

# Presbyterian Support Otago Incorporated - Ranui Home and Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Presbyterian Support Otago Incorporated
<b>Premises audited:</b>	Ranui Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 7 July 2022      End date: 8 July 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	46



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Ranui Home and Hospital is part of the Presbyterian Support Otago (PSO) organisation. Ranui is one of nine aged care facilities managed by PSO. The service is certified to provide rest home, hospital (geriatric and medical), and dementia level care for up to 48 residents. On the day of the audit, there were 46 residents.

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

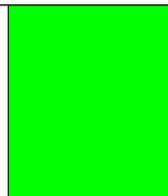
The facility manager is appropriately qualified and experienced and is supported by a clinical coordinator (RN). There are quality systems and processes being implemented. Feedback from residents and families was positive about the care and the services provided. An induction and in-service training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

This certification audit identified that improvements are required in relation to staff appraisals, documentation of training attendance, and care plan evaluations.

The service was awarded a continuous improvement rating related to reduction of polypharmacy.

## 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.



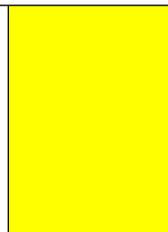
Subsections applicable to this service fully attained.

Ranui Home and Hospital provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Ranui Home and Hospital 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. There were no lodged complaints in 2021 and 2022 (year-to-date).

## 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.



Some subsections applicable to this service partially attained and of low risk.

The PSO strategic plan 2017- 2022 includes a mission statement and operational objectives. The service has implemented comprehensive quality and risk management systems that include quality improvement projects. Internal audits and the collation and benchmarking of clinical data were 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 is implemented, and a staff education and training programme is established.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly.

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

The activities coordinators provide and implement a varied activity programme which includes resident-led activities. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan and snacks are available 24/7. Transfers, discharges, and referrals are well coordinated with family involvement.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. External garden areas have suitable and safe pathways. The dementia areas are secure. There is a mix of bedrooms with shared ensuites and hand basins only. There are communal and shared shower and toilets with privacy locks. Rooms are personalised. There is suitable lighting, ventilation, and heating in all areas.

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 PPE supplies. There has been a Covid exposure event, and this was managed appropriately. There has been infection outbreaks since the previous audit. these were well managed, documented and reported appropriately.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is the clinical coordinator. There was one resident using restraint on the day of the audit. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed. The service considers least restrictive practices, implement diversion, de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.

The restraint coordinator is an experienced RN. Working towards a restraint-free environment is included in the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	3	0	0	0
Criteria	1	153	0	3	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan and a cultural services response policy are documented for the service. As a key element of organisational cultural awareness, safety, and competency, Presbyterian Support Otago (PSO) acknowledges and is committed to the unique place of Māori under the Treaty of Waitangi with reference to Te Pātikitiki o Kōtahitanga. They are committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. The organisation is working towards developing key relationships with Māori stakeholders.</p> <p>The service has residents who identify as Māori. Their care plan identifies their preferred and unique cultural values and beliefs using the ‘getting to know me’ assessment.</p> <p>As part of staff training, Te Whare Tapa Whā Māori model of health and wellbeing is discussed. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection</p>

		<p>and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate.</p> <p>PSO is working towards the appointment of a cultural advisor to support the organisations cultural journey. Specialist advice is sought, when necessary, from the local iwi and Arai Te Whare Hauora.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit, there were Māori staff members. All staff have access to relevant tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Eight care staff interviewed (three caregivers who work in the rest home, two in the hospital and one in the dementia unit, four registered nurses (RNs); and one diversional therapist) described how care is based on the resident's values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>Not Applicable</p>	<p>Plans are underway for the PSO organisation to development a Pacific health plan that will focus on achieving equity and efficient provision of care for Pasifika. This will include working collaboratively with Pasifika communities for guidance.</p> <p>On admission, all residents state their ethnicity. Advised that family members of Pasifika residents will be encouraged to be present during the admission process, including completion of the initial care plan. There were no residents that identified as Pasifika. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The facility manager described how they encourage and support any staff that identifies as Pasifika, beginning at the employment process. There were staff that identified as Pasifika at the time of the audit.</p> <p>Interviews with twelve staff (eight care staff, one cook, one maintenance staff, one laundry staff, one housekeeper), five residents (three rest home, two hospital) and three relatives (one dementia, two</p>

		hospital) identified that the service puts people using the services, whānau, and the Alexandra community at the heart of their services.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family. The facility manager, or clinical coordinator discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are also held during the monthly resident/family meetings. All residents and family interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents. There are links to spiritual supports. Church services are held.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme which includes, (but is not limited to), understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana Motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their</p>	FA	<p>Caregivers and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and other forms of support. Residents also have control over and choice over activities they participate in.</p> <p>It was observed that residents are treated with dignity and respect.</p>

