

# Y&P NZ Limited - Deverton House Rest Home

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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 The DAA Group Limited, 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>	Y&P NZ Limited
<b>Premises audited:</b>	Deverton House Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 6 September 2022      End date: 6 September 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>	20

# 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

Deverton House Rest Home (Deverton House) provides rest home level care for up to 23 residents. The service is operated by two private owner/directors and is one of four aged residential care facilities owned by the same operator. The rest home is a unique facility and provides services to residents that are all of Chinese ethnicity and who speak limited or no English. Deverton House is managed by a facility manager who is supported by two registered nurses who oversee all clinical services. Residents and families spoke positively about the care provided.

This certification audit was conducted against the Nga Paerewa Health and Disability Services Standards and the providers contract with Te Whatu Ora Waitemata. The certification audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents and family members. The general practitioner and staff were interviewed. An interpreter was used for conducting interviews and to check written material which was documented in Chinese.

This audit did not identify any areas requiring improvement.

## 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.

Residents and their family are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code). All staff receive in-service education on the Code. The Code is displayed in English, te reo Māori and Chinese. The provider maintains a socially inclusive and person-centred service. Cultural and spiritual needs are identified on admission and considered in daily service delivery.

There are policies that align with Te Tiriti o Waitangi and the principles of mana motuhake practice. Appropriate cultural supports would be obtained for residents that identify as Māori or Pasifika. The residents confirmed that they are treated with dignity and respect. Consent is obtained where and when required. Residents are safe from abuse.

Residents and family receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Family and legal representatives are involved in decision making. Advance directives are followed wherever possible.

There is a health plan to guide staff to ensure the needs of residents who identify as Māori, Pacific peoples, and other ethnicities. Care will be provided in a manner that respects their cultural values and beliefs when applicable.

A complaints register is maintained with complaints resolved promptly and effectively. There is one health and disability commissioner complaint which has not yet been closed.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The governing body and management team are responsible for delivering safe and appropriate care and services.

The purpose, values, direction, scope and goals of Deverton House are documented. Goals are reviewed during annual business planning processes. Performance is monitored and reviewed by the facility manager and reported to management.

The quality and risk management systems are focused on improving service provision and care. Residents and family are given the opportunity to provide regular feedback and are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies any trends and leads to improvements. Actual and potential risks and hazards are identified and mitigated.

There is one staff member on duty at night and staff numbers are increased during the morning and afternoon shifts. The facility manager and registered nurses are on call when not on site.

Staff are provided with a detailed orientation and ongoing education programme relevant to the facility and level of care provided.

Residents' information is accurately recorded, securely stored and are not accessible to unauthorised people.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

Entry processes are efficiently managed. Relevant information is provided to the potential resident/whānau. Qualified personnel assess residents on admission. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are referred to specialist services and to other health services as required.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. The planned activity programme provides residents with a variety of individual and group activities.

Medicines are safely stored and administered by staff who are competent to do so. The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

## **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 facility meets the needs of residents and was comfortable and clean. Significant refurbishment both internally and externally has occurred since the previous audit. There is a current building warrant of fitness. Clinical equipment meets electrical and calibration check requirements. External areas provide shade and seating. Staff are trained in emergency procedures, use of emergency equipment and supplies and fire safety principles. Staff, residents and families understood emergency and security arrangements. Call bells are available all in all service areas. Security is maintained and includes the use of close circuit television cameras (CCTV). Signage is in place.

## 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.

The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A suitably qualified registered nurse leads the programme.

Specialist infection prevention advice is accessed when needed. Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through education and training.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required. There was no infection outbreak reported since the previous audit.

