programme. Families are also kept informed of activities and upcoming events via email and newsletters which facilitates family/whānau attendance at special events and celebrations (subject to Covid traffic light settings).</p> <p>Residents 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. Residents who do not participate regularly in the group activities are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and the recreation team/HCAs.</p> <p>Each resident has an individual activities care plan, and dementia residents have a 24-hour activities plan which includes strategies for distraction and de-escalation. Younger residents have age-appropriate activities documented, including the use of technology and supported community access. The activity plans sampled were comprehensive and reviewed at least six-monthly.</p> <p>The service provides a range of activities such as crafts, exercises, bingo, cooking, quizzes, sing-alongs, movies, and weekly van trips. At least two staff accompany residents on outings, one of whom being CPR/first aid trained. Residents enjoy visits to local beaches, parks, gardens, and shopping centres. Community visitors include entertainers, church services and the local Māori community representatives. Themed days such as Matariki, Waitangi, Anzac Day and the Queen's jubilee are celebrated with appropriate resources available. Cultural themed activities are integrated into the activities programme and include poi, rakau exercises, hymns in te reo Māori</p>

		<p>and native arts and crafts. Staff and residents are encouraged to use te reo and the facility has everyday Māori words and their meanings prominently displayed in resident areas.</p> <p>Families/whānau interviewed spoke positively of the activity programme with feedback and suggestions for activities made via two-monthly resident meetings and annual surveys.</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 clinical staff (registered nurses, enrolled nurses, and medication competent healthcare 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 HCAs 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 three medication rooms. The medication fridges and medication 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>Sixteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. There was one self-medicating resident whose ability to self-medicate had been assessed appropriately, with secure medication storage available. No standing orders were in use and 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>	<p>FA</p>	<p>The food service team leader oversees the on-site kitchen and is supported by three cooks. All cooking is undertaken on-site seven days per week. There is a seasonal five-week rotating menu, which is reviewed by a dietitian at an organisational level. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>The kitchen is able to meet the needs of residents who require special diets. The food service leader (interviewed) works closely with the registered nurses on duty. The service purees foods on-site to those residents requiring this modification. Lip plates are available as required. Supplements are provided to residents with identified weight loss issues. The kitchen is situated centrally, with meals being served directly from the kitchen into the main dining room with meals to the hospital wing and dementia unit being transported in heated bain-maries and served from the kitchenettes there. A tray service to resident's rooms is also available as required.</p> <p>There is a food control plan expiring 26 October 2022. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Family/whānau meetings, and one to one interaction with care staff in the dining room allows the opportunity for feedback on the meals and food services generally. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa and culturally appropriate dishes specific to Māori residents are included in the menu. The food service</p>

		<p>leader described plans for a hangi for upcoming Matariki celebrations. Nutritious snacks and finger foods are available for the residents at any time of the day or night.</p> <p>Residents and family/whānau members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with 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 social support or kaupapa Māori agencies, where indicated or requested. The procedure was well documented for three recent admissions to public hospital.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness which expires 1 September 2022. The maintenance person works 32 hours a week covering both PSC Levin and a sister facility Reevedon, plus on-call after hours. There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and weekly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment have been completed and medical equipment, hoists and scales are next due for checking and calibration in July 2022. Contractors are utilised to maintain the gardens and grounds. Healthcare assistants interviewed stated they have adequate equipment to safely deliver</p>

		<p>care for their residents.</p> <p>There is a mixture of ensuited rooms, shared ensuites and communal facilities. The majority of residents share the communal bathrooms/showers within the facility which have signage to show when vacant or occupied. There are also separate visitor and staff toilet facilities. 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>All rooms apart from one are single occupancy. The shared room has two call bell points, privacy curtains are available; however, the room is currently occupied by only one resident. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Residents and family/whānau are encouraged to personalise bedrooms as viewed on the day of audit.</p> <p>There are small lounge/sunroom areas with library and activity resources at the end of each wing, in addition to the main 'veteran arms' lounge. All communal areas are easily accessible for residents with mobility aids with ramp access. Outdoor areas have items of interest to engage the residents such as a chicken coop and garden art. There are also decorations and signage applicable to the cultures of residents residing at the facility, with a strong emphasis on their history within the armed forces</p> <p>The Matai (dementia) wing with eighteen beds has four rooms with a toilet and the rest share communal facilities. Matai also has its own lounge, kitchen diner and gardens with walking pathways within a secure environment.</p> <p>The service is currently undertaking new building construction and has a centralised process which engages Māori representatives in focus groups to ensure that consideration of how designs and environments reflect the aspirations and identity of Māori is achieved</p> <p>All bedrooms and communal areas have ample natural light,</p>
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		ventilation, and thermostatically adjusted heating.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan, outlines specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness with the last drill taking place in December 2021. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard. In the event of a power outage there is back-up power available, a small emergency generator and gas cooking. A large hire generator is available from a nearby supplier which can be plugged directly into the facility's electrical system. There are adequate supplies in the event of a civil defence emergency including a 4000-litre water tank and 36 twenty-litre water storage containers to provide residents and staff with over the required three litres per day, for a minimum of three days. A minimum of one person trained in first aid is available at all times.</p> <p>There are sensor mats in a selection of residents' rooms for monitoring those residents at risk of falling. Call bells are in resident rooms and communal areas (e.g. toilets, showers), which are both audible and show on visual display panels located throughout the facility.</p> <p>The building is secure out of hours with a bell to summon assistance from staff. Staff perform a security round in the evening to lock the facility internally and an external security company patrols the exterior four times per night.</p>
Subsection 5.1: Governance	FA	The clinical nurse manager oversees infection control and prevention across the service with support from the PSC clinical nurse consultant