<p>experiences.</p>		<p>Resident and family satisfaction surveys completed in 2022 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There was one married couple living at the facility. Intimate relationships are formed between residents, as evidenced in interviews with staff.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and families 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, and church services are held. A spirituality policy is in place.</p> <p>Te Reo Māori is used during activities with the months of the year written in Te Reo Māori. Plans are underway to continue to promote Te Reo Māori.</p> <p>Te Tiriti o Waitangi and tikanga Māori online training has begun. The Māori health plan acknowledges te ao Māori; referencing the interconnectedness and interrelationship of all living &amp; non-living things.</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>FA</p>	<p>An abuse and neglect policy is being implemented. Ranui Home and Hospital policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days celebrate diversity. A PSO code of conduct is discussed with staff during their induction to the service that addresses harassment, racism, and bullying. Staff acknowledge that they accept the PSO code of conduct.</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>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, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to ensure wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. Monthly resident meetings 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. Fifteen accident/incident forms reviewed identified relatives are kept informed. Families interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there was one resident who did not speak English but was able to understand English. A communication plan was in place. Staff confirmed that they are able to communicate effectively with the resident with examples provided.</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</p>

		<p>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 health professionals that are involved with the resident such as the hospice, and Te Whatu Ora Southern specialist services. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to a range of services involved. The facility manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Seven resident files reviewed, included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. The service ensures that all staff follow Māori customary practices including those related to consent by providing orientation and training (link 2.3.4) Care staff interviewed demonstrated an understanding of consent in relation to all aspects of care.</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</p>	FA	<p>The PSO complaints procedure is provided to residents and relatives on entry to the service. The facility manager is able to maintain a record of complaints, both verbal and written, via an (electronic) complaints register. There have been no complaints lodged in 2021 or 2022. One complaint lodged with HDC in 2019 was closed on 15 June 2020. Corrective actions to address this complaint have been implemented (e.g. implementation of an electronic resident management system (V-care), compulsory education in relation to</p>

<p>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>skin management and manual handling, and the development of catheter care plans for those residents with indwelling catheters).</p> <p>Discussions with residents and families confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly, chaired by the diversional therapist with the facility manager present during a portion of the meetings.</p> <p>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>PSO Ranui Home and Hospital is located in Alexandra. They provide rest home, hospital, and dementia levels of care for up to 48 residents. There are 10 dedicated dementia-level beds. Twelve beds are hospital-level only and the remaining twenty-six beds are dual-purpose. On the day of the audit, there were 46 residents (6 rest home, 30 hospital and 10 dementia level of care residents). There was one rest home level resident on ACC and three residents on a young person with a disability (YPD) contract (one rest home, two hospital). The remaining residents were on the age-related residential care contract (ARRC).</p> <p>PSO Ranui Home and Hospital is one of nine aged residential aged care homes in Otago delivering a range of services including rest home, dementia, and hospital level care for older people. PSO is governed by a Board of eight representatives. The Board meets monthly with several sub-committees which including ethics, governance, finance and audit, clinical governance, remunerations, and retirement villages limited. Orientation and training are provided – Board members are encouraged to join the Institute of Directors and participate in associated trainings. Board members are provided with an orientation to the role and the functions of PSO.</p> <p>At the time of the audit, the Board was seeking consultation with Māori to help identify and address barriers for Māori for equitable service delivery. Board members are planning to attend specific</p>

		<p>cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. Work is underway to ensure tāngata whaikaha have meaningful representation in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha.</p> <p>The clinical governance advisory group (CGAG) provides feedback directly to the Board on clinical risk and Health and Disability Sector Standard requirements. CGAG reviews the risks for the PSO aged care service at their bi-monthly meetings where this information is reported to the Board. There are two Board members on the CGAG group who provide the link to and ensure discussion with the Board.</p> <p>There is a documented business management and strategic plan, which informs the quality plan and includes the organisation’s vision, mission, and values. Key objectives are identified and regularly reviewed by the Board at their monthly meetings, evidenced in the Board meeting minutes.</p> <p>The PSO clinical nurse advisor, PSO quality advisor, facility manager and clinical coordinator were interviewed. The facility manager is a registered nurse (RN) who has been in her role for 16 months. Prior to this she was the clinical coordinator. She has 17 years of experience in mental health and has worked in aged care for 7 years. The clinical coordinator began her role in January 2022 and was the RN for a rest home facility prior to this.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide</p>	<p>FA</p>	<p>Ranui Home and Hospital has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits and through the collection, collation, and benchmarking of clinical indicator data.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and are updated to meet the new 2021 standards. New policies or changes to policy are</p>