## 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 service has been a restraint free environment for over four years. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of the audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and use of alternative interventions as needed.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	155	0	0	0	0	0

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



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Deverton House Rest Home provides an environment that supports residents’ rights and provides culturally safe care. Staff demonstrated an understanding of residents’ rights and obligations. There is a Māori Health Plan that is specifically developed in relation to residents who identify as Māori, Pasifika and other ethnicities. The owner/director interviewed stated that all residents at this home identify as Chinese, so having a Māori centred focus of care is not applicable. However, the owner aims to work collaboratively with Māori and Pasifika groups in the community and encourage a Māori/Pasifika world view of health in service delivery if a resident is admitted of Māori or Pasifika ethnicity.</p> <p>The facility manager (FM) and most of the current staff identify as Chinese. Two registered nurses employed however are not of Chinese ethnicity but are able to relate to the residents with support of other staff interpreting as needed. One casual registered nurse is available who identifies as Chinese. The organisations human resource policy states an aim to employ staff representative of the</p>

		resident group and nature of this service. However, should a person apply for a job vacancy who identifies as Māori, they would be employed if suitable for the role. No residents or staff currently at Deverton House Rest Home identify as Māori.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Policies and procedures are available to guide staff in the care of Pacific Peoples. There is an Ola Manuia: Pacific Health and Wellbeing Action Plan 2020 – 2025 and other documents for reference and to cover all aspects of communication and understanding of all of the Pacific Islands. The provision of equitable services that are underpinned by the Pacific people’s worldview policy notes ‘how to improve the health outcomes of Pasifika people. Expert advice can be sought from community groups, the resident and family. Residents will be encouraged to participate in cultural activities in the community and community groups will be invited to share their culture and knowledge with the care home. Residents would be encouraged to identify spiritual, cultural and other needs as part of the planning process. There are currently no staff or residents who identify as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Training on the Code of Health and Disability Services Consumers' Rights (the Code) is part of the orientation process and ongoing annual training, as was verified in staff training records sampled. Staff understood residents’ rights and gave examples of how they incorporate these in daily practice. All residents on the day of the audit identified as Asian (Chinese). The Code in Chinese, English, Māori and Pacific languages and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed at the reception area. There was an interpreter available (formally arranged through the contracted service provider) to support with residents’ interviews on the audit day. A group interview was conducted with six residents. Residents, through interpreter services and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p>

		Cultural safety policies in place guides staff to recognise Māori mana motuhake if required. Residents, family/whānau or their representative of choice were involved in the assessment process to determine residents' wishes and support needs.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>A guideline for accessibility and care for residents who identify as disabled is documented to guide staff. Residents and family/whānau confirmed being involved in the assessment and care planning process where they are provided with opportunities to share what is important to them as individuals. Residents' cultural values and beliefs are assessed on admission. Services are provided in a manner that has regard for residents' privacy, dignity, confidentiality and preferred level of interdependence. Residents have individual rooms. Staff have received education on the Treaty of Waitangi/Te Tiriti o Waitangi and cultural safety/tikanga best practice and they understood the requirements and how to apply it into daily activities.</p> <p>There were no residents who identified as Māori on the day of audit. Cultural guidelines are in place to promote te reo Māori and tikanga practice when required. The facility manager (FM) stated that Māori cultural advice is provided through the local Te Whatu Ora – Health New Zealand if required. The registered nurse (RN) reported that tangata whaikaha needs will be responded to as assessed and they will be supported to participate in te ao Māori as desired. Residents expressed satisfaction with the support provided in relation to their culture. Staff were observed supporting residents in a respectful manner.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services</p>	FA	<p>The policy to manage abuse and neglect acknowledges the reality of institutional and systemic racism in the health care system in Aotearoa. The service is committed to the elimination of inequity for Māori within the service by identifying and eliminating barriers to care. The FM reported that Deverton House Rest Home has zero tolerance for abuse and any observed or reported racism, abuse or exploitation would be addressed promptly. Professional boundaries, code of conduct, misconduct, discrimination, and abuse and neglect information is included in the staff employment handbook. These are discussed with all staff during their orientation. There was no evidence</p>

