

Belmont Hospital Limited - Eversleigh Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Belmont Hospital Limited
Premises audited:	Eversleigh Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 19 September 2022 End date: 20 September 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	37

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Eversleigh Hospital is located in Belmont Auckland and provides rest home and hospital level of care for up to 38 residents. There were 37 residents on the day of audit.

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 families, residents, management, staff, and the general practitioner.

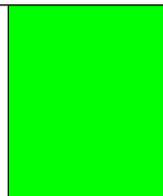
The new owners have made numerous internal and external improvements to the building in the last year. The owners are working towards embedding their own policies, business plan and workplace culture.

The chief executive officer is experienced in managing and operating aged care facilities and is supported by a business partner. Feedback from families and residents were very positive about the care and the services provided. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified the service meets the intent of the standards.

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.

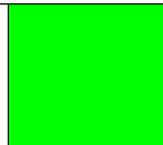
Eversleigh Hospital provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. There were no Māori residents at the time of the audit. Cultural assessments inform the cultural care plan and spirituality, beliefs and values are respected. The provider ensures the service is safe for Pacific peoples.

Residents receive services in an equal manner that considers their dignity, privacy, and independence. The staff were observed effectively communicating with residents about their choices.

There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints are managed appropriately.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. The chief executive officer is involved in all aspects of service delivery and supported by a clinical lead.

The business plan includes a philosophy, mission, and values statement. Operational and quality objectives are reviewed at regular intervals.

The service is implementing the quality and risk management system that takes a risk-based approach. Staff meetings are scheduled and occur monthly. Quality data is collated and analysed. Corrective actions are implemented where opportunities for improvement are identified. Health and safety and hazard management systems are documented. Staff receive training in the management and reporting of hazards.

There is a staffing and rostering policy. Residents and families reported that staffing levels are adequate to meet the needs of the residents. Human resources are managed in accordance with good employment practice. The service is implementing their training schedule for staff. A role specific orientation programme and regular staff education and training are in place. Staff complete various competencies. Staff wellness are promoted in the workplace.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to, or on entry to the service. The registered nurses are responsible for each stage of service provision. They complete the care plans with family/whānau input. Care plans reviewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurses, and healthcare assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activity coordinator provides and implements an interesting and varied activity programme. This includes outings, entertainment and meaningful activities as detailed in the individual activity plans, created for each resident.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Transfers and discharges are coordinated between services.

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. There is a preventative maintenance plan. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including Covid-19. There are emergency supplies for at least three days. A staff member trained in resuscitation skills and first aid is on duty at all times. The appropriate security measures are undertaken.

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment and supplies. There have been two outbreaks since the previous audit which was appropriately reported and effectively managed.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances, there are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. 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 a registered nurse. There is leadership commitment to work towards a restraint-free environment. There were ten residents using restraint at the time of the audit. Promoting a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and consider alternative interventions before restraint is approved.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	0	169	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>The Māori health and cultural sensitivity policy provide guidelines for the safe provision of care in line with cultural safety and the Treaty of Waitangi expectations. A list of local Māori health care providers is available to staff. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged, evidenced during telephone interviews with five family members (three hospital and two rest home level). Four (three hospital and one rest home) residents interviewed, stated they are involved in their own goal setting which promotes independence and wellbeing.</p> <p>During the audit, there were no residents who identified as Māori living at the facility. A health plan has been developed for Māori with input from an iwi collective partnership in Mount Wellington.</p> <p>The service maintains liaison with their local Te Whatu Ora Health Waitemata Whitiki Maurea Māori Mental Health Service and Māori Health unit and has identified and documented contact details for local iwi representatives through Pananawe Marae. The chief executive</p>