<p>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>communicated to staff.</p> <p>Internal audits, satisfaction survey results and the collation of data are documented and benchmarked with other PSO facilities. Clinical indicator data is also benchmarked against other aged care facilities in New Zealand. Staff and quality/health and safety meetings are scheduled two-monthly. Meeting minutes reviewed reflect discussions around quality data including falls, infections, use of restraint, adverse event data, internal audit results, complaints received (if any), and satisfaction survey results. There is quality initiative that has received a rating of continuous improvement is in regard to implementation of a polypharmacy initiative to reduce the overall number of medications that residents are receiving. Other quality initiatives include the purchase of individual laundry bags for residents to minimise lost socks, and trialling skin products to help reduce the frequency of skin tears.</p> <p>The 2022 resident and family satisfaction surveys have been completed. Results were very positive which was confirmed during resident and family interviews.</p> <p>A health and safety system is in place. There are five health and safety representatives, including the maintenance officer, who was interviewed. Health and safety policies are implemented and monitored by the health and safety committee. Manufacturer safety datasheets are up to date. There are regular manual handling training sessions for staff. A staff noticeboard keeps staff informed on health and safety. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed at staff meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include offering employees the employee assistance programme.</p> <p>Work is underway to assess staff cultural competency to ensure a high-quality service is provided for Māori. Work is also being implemented by the PSO Board to ensure that a critical analysis of</p>
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		<p>practice is undertaken to improve health equity.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. Falls have steadily reduced, attributed to the reduction of number of residents on nine or more medications, reducing the number of residents on antipsychotic medications, employing a physiotherapist for eight hours a month who is assisted by an exercise therapist, intentional-rounding and the regular toileting of residents who require assistance.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in 15 accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, bruising). Incident and accident data is collated monthly and analysed using V-care. Data is benchmarked against other aged care facilities. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Neurological observations are recorded for suspected head injuries and unwitnessed falls. Relatives are notified following adverse events. Opportunities to minimise future risks are identified by the clinical coordinator who reviews every adverse event.</p> <p>Discussions with the facility manager and clinical coordinator evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT around change in management, grade 3 or unstageable pressure injuries, and for a resident assessed as psychogeriatric level of care, who has remained in the dementia (D3) wing (this resident has been reassessed and is now dementia (D3) level of care). There have been two outbreaks with the DHB, and public health authorities notified (Covid Apr/May 2022 and Norovirus November 2021). The DHB was informed regarding a HDC complaint (2019) that has been closed (2020).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The registered nurses, activities staff</p>