<p>are safe and protected from abuse.</p>		<p>of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation. In interviews, staff confirmed awareness of professional boundaries and understood the processes they would follow, should they suspect any form of abuse, neglect and exploitation. Residents confirmed that they are treated fairly.</p> <p>Residents' property is labelled on admission. The RN stated that a Māori health care plan in place would be used to complete care plans for Māori residents. The service is planning to develop a system to monitor institutional racism.</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>The service has access to interpreter services should this be required. An interpreter was available for this audit process. Residents, family/whānau and enduring power of attorneys (EPOAs) are given an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. Staff understood the principles of effective and open communication, which is described in policies and procedures that meet the requirements of the Code. Open communication with residents and family/whānau is promoted through the open-door policy maintained by the FM. Residents and family/whānau expressed satisfaction with communication and the response to requests. A record of phone or email contact with family/whānau was maintained.</p> <p>Information provided to residents, family/whānau or EPOAs is in English and Chinese languages. Verbal, non-verbal, printed material or written communication methods are adopted to make communication and information easy for residents to access, understand, use, enact or follow. Communication with other agencies and allied health providers involved in residents' care was evidenced in residents' records. All staff were able to speak Mandarin and English.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will</p>	<p>FA</p>	<p>Informed consent is obtained for all procedures and all treatments as needed. The informed consent policy explains the process. Residents are provided with all information that supports the resident to make an</p>

<p>be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>informed decision. Residents have a right to decline/refuse treatment/care at any time. Tikanga guidelines are included in the consent policy. Staff understood the principles and practice of informed consent. Best practice tikanga guidelines in relation to consent and the Code are used in obtaining consent. Informed consent was obtained as part of the admission documents which the resident and family/whānau or their nominated legal representative signed on admission. Staff were observed to gain consent for daily cares. Resuscitation treatment plans/advance directives were available in residents' records. The general practitioner (GP) signed resuscitation treatment plans for residents who were unable to provide consent in consultation with family/whānau and EPOAs.</p> <p>Residents confirmed being provided with information and being involved in making decisions about their care. Where required, a nominated support person was involved with the resident's consent. The RN reported that residents can be offered a support person through the advocacy services when required. Communication records verified inclusion of support people where appropriate.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code of Rights. Residents and family/whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>There has been one written and four verbal complaints received since the previous audit. All are effectively closed out. There is one health and disability complaint that has been fully investigated and responded to in a letter dated 9 June 2022. The facility manager interviewed stated that the organisation is still awaiting a final decision from the health and disability commissioner's office about this complaint.</p> <p>The complaints management system has not been reviewed to ensure this works effectively for Māori, as there are no Māori</p>

		residents. Processes would be put in place if needed.
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Deverton House Rest Home has two owners who are well supported by a facility manager. The owners are fully committed and assume accountability for delivering a high-quality service. The service does not have Māori representation at management level as this is a unique service, that specialises in providing aged residential care (ARC) for older persons who identify as Chinese. The strategic and business plans include a mission statement identifying the purpose, mission, values, direction and goals for the organisation, with monitoring and reviewing performance at planned intervals. Organisational goals do, however, aim for integrated service delivery and mana Motuhake values is embedded into practice for all residents. Up until recently the service provided care to one Pakeha New Zealander who has now transferred to another facility for higher level care.</p> <p>There is a defined governance and leadership structure with clinical management that is appropriate to the size of this organisation. The facility manager has been employed 10 years at this facility and eight years in the facility manager role. The facility manager is supported by two registered nurses with current annual practising certificates (APCs), who share the registered nurse role. There is an additional registered nurse who covers on a casual basis. The facility manager and the registered nurse confirmed knowledge of the sector, regulatory and reporting requirements.</p> <p>External support for te ao Māori and Pacific peoples if needed, is available through the Te Whatu Ora Waitemata cultural advisory group. The registered nurse interviewed has worked in aged care and confirmed knowledge of the sector, regulatory and reporting requirements. The training schedule was sighted. In April 2022 an on-line course was completed by all staff 'Māori/operating Principles' and this training included understanding of the Treaty of Waitangi. Training on equity has not occurred as yet. Improving outcomes and achieving equity for Māori and reviewing barriers for equitable access to services for Māori have not been evaluated due to the nature of this</p>