<p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by the clinical nurse consultants and infection control committees. Infection control audits are conducted. Infection matters are raised at monthly senior team, clinical and staff meetings. Infection rates are presented at staff meetings and discussed at senior team, clinical and staff meetings. Infection control data is also reviewed by the nurse consultants and benchmarked against other PSC homes and externally with other aged care groups. Infection control is part of the strategic and quality plans. The governing body receive reports on progress quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and antimicrobial stewardship (AMS) on a monthly basis including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from the DHB. Visiting hours are controlled. Staff and contractors complete rapid antigen (RAT) tests prior to commencing duties.</p> <p>Visitors with vaccination passports are issued an access card and can visit freely over weekends. Covid-19 screening continues for other visitors.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and all residents are fully vaccinated against Covid-19. There was one resident with a Covid-19 exposure event on the day 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</p>	<p>FA</p>	<p>The designated infection control (IC) coordinator is a registered nurse has only been in the role for the last five years and is supported by the nurse consultant. During Covid-19 lockdown there were regular zoom meetings with the DHB and PSC support office which provided a forum for discussion and support related to the Covid response</p>

<p>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>framework for aged residential care services. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed formal post graduate infection control training. There is good external support from the GP, laboratory, and the PSC nurse consultants. There are outbreak kits readily available and a personal protective equipment cupboard and storeroom. There are supplies of extra PPE equipment as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the PSC nurse consultants in consultation with infection control coordinators. Policies are available to staff. Healthcare assistants and nurses ensure that their interactions with patients are safe from the infection prevention standpoint through handwashing and the use of aseptic techniques.</p> <p>There are policies and procedures in place around reusable and single use equipment and items. All shared equipment is appropriately disinfected between use. The organisational infection control policies acknowledge importance of te reo Māori information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out. The infection control coordinator has input in the procurement of medical supplies.</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,</p>
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		<p>handovers, newsletters, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. The manager interviewed stated its commitment for early-stage consultation with the IC for the current requirements of the new building. The service is awarded a continuous improvement rating related to their pandemic planning.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the senior team, clinical and staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the PSC Levin 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. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection control surveillance is discussed at senior team, clinical and staff meetings. The service is incorporating ethnicity data into surveillance methods and data captured are easily extracted. Internal benchmarking is completed by the manager and quarterly external benchmarking is completed by the clinical director. 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</p>

		<p>service receives information from the local DHB for any community concerns.</p> <p>Since the last audit there have been one gastro outbreak in October 2021, a respiratory outbreak in January 2022 and a Covid exposure event in February 2022 where a number of staff and residents were affected. Outbreak reports and debrief meeting minutes sighted. All have been reported to public health. Risk management systems were put in place to minimise the exposure to other residents, staff and public.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	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. Safety data sheets and product sheets are available. Sharps containers are 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. There is a sluice room in each area and the sluice room has a sanitiser and a sink. Goggles are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on-site. The laundry has a dirty room where laundry is taken in bags to be picked up. The laundry is operational seven days a week. Housekeepers are responsible for unpacking the clean laundry and putting linen into linen cupboards and personal laundry into baskets before returning this to residents' rooms. There are three housekeepers on each morning and two in the afternoon. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The laundry assistant interviewed was knowledgeable around the systems and processes.</p>
Subsection 6.1: A process of restraint	FA	The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that

<p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>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 the clinical nurse manager. At the time of the audit, the facility was restraint-free other than the environmental restraint built into the secure dementia environment.</p> <p>The use of restraint (if any) would be reported in the senior team, clinical, and staff meetings. The restraint coordinator interviewed described the focus on restraint minimisation.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme.</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 5.2.4</p> <p>Service providers shall ensure that there is a pandemic or infectious disease response plan in place, that it is tested at regular intervals, and that there are sufficient IP resources including personal protective equipment (PPE) available or readily accessible to support this plan if it is activated.</p>	CI	<p>The service has developed a comprehensive suite of policies. There were two outbreaks (one in 2020 and one in 2021) prior to the Covid exposure event in February 2022. An action plan from the ‘lessons learned from the previous outbreaks’ was developed in 2021 with a focus on improving the initial response in the early stages of an identified outbreak. Collaboration and feedback from staff, surveys and comments from the residents’ post outbreak and best practice infection control guidelines form the basis of the project.</p>	<p>The senior team identified that ongoing training, creating, and developing own simple resources like pictorial charts will ensure staff have the knowledge with how to appropriately respond. Staff receive training in donning and doffing of PPE and created their own simple to understand pictorial poster of the sequence of donning and doffing. Outbreak kits that consist of buckets with essential items have been set up in each area to allow for a rapid response. A floorplan was created of the facility with the location of items (in pictures) for staff to quickly find items they may need. The floor plan also guides the staff how to create isolation areas in a quick manner. Photos were taken of how to set up PPE stations for an isolation room. All these resources were included in the isolation</p>

			<p>kits.</p> <p>Healthcare assistants reported at the time of the Covid exposure event in February 2022, the isolation kits, simple resources, and pictorial plans assisted them to swiftly respond and reduce anxiety of 'not knowing what to do'. Debrief meeting minutes (sighted) evidence a successful response to the Covid exposure with positive comments from staff. A survey and post Covid exposure debrief meeting was held with the residents and the overall response were positive and complimentary and include comments 'it was well organised' and 'they could not have done a better job'. The manager interviewed confirm the success of the project and all the resources will continue to be part of PSC Levin's outbreak management plan.</p>
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End of the report.