<p>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>and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirm that overall staffing is adequate to meet the needs of the residents. Challenges arise when staff call in as unavailable. Agency is not available in the Alexandra community. Casual staff are available to help fill gaps in the roster. Good teamwork amongst staff was highlighted during the caregiver and RN interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The facility manager and clinical coordinator are available Monday to Friday. They share an on-call roster with the RN staff.</p> <p>Dementia wing (10 of 10 residents): An RN is assigned to the dementia wing 11 hours per week with no specific times allocated. Caregiver staffing: AM shift: one long (eight hour) shift and one short shift (0700-1300); PM shift: two long shift caregivers; night shift: one long shift caregiver.</p> <p>Hospital only wing (10 of 12 hospital residents): A short shift RN is rostered on the AM (0730-1230) and PM (1630-2030) shifts. A senior caregiver will replace a short shift RN if necessary. Caregiver staffing: AM shift: two long shift caregivers; PM shift: one long shift and one short shift (1500 – 2100) caregivers; night shift: one caregiver.</p> <p>Hospital/rest home wings (20 hospital; six rest home residents): One RN is rostered on the AM and PM shifts. The night shift RN covers the entire facility. Caregiver staffing: AM shift: four long shift caregivers (two long shift caregivers on each wing); PM shift: three long shift caregivers; night shift: one caregiver.</p> <p>All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities, and any additional functions (e.g. restraint coordinator, infection control coordinator).</p> <p>There is an annual education and training schedule for 2022-2023.</p>
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		<p>The education and training schedule lists all mandatory topics and competencies. Staff are provided with opportunities to attend in-services, complete online training, and attend toolbox talks. Staff who complete online training are not routinely notifying the facility manager and toolbox talks are not documented. Plans are underway to ensure that staff are provided with education about involving people with lived experiences in service delivery.</p> <p>Work is underway to ensure that the service invests in the development of organisational and staff health equity expertise. Staff are being encouraged to complete the online Mauriora training that includes a competency assessment.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 46 caregivers, four have completed their level four qualification and twenty-seven have completed their level three qualification. Ten caregivers are rostered to work in the dementia unit. Four have completed their dementia qualification and the remaining staff have been working in the dementia unit for less than 18 months. Six caregivers are enrolled.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. Competencies cover restraint minimisation, infection prevention and control, skin management, insulin, medication management and observations.</p> <p>Thirteen RNs (including the facility manager and clinical coordinator) and one (casual) enrolled nurse (EN) are employed. Six RNs are interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori</p>	<p>PA Low</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the facility manager's office. Nine staff files reviewed (five caregivers, one kitchen assistant, three RNs) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p>

<p>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>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. All staff are scheduled for an annual performance appraisal, but performance appraisals are behind schedule.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. An orientation programme for volunteers is also in place.</p> <p>Information held about staff is kept secure, and confidential. Plans are in place to maintain an employee ethnicity database.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained electronically using V-care. Electronic information is backed up and individually password protected.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented electronically include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed during 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' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Seven admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The clinical coordinator or facility manager are available to answer any questions regarding the admission process and a waiting list is managed. Advised by the clinical coordinator that the service openly communicates with potential residents and whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. The service is working on a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. Enliven is in the process of employing a cultural advisor and is planning to work with the advisor to develop strategies to eliminate inequities between Māori and non-Māori. The service has meaningful links to the local marae and is continuing to work on developing relationships with local Māori providers.</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</p>	<p>PA Low</p>	<p>There are policies document including (but not limited to): admission policy, personal cares policy, and the documentation policy to guide staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review. There are a</p>