		<p>service.</p> <p>Staff and quality meetings are held monthly and all items on the agenda are discussed. Any quality data collected identifies trends and/or specific shortfalls are addressed using a corrective action process. A sample of minutes of meetings were reviewed and showed that adequate information to monitor performance is reported. Resident meetings are held monthly and this was verified through the interpreter, at the group resident interview at the time of the audit. Any issues are dealt with in a timely manner.</p> <p>The service holds contracts with Te Whatu Ora Waitemata for the provision of rest home and respite services. On the day of the audit 20 residents were receiving rest home services. No residents were on respite care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of quality improvement. This includes the management of incidents/hazards/accidents, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections and wounds. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The registered nurse and facility manager interviewed understood the processes for the identification, documentation, monitoring, review and reporting of risks. This included health and safety risks and development of mitigation strategies. Deverton House has not yet included potential inequities in the organisational risk management and review processes. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A contracted quality consultant provides advice and updates for all policies and procedures as needed.</p> <p>Residents/family and staff contribute to quality improvement through the ability to give feedback at meetings. Outcomes from the last resident/ family satisfaction survey 4 August 2022 were mostly</p>

		<p>positive and any areas of concern/issues were actioned.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. The facility manager understood and has complied with essential notification requirements. There has been one section 31 notification completed since the last audit. This related to a pressure injury.</p> <p>Quality meetings are held monthly. Data is communicated and discussed. Minutes of meetings confirmed issues raised are acted upon. Resident meetings are also held on a monthly basis and minutes are maintained. This service provides ARC for residents who identify as Chinese. Education is provided to meet the needs of all ethnicities including for Māori, to ensure care staff can provide high level care for all persons who access this service.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the needs of residents. Caregivers interviewed reported there were adequate staff to complete the work allocated to them. Residents and family/whanau interviewed with support of an interpreter reported that the residents are well cared for. All staff have completed a first aid course on the 27 July 2022. Certificates were reviewed in the personal records reviewed. There are two registered nurses (RNs) who cover the service in a job share role and one additional RN (casual) who is available to cover when required for annual leave, sickness and study leave. The facility manager works Monday to Friday. There is a caregiver on each shift. The registered nurses cover the service 24 hours a day as per the roster either on-call or in person. All three registered nurses are interRAI competent. The RNs cover the clinical on call alternate weekends, and the facility manager covers the non-clinical on-call. Cleaning, laundry and the nutritional services are carried out by dedicated support staff seven days a week. The service has an activities coordinator who works 15</p>



		<p>hours a week in this role and covers allocated caregiver shifts.</p> <p>All staff have job descriptions reflecting the position and expected behaviours and values. Continuing education is planned and is often linked with staff meetings held monthly. Additional on-line education is promoted by management and staff participate at their leisure. All mandatory education is covered annually and is recorded by the facility manager. The service has embedded cultural values and competency in their training programmes, including cultural safety, Te Tiriti o Waitangi and tikanga practices. Ethnicity is maintained and recorded in the resident register and is in policy reviewed. Information would be shared for Māori is admitted to this service. Related competencies are assessed and support equitable service delivery. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Records reviewed demonstrated completion of the required training and competency assessments. The activities coordinator is training and is near completion to attain level 4 diversional therapy. Training and competence support are provided to staff to ensure health and safety in the workplace including manual handling, chemical safety, food handling, emergency management including fire drills, pandemic planning including the use of personal protective equipment (PPE).</p> <p>Staff interviewed reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment.</p> <p>Current Māori health information is not yet included in the staff training programme.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their</p>	FA	<p>Human resource management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. Staff have been stable at this facility since the previous audit. A sample of staff records were reviewed and evidenced implementation of the recruitment process, individual employment contracts, reference checking, police vetting, COVID-19 vaccination status,</p>