<p>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>suite of policies around clinical aspects of care including, (but not limited to): continence, nutrition, behaviour that causes concern, pain, skin care, wound management, fall prevention and management, pressure injury prevention and death. The model of care is based on the 'Valuing Lives' philosophy. The clinical policies guide clinical staff in best practice to support early identification of deteriorating health.</p> <p>The service uses a range of assessment tools contained in the 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>Seven resident files were reviewed: four hospital, including one resident on a YPD contract and one resident on an ACC contract, one rest home and two dementia rest home. The clinical coordinator and registered nurses are responsible for conducting all assessments and for the development of care plans. A registered nurse had undertaken an initial assessment, risk assessments and developed an initial care plan for all residents on admission. 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. Long-term care plans documented the needs and supports on the electronic system. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included in the resident electronic file. Evaluations were completed six-monthly or sooner for a change in health condition, however, did not always include documented progress towards care goals. InterRAI assessments sampled (where required) had been reviewed six-monthly. 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.</p> <p>Residents have the choice to remain with their own GP. All residents</p>
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	<p>had been assessed by the general practitioner (GP) or nurse practitioner (NP) within five working days of admission. The GP or nurse practitioner visits once a week and completes three-monthly reviews, admissions and sees all residents of concern. The GP stated he is notified via phone, text, or email in a timely manner for any residents with health concerns between the hours of 8am and 6pm. There is also an after-hours service between 6pm and 8am. The after-hours medical professional can refer the resident to the local community hospital. The service also has an agreement with the community hospital to phone direct to the community hospital for additional support. All GP notes are entered into the electronic system. The GP commented positively on the care the residents receive. Allied health interventions were documented and integrated into care plans. The service contracts with a physiotherapist for one eight-hour day per month and a foot care therapist visits every eight weeks. Referral can be made to a podiatrist if required. An exercise therapist is employed by the service for four hours a day, four days a week. Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through the local DHB. Relatives are invited to attend GP reviews, if they are unable to attend, they are updated of any changes.</p> <p>There were sixteen residents (12 hospital, one rest home and three dementia) with a total of 17 wounds, including two skin tears, grazes, and chronic skin lesions. One hospital and one rest home resident each have one stage 2 non-facility acquired pressure injuries. Incident reports have been completed. The electronic wound care plan documents a wound assessment with supporting photographs, the wound management plan, and evaluations. On interview, the clinical coordinator advised the district nurse and GP have input into chronic wound management, however, this is not currently required. An electronic wound register is maintained. Registered nurses confirmed on interview that they have attended wound management training.</p> <p>The care plans on the electronic resident management system were resident focused and individualised. Care plans include allied health and external service provider involvement. When a resident's condition alters, the registered nurse initiates a review and if required,</p>
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		<p>a GP visit or referral to nurse specialist consultants occurs. The short-term care plans integrate current infections, wounds, or recent falls to reflect resident care needs. Short-term needs are added to the long-term care plan when appropriate and removed when resolved.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written electronically every shift and as necessary by caregivers 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 were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health as evidenced in the electronic progress notes.</p> <p>The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. The registered nurses interviewed describe working in partnership with the resident and whānau to develop initial and long-term care plans. Care plans include the physical, spiritual, family, and mental health of the residents. For end of life care they use a specific last days of life care plan which is based on Te Ara Whakapiri. The service supports all people with disabilities by providing easy access to all areas and is supportive of all residents (where appropriate) being in control of their care and are included in care planning and decision making.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts included, (but not limited to): weights, observations included vital signs, blood glucose levels, weight, turning schedules, skin monitoring and fluid balance recordings, and all monitoring charts</p>
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		were implemented according to the care plan interventions.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>A team of three activities staff work across five days. The team includes one qualified diversional therapist and two new staff who had commenced recently. One of the new staff is actively engaging in study towards a qualification. There are 47 hours rostered for activities staff beginning at 10:30am and finishing at 4:30pm. The team are working together across both the dual purpose and dementia areas until the new members are confident to work on their own. A day care programme also operates on Thursday 10am to 3 pm.</p> <p>The overall programme has integrated activities that is appropriate for the cohort of residents. The activities programmes are displayed and include exercises, bowls, baking, word games, board games, household activities of resident's choice, knitting and craft, church services (subject times and area to Covid), men's group meetings, van outings once or twice a fortnight, housie, quizzes, and seasonal celebrations. The programme allows for flexibility and resident choice of activity. There are plentiful resources. Community visitors include entertainers, and church services when Covid restrictions allow. Younger residents are encouraged and supported to maintain links to the community including swimming at the local pool and facilitating trips to Dunedin.</p> <p>The activities team has encouraged participation and understanding on the relevance of Matariki and Te Tiriti o Waitangi. Matariki is celebrated with the use of Te Reo Māori music and group and one-on-one discussions on the importance of Matariki to Māori. The service has a system of ensuring that all rooms that have been vacated by deceased residents are blessed by a volunteer from the local presbyterian church. The activities programme includes the use of te reo for the current month name on the activity's planner. There is Māori language education for residents. Residents are taught simple words, phrases, and greetings in Māori as part of the everyday programme. Māori residents are provided opportunities to talk about their Māori heritage, Māori singing, and the use of te reo in everyday conversation. The service has facilitated attendance for Māori</p>

		<p>residents at local kapa haka group performances.</p> <p>There are several lounges and seating areas where group or quieter activities can occur. One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities. The residents enjoy attending the activities and enjoy contributing to the programme.</p> <p>Residents in the dementia units receive one-on-one activities to meet the needs of each individual. Activities in the dementia unit has been limited while waiting for new activities staff. Specific activities included one-on-one chats, supervised walks, van outings, music, and household activities (folding, setting tables etc). The care staff provide activities in the weekends.</p> <p>There are eleven volunteers who assist with morning tea, music, happy hour, housie, one-to-one visits and outings with activities staff. All volunteers have been orientated to residents' rights, privacy, and confidentiality.</p> <p>A resident social profile (getting to know me) and activity assessment informs the activities plan. Individual activities plans were seen in resident files reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through resident meetings and resident surveys. The residents and relative interviewed were happy with the variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (registered nurses, and medication competent caregivers) 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 caregivers interviewed could describe their role regarding medication administration. The service currently uses</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>robotics for regular medication and 'as required' medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolleys, two medication rooms and in a medication cupboard in the dementia wing. There is a small stock of medications kept for use on prescription and these are routinely checked. 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>Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. 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</p>	<p>FA</p>	<p>A food services manager oversees the food services. All meals and baking are prepared and cooked on-site by qualified chefs/cooks who are supported by morning, and afternoon kitchenhands. All food services staff have completed food safety training. The four-week</p>