<p>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>completed orientation and staff performance annually.</p> <p>Staff individual records are stored appropriately in the office. The facility manager and the owner understood their obligations for recruitment in line with Nga Paerewa standard and would consider both Māori and Pacific peoples if they applied for a position (however all residents speak Chinese languages) most staff are of Chinese ethnicity due to the nature of this service. Ethnicity data is recorded and used in line with health information standards.</p> <p>A register of health professionals annual practising certificates is monitored by the facility manager inclusive of the general practitioner, pharmacists and other health professionals involved in the multidisciplinary team.</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this is implemented.</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>The service uses an electronic information management system and paper-based system. All necessary demographic, personal, clinical and health information, including ethnicity data was completed in the residents' files sampled for review. Progress notes were current, integrated, legible and met current documentation standards. Records were legible with the name of the person making the entry identifiable. No personal or private resident information was on public display during the audit. Archived records were held securely in the electronic system and onsite could be retrieved easily. Residents' information is held for the required period before being destroyed.</p> <p>InterRAI assessment information is entered into the Momentum electronic database and reports are printed and kept in individual residents' files. Staff have individual passwords to access the electronic systems. Information is accessible for all staff who use it with differing levels of security depending on who is accessing it. The service provider is not responsible for National Health Index registration.</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>The entry criteria is clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC).</p> <p>The entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. The service maintains a record of the enquiries. Work is in progress to implement routine analysis of entry and decline rates including specific rates for Māori. The service is working towards forming partnership with local Māori communities and organisations to support Māori individuals and whanau. Residents have access to complimentary/traditional medicines if desired.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The RNs are responsible for completing nursing admission assessments, care planning and evaluation. The initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate. The service uses assessment tools that include consideration of residents' lived experiences, oral health, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of an admission. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, and the NASC assessments served as a basis for care planning. Residents' and family/whānau or enduring power of attorney (EPOA) where appropriate, were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and</p>

		<p>family/whānau confirmed their involvement in the assessment process.</p> <p>The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs documented. Detailed strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Any family/whānau goals and aspirations identified were addressed in the care plan.</p> <p>The Māori health care plan template to be used when required, for Māori residents includes Māori healing methodologies, such as karakia, mirimiri and rongoā. The care planning process support residents who identify as Māori and whānau to identify their own pae ora when required. Cultural guidelines will be used to complete Māori health and wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. The staff confirmed they understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision are acknowledged in the Māori health plan and the FM reported that these will be eliminated as required.</p> <p>Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed three monthly and more frequently as determined by the resident's condition where required. Medical records were evidenced in sampled records.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the GP. Records of referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were</p>
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		<p>evidenced in the residents' files sampled. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>Residents' care was evaluated on each shift in the progress notes by the caregivers. Any changes noted were reported to the RN, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes when interviewed with the support of the interpreter.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities coordinator who is in the progress of completing diversional therapy course oversees the activities programme with the support of the FM. Residents' activity needs, interests, abilities, and social requirements are assessed within the first two weeks of admission with input from residents and family/whānau. The activities programme is reviewed through satisfaction surveys and in residents' meetings to help formulate an activities programme that is meaningful to the residents. Resident's activity needs are evaluated as part of the formal six monthly interRAI assessments and care plan review and when there is a significant change in the resident's ability. This was evident in the records sampled.</p> <p>Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents</p>

		<p>are supported to access community events and activities where possible. Individual, group activities and regular events are offered. The activities on the programme include exercises, Tai chi, mah jong, van trips, massage, Chinese checker, gardening, church services, walks and birthday celebrations. Cultural events celebrated include Chinese New Year. There has been a reduction in shopping trips due to the impact of COVID-19 and residents understood the restrictions and the need to be safe. Some residents are able to go out to visit family and friends in the community independently. Family support those who are not independent to go out for visits in the community.</p> <p>The activities coordinator is available three days per week (15 hours) and on other days individual/ group-initiated activities are completed as per programme or own choice activities. Activities attendance records were maintained. Residents were observed participating in a variety of activities on the day of the audit. Interviewed residents and family confirmed they find the programme satisfactory. Work is in progress to provide Māori the opportunity to participate in te ao Māori when required.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is used. A caregiver was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the GP and over the counter medication and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were</p>

		<p>documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. All medicines in the medication room and trolley were within current use by dates. Clinical pharmacist input was provided on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range. There were no controlled drugs kept on site. No residents were prescribed any controlled drugs. Facilities are available to store controlled drugs securely in accordance with requirements if required.</p> <p>Residents and their family are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support, and advice for treatment for Māori will be provided when applicable. There were no residents self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner when required and staff understood the requirements.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action plans implemented, as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural</p>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A diet preference form is completed and shared with the kitchen staff and any requirements are</p>

<p>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>accommodated in daily meal plans. Copies of individual diet preference forms were available in the kitchen folder.</p> <p>The food is prepared on site by two cooks and is in line with recognised nutritional guidelines for older people. Kitchen staff have received required food safety training. The menu is in English and Chinese language. The menu follows summer and winter patterns in a four weekly cycle and was reviewed by a qualified dietitian on 16 May 2022. Residents who chose not to go to the dining room for meals had meals delivered to their rooms.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food control plan and registration issued by Ministry for Primary Industries. The current food control plan will expire on 12 December 2023. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Residents expressed satisfaction with the culturally specific meals provided. The FM reported that Māori and whānau shall have menu options culturally specific to te ao Māori provided when required. On the day of the audit all residents were Chinese and there were no residents who identified as Māori.</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,</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whanau/EPOA. Residents' family reported being kept well informed during the transfer of their relative. The RN reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed.</p>



<p>transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>The FM reported that referral or support to access kaupapa Māori agencies where indicated, or requested, will be offered when applicable. Referrals to seek specialist input for non-urgent services are completed by the GP or RNs. Examples of referrals completed were in residents' files sampled, including to the eye specialists, wound nurse specialist and radiology.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose, well maintained and that they meet legislative requirements. The preventative maintenance programme ensures the facility is well maintained and that all equipment is maintained, serviced and safe. The planned maintenance schedule includes electrical testing and tagging, regular equipment checks, calibrations of weigh scales and clinical equipment. Monthly hot water testing occurs and where deficits are identified, evidence of remediation was sighted. There are environmental and building compliance audits being performed. Since the last audit a considerable amount of facility maintenance has occurred, with safe external areas for residents to walk around on the covered in decks and the pathways around the building. One alteration is in progress on the lower floor of the facility with consultation being sought ahead of a partial provisional audit to be performed when the project is completed. The planting and garden areas reflect the aspirations of Māori with greenery and ferns. There is a large lounge area downstairs that is suitable for staff education and resident/family functions. The nurse's office has been enlarged providing more space and the phone system has also been upgraded since the previous audit. The building has a current building warrant of fitness dated expiry 27 July 2023 and this is displayed at the entrance to the facility.</p> <p>The environment is comfortable and accessible, promoting independence and safe mobility. Spaces were culturally inclusive and suited the needs of the resident group. Lounge areas are used for activities for residents. External areas have been developed since the previous audit with appropriate seating and shade. There are adequate numbers of separate shower/bathrooms and all residents have their own toilet in their individual rooms. Additional toilets/shower</p>

		<p>facilities are available for staff/visitors. Rooms are personalised and there are no shared rooms.</p> <p>Call bells are throughout the facility in each resident's room and in all service areas. Rooms are of an adequate size and are personalised. All rooms have external windows which can open for ventilation. Electric heaters are in all areas. Residents were all mobile, but there was adequate room should a mobility aid be needed to assist an individual resident with mobility.</p> <p>The rest home vehicles have current registration and warrant of fitness. These are used to transport residents to appointments in the community and for activities.</p> <p>Residents and families interviewed with support from the interpreter, were happy with the environment, privacy and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</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>Policies and guidelines for emergency planning, preparation and responses are displayed and known to staff. Civil defence planning guides the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 28 August 2012. Six monthly fire drills are performed as documented and are included in the training programme. The staff orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures when interviewed. The staff are aware of the residents' safety to be maintained. In an emergency event alternative resources are available including a barbecue, water, emergency power and lighting. Torches, blankets, continence products and emergency supplies, frozen and dry foods were sighted and stored appropriately in the basement. All staff are trained in first aid as per the training records reviewed.</p> <p>Door and windows are checked by staff on the afternoon and night shifts. Security sensor lighting is available around the outside of the</p>