<p>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>winter/summer menu is reviewed by a registered dietitian- last reviewed in October 2020. The organisation is working towards how they can incorporate Māori residents' cultural values and beliefs into menu development and food service provision.</p> <p>The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods.</p> <p>The kitchen is situated adjacent to the dining room and in close proximity to the entrance and main lounge. There are three dining rooms. Cooked food is placed in a bain-marie and transported to the hospital and dementia areas or served to the residents in the adjacent dining room. Special diets are plated in the kitchen and placed in a shelf in the bain-marie. Kitchen staff and caregivers interviewed understood basic Māori practices in line with tapu and noa. There are snacks available including fruit and sandwiches 24/7. Specialised utensils are available for residents.</p> <p>Residents may choose to have meals in their rooms. The food control plan was audited in January 2022 and is valid to 1 August 2023. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Decanted dry goods evidence the date of decanting. All dry goods had been decanted within the previous six months. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide written feedback on a daily feedback form and verbal feedback on the meals through the resident meetings which is attended by the food services manager when required. Resident preferences are considered with menu reviews. Resident surveys are completed annually which evidenced overall satisfaction with food services. Residents</p>
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		<p>interviewed expressed their satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. This is recorded in the electronic resident management system and is graphed. The long-term care plan section for nutritional needs included a section on food and fluid texture requirements and any swallowing difficulties are recorded on the care plan. These sections were completed in the seven resident files reviewed.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service 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 the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. Discharge notes and summaries are uploaded to the electronic system and integrated into the care plan. There is evidence of referrals for re-assessment from rest home to hospital level of care. The service works in partnership with all residents and families/ whānau to ensure all have access to other health and disability services and social support or kaupapa Māori agencies where appropriate.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of</p>	FA	<p>The service has an approved evacuation scheme. The building holds a current warrant of fitness. The maintenance person (also the health and safety representative) works 20 hrs a week Monday to Friday. There is a maintenance request book for repair and maintenance requests located in the main nurse's station. This is checked daily and signed off when repairs have been completed. There is a monthly and annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/ trades services are available 24 hours as required. Testing and tagging of electrical equipment has been completed in August 2021 and medical equipment, hoists and</p>

<p>belonging, independence, interaction, and function.</p>		<p>scales were last checked and calibrated in April 2022.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The internal and external courtyards and gardens have seating and shade. There is safe access to all communal areas. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care.</p> <p>The Alexandra is a dedicated hospital wing. The unit has 12 single rooms. All rooms have shared bathroom facilities between the rooms and two have individual ensuite facilities. The shared bathrooms have privacy locks. The nurse's station in the area overlooks the central lounge. The area is designed so that space and seating arrangement provides for individual and group activities. There are quiet, low stimulus areas that provide privacy when required including individual rooms.</p> <p>The Gillespie (dementia) wing: The unit is secure and can be accessed by secure keypad, and has several areas designed so that space and seating arrangement provides for individual and group activities. There are quiet, low stimulus areas that provide privacy when required including individual rooms. There is a safe and secure outside courtyard that is easy to access. There is a large lounge and dining room with kitchenette, and small seating/dining areas in the dementia unit. The unit has ten single rooms with a mix of ensuite and shared bathrooms.</p> <p>The Clyde and Omakau wings are dual purpose: All rooms are single occupancy with shared ensuites. There is access to two internal courtyards. There is a large lounge and a separate dining room adjacent to the main kitchen, a small lounge, and an activities room.</p> <p>There is electric panel heating in all resident rooms which can be individually adjusted and heat pumps in the communal areas throughout the facility. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There</p>
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		<p>is adequate space for the use of a hoist for resident transfers as required. Six rooms have ceiling hoists installed. Caregivers interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. There are seating alcoves throughout the facility. There is safe access to courtyards and gardens which provides seating and shade. All communal areas are easily accessible for residents with mobility aids. All bedrooms and communal areas have ample natural light and ventilation.</p> <p>There are no plans for building projects, or further refurbishments, however if this arises, the organisation are open to the inclusion of local Māori providers to ensure aspirations and Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard. In the event of a power outage, a small diesel generator and gas cooking are available. An arrangement is in place with an external contractor for the lease of a large generator. There are adequate supplies in the event of a civil defence emergency including ample water stores. Emergency management is included in staff orientation and external contractor orientation. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and families</p>