		building. Security closed circuit television (CCTV) cameras provide reassurance for staff. Signage is in place.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The governance body has identified infection prevention (IP) and antimicrobial stewardship (AMS) as integral to the service and part of the quality programme. Management/quality meeting minutes reflected the reporting of the IP and AMS information. They provide information on planned IP and AMS programmes e.g., COVID-19 and any corrective actions arising from deficits identified. The general practitioner provides initial support and advice as needed. Expertise and advice are sought as required following a defined process and includes escalation of significant events. One of the three registered nurses is the designated infection prevention coordinator. The registered nurse is experienced and has completed relevant updates for infection prevention through Te Whatu Ora Waitemata. Te Whatu Ora Waitemata provided support with personal protective resources during the Covid-19 outbreak. No staff or residents contracted Covid-19 during the pandemic. There have been no infection outbreaks reported since the previous audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The RN oversees and coordinates the implementation of the (IPC) programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The infection prevention control nurse has completed education on infection prevention and control in May 2022. They have access to shared clinical records and diagnostic results of residents.</p> <p>The service has a clearly defined and documented IPC programme implemented that was developed with input from external IPC services. The IPC programme was approved by the owner/director and is linked to the quality improvement programme. The IPC programme is reviewed annually, it was last reviewed in January 2022.</p> <p>The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control</p>

		<p>standards and include appropriate referencing.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IPC resources including personal protective equipment (PPE). The IPC resources were readily accessible to support the pandemic response plan if required.</p> <p>The RN has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IPC at orientation and through ongoing annual education sessions. The infection control coordinator provides staff education. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The infection control coordinator liaises with the owner/director on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora Waitemata. The FM stated that the infection control coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility, though this hasn't been required so far.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser</p>
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		<p>dispensers were readily available around the facility.</p> <p>The owner/director reported that residents who identify as Māori would be consulted on IPC requirements as needed. In interviews, staff understood these requirements. There were no Māori residents residing in the facility and have not for ten years. The provider would access educational material in te reo Māori if required.</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 AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the owner/director. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. Monthly records of infections and prescribed treatment were maintained. The annual IP and AMS review includes antibiotic usage. The infection control and hand washing audit include the antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Work is in progress to include ethnicity data in surveillance records.</p> <p>Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. Any new infections are discussed at shift</p>

		<p>handovers for early interventions to be implemented.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There was no infection outbreak reported since the previous audit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and the cleaning room. Cleaning products were in labelled bottles. Cleaners ensure that the trolley is safely stored when not in use. There was a sufficient amount of PPE available which includes masks, gloves, face shields and aprons. Staff demonstrated knowledge and understanding about donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide care. The facility was observed to be clean throughout. The cleaner has attended training appropriate to their roles. The FM completes regular internal audits to monitor environmental cleanliness and has oversight of the facility testing and monitoring programme for the built environment. These did not reveal any significant issues. Laundry services are completed on site. The laundry is clearly separated into clean and dirty areas. The effectiveness of laundry processes is monitored by the internal audit programme. Resident surveys and residents confirmed satisfaction with cleaning and laundry processes.</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</p>	FA	<p>Deverton House Rest Home is a restraint free environment. Restraint has not been used in the facility since the previous audit. The registered nurse restraint coordinator interviewed described the focus on maintaining a restraint free environment. The staff interviewed described their commitment to maintaining a restraint free environment.</p> <p>Policies and procedures meet the requirements of the New Zealand Standards Nga Paerewa for restraint/seclusion. The restraint</p>

<p>practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>coordinator is a defined role undertaken by the registered nurse who provides support and oversight should restraint be required in the future. There is a documented job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions and de-escalation as part of the ongoing education programme. Restraint protocols are covered in the orientation programme of the facility and restraint is identified as part of the quality programme and reported at all levels of the organisation. There are no residents using a restraint at the time of the audit.</p> <p>The restraint coordinator and the general practitioner (GP) would be responsible for the approval of the use of restraint should this be required. There are clear lines of accountability. For any decision to use or not use restraint there is a process to involve the resident/their family as part of the decision-making process.</p> <p>A restraint register reviewed is clearly documented and this includes information to provide an auditable record should restraint be again used. Six monthly review of all residents who may be a restraint risk and outlines the strategies to be used in the event of a restraint being required. Any changes to policies, guidelines, education and processes are implemented as required.</p> <p>Given that no restraint has been used four years or more sub-section 6.2 and 6.3 have not been audited.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

No data to display
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End of the report.