		<p>interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, and an external security company and staff complete regular security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. A registered nurse (the FM) oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The FM has support from the PSO infection prevention continuous quality improvement group. The group has representation from each facility and includes the clinical nurse advisor who provides support as the infection prevention coordinator across the group.</p> <p>Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually as part of the quality plan.</p> <p>Infection surveillance data is collated monthly and is included in the homes benchmarking data. Infection matters are raised at every staff meeting, including general staff, RN, health and safety and quality meetings. Infection rates are presented at staff meetings and discussed at quality meetings and CGAG meetings. The CEO receives reports on progress quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with IP and AMS on a monthly basis, and any significant infection events. Infection control audits are conducted.</p> <p>The service has access to an infection prevention team from Te Whatu Ora Southern and Public Health South. Visiting hours are open, however, visitors are asked not to visit if unwell. Covid-19 screening, and health declarations continue for all visitors. Contractors and anyone who is likely to be in the building for an extended period of time is asked to have a rapid antigen test. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and all residents are fully vaccinated against Covid-19. There were no residents with Covid-19</p>

		infections on the days of audit. Every two days the service randomly tests two residents to check for Covid.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<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 on a regular basis in consultation with the infection control coordinators. Policies are available to staff via the intranet.</p> <p>There are policies and procedures in place around reusable and single use equipment. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through handwashing, sterile single use wound packs for wound management and catheterisations. The clinical advisor and the infection prevention coordinator have input into the procurement of good quality PPE, medical and wound care products.</p> <p>The designated infection control (IC) coordinator has been in the role for the last one and a half years and is supported by the PSO clinical advisor. During Covid-19 lockdown there were regular zoom meetings with the DHB which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The infection prevention coordinator has completed external training including Aged Care Association and Bug Control workshops and attendance at zoom workshops held by Te Whatu Ora Southern. There is good external support from the GP, laboratory, and the PSO clinical advisor.</p> <p>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. The facility has been divided into zones. Each zone has outbreak kits readily available. There are supplies of extra personal protective equipment (PPE) equipment as</p>

		<p>required.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, group texts 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, group text, a closed family Facebook page and email.</p> <p>The team responsible for policy development is working towards incorporating te reo Māori information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. There are no plans to change the current environment, however, the service will consult with the infection control coordinator if this occurs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting and clinical focus group. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at clinical meetings.</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection</p>

<p>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>register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, staff meetings and clinical governance group. The service is planning to incorporate ethnicity data into surveillance methods and data captured around infections and this is included in the meeting minutes. Meeting minutes and graphs are displayed in the staffroom for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Te Whatu Ora Southern for any community concerns.</p> <p>There was a Norovirus outbreak in November 2021 and a Covid outbreak in May 2022. The facility successfully followed and implemented their pandemic plan. Staff wore PPE, and residents and staff were and continue to be RAT tested daily. Families were kept informed by phone or email, and visiting was restricted to end of life only.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in locked cupboards. Staff have completed chemical safety training in December 2021, and the chemical provider monitors the effectiveness of chemicals. Safety datasheets and product sheets are available, and sharps containers are available and meet the hazardous substances regulations for containers.</p> <p>There are either one or two cleaners on each day. When cleaning trolleys are not in use, they are kept in a locked cupboard. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit.</p> <p>There is a sluice room in each of the three areas and all sluice rooms have a sanitiser and a sink. Goggles are available.</p> <p>All laundry is processed on-site. The laundry has a dirty entrance</p>

		<p>where laundry is taken to for processing. The laundry is operational seven days a week. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The laundry assistant and cleaner interviewed were knowledgeable regarding their responsibilities and could describe changing to their practices to include changes around Covid-19.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. Policies have been updated to reflect the Ngā Paerewa Health and Disability Services Standards 2021. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, one hospital level resident was using a harness as a restraint while up in a chair.</p> <p>The facility, led by the facility manager, is committed to providing services to residents without use of restraint. The use of restraint is reported in the quality and staff meetings. The designated restraint coordinator, an experienced RN, was not available during the audit. The facility manager was interviewed in her absence and described the facility's focus on minimising the use of restraint. Restraint use is reported to the CGAG and to the Board each month.</p> <p>Restraint minimisation is included as part of the training plan and orientation programmes and includes a competency questionnaire.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices,</p>	FA	<p>A restraint register is maintained by the restraint coordinator. One hospital level resident was using a chair harness as a restraint. A lap belt was assessed as a high risk for this resident and therefore was not suitable.</p> <p>This resident's file was reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (e.g. falls prevention strategies, managing behaviours). Cultural considerations are also assessed. Restraint is used only as a last resort. Consent</p>

<p>implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>was obtained by the resident's family.</p> <p>A policy is in place for the use of emergency restraints. This would only be used over the weekend for safety until a restraint assessment could take place. No emergency restraint has been used.</p> <p>Monitoring forms are completed for the resident using restraint. Monitoring is in conjunction with intentional-rounding and positioning and is completed hourly. The files reviewed indicated that monitoring is accurately recorded for the resident using restraint.</p> <p>The use of the restraint, risk associated with restraint use and frequency for monitoring is stated in the resident's care plan.</p> <p>Accidents or incidents that occurred as a result of restraint use are monitored. There were no reported incidents since the last audit.</p> <p>Restraints are reviewed three-monthly. Residents using restraint are also discussed during handovers, and in staff and CGAG meetings.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint programme is monitored and reviewed regularly by CGAG with the intent to eliminate the need for restraint. Restraint practice is evaluated at a facility level every six months as part of the internal auditing programme. The staff restraint education programme is provided bi-annually to all care staff. This training is evaluated. Meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated and when all other alternatives have been tried.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>The facility manager reported that staff are regularly attending education and training. Attendance rosters were sighted for a small selection of trainings over the past 12 months (restraint minimisation, Enliven philosophy, manual handling, chemical safety, fire training (six-monthly) and challenging behaviours). In addition to this training, the facility manager reported that RNs have attended advance care planning and syringe driving training. However, this training as well as online training and toolbox talk trainings are not being documented. Plans are in place to address this shortfall.</p>	<p>There is a lack of documentation to evidence staff attending education and training.</p>	<p>Ensure staff attendance at education and training is documented.</p> <p>90 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers</p>	PA Low	<p>The facility manager stated that although she met individually with staff approximately one</p>	<p>Whilst there was documented evidence of three-monthly</p>	<p>Ensure staff performance is</p>

<p>shall have the opportunity to discuss and review performance at defined intervals.</p>		<p>year ago, annual performance appraisals were missing in the staff files audited. Interviews with caregiver staff confirmed annual performance appraisals are behind schedule. The facility manager stated that a plan is in place to address this shortfall.</p>	<p>performance reviews for newly employed staff, annual performance appraisals were missing in four of four staff who have been employed for over one year.</p>	<p>reviewed regularly, as per policy and procedure.  90 days</p>
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Low</p>	<p>The service is implementing electronic care plans as per the Presbyterian Support Services (Otago) policies. There is a system in place for this to happen. The registered nurses document care plans and there was evidence of updates and evaluations conducted for some residents with changes to care plans made. Care plans are reviewed six-monthly, however, not all evaluations evidenced progress towards meeting documented goals.</p>	<p>Five of six evaluations did not document progress towards meeting goals.</p>	<p>Ensure that all care plan evaluations document progress towards meeting goals  90 days</p>

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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>A quality plan (July 2021-2022) is being implemented. The quality framework consists of four domains of quality and risk management: organisational leadership and management, person, whānau and staff safety, engagement and participation, clinical effectiveness and quality improvement and engaged and effective workforce. Within each domain, there are a number of activities that have been identified and are the focus for the year.</p> <p>One particular quality initiative identified as an area of continuous improvement is the reduction in the number of residents using nine or more medications or taking antipsychotic medications.</p>	<p>A PSO Otago CGAG polypharmacy medication initiative was initiated at Ranui Home and Hospital in November 2021. Medimap has a function to enable quick access to polypharmacy use. Data was reviewed on a monthly basis and results were published in the benchmarking report. V-care was updated to include a prompt to consider polypharmacy use as part of the three-monthly resident reviews and RNs ensured polypharmacy was addressed in every review in conjunction with the GP. Results of this initiative has been attributed to a reduction in resident falls (eleven falls/month November 2020 to seven falls per month (March – June 2021) (note: two outliers were taken out of the data); ten residents on nine or more medications (November 2020) have been reduced to seven residents, and nine residents on antipsychotics has been reduced to four residents. The facility manager</p>

			stated that this initiative has resulted in residents being more alert, are participating more in activities of daily living and reported feeling 'happier'.
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End of the report.