		<p>officer (CEO) has established contact with representatives through advice when cultural policies were developed.</p> <p>The CEO confirmed that the service supports increasing Māori capacity by employing Māori staff members through a fair and equitable employment process. There were staff who identified as Māori; however, they were on leave at the time of the audit and could not be interviewed. Other staff interviewed confirmed they are supported in a culturally safe way and that their mana and culture is respected. Ethnicity data is gathered when staff are employed, and work is underway to analyse this at an organisational level.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>On admission all residents state their ethnicity. There were no residents that identified as Pasifika. Individual cultural beliefs are documented for all residents in their care plan and activities plan. The organisation is working towards a Pacific Health Policy to reflect the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The CEO stated they employ a number of Pasifika staff through an equitable employment process and support staff through their training to gain a formal qualification. The service collaborates with their employees for guidance and consultation to provide cultural safe care and to promote equitable access and entry to their service. The policy also states Pacific models of care will be utilised within the plan of care when indicated.</p> <p>The CEO encourages and supports any staff that identifies as Pasifika through the employment process and equal training opportunities. A number of staff employed identify as Pasifika, and all other staff have attended training and education in delivering culturally safe care including care to residents identifying as Pasifika.</p> <p>Observation and interviews with seven care staff (four healthcare assistants (HCAs), two registered nurses (including clinical lead) and one activities coordinator), other staff (one laundry person, one cleaner/ housekeeper, one cook and one maintenance person), residents, families, and documentation reviewed identified that the</p>

		service provides a person-centred service to the Belmont community.
<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 Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their relatives. The facility manager discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are held during the six-monthly resident/family meetings. All families interviewed reported that the residents' rights are being upheld by the service. They confirmed that the residents are treated with respect and that their independence is supported and encouraged.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents/families. There are links to spiritual support.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual 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 independence, choice and support values and beliefs.</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>Families and care staff interviewed stated the residents are given choices and provided examples including (but not limited to); meals, activities, choosing a doctor, grooming and their daily routine. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The services annual training plan reflects training that is responsive to the diverse needs of people across the service. It was observed that residents are treated equally with dignity and respect. The majority of</p>

<p>experiences.</p>		<p>residents have their own room which is personalised with their photos and possessions.</p> <p>Satisfaction surveys completed in February 2022 confirmed that residents and families are treated with respect. This was also verified during interviews with families.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space to manage intimate relationships.</p> <p>Families interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The one double room had two female residents and staff explained how privacy is managed.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Church services are held weekly.</p> <p>Policies and procedures support tikanga Māori and encourage the use of te reo. Education records and staff interviews verified that Te Tiriti o Waitangi training and Māori Health is provided. Staff described how they implement tikanga Māori when engaging in discussions with or providing cares to residents.</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>	<p>FA</p>	<p>The service has policies and procedures to protect people from abuse, discrimination, and neglect. Staff are provided with orientation and ongoing training around these policies and procedures. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity. Staff rules and a staff code of conduct are discussed during the new employee's induction to the service. This employment agreement and a policy addresses harassment, racism, coercion, bullying and financial exploitation. There are guidelines for staff within the gifting policy around receiving gifts from residents.</p>

<p>are safe and protected from abuse.</p>		<p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff have received training around the Code of Rights which included respect and dignity. Staff interviewed were able to describe racism and stated they felt safe to raise any concerns regarding racism with management if identified. All residents and families interviewed confirmed that the staff are caring, supportive, and respectful. The families interviewed confirmed that the care provided to their family member is of good standard.</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 HCAs confirmed their understanding of professional boundaries, institutional racism, and own bias.</p> <p>The Māori health and cultural sensitivity plan identifies Māori health models – the Māori philosophy towards health that is based on a wellness or holistic health model. The service recognises Te Whare Tapa Whā; 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. Six-monthly resident meetings identified feedback from residents about the service and care provided. Minutes reviewed identified proactive follow up and response by the service to resident feedback.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. There is an escalation matrix to the chief executive officer (CEO) in an event of emergency restraint use and complaints. Ten accident/incident forms reviewed consistently indicated next of kin have been informed of an accident/incident. This was also confirmed during interviews with families.</p> <p>Families and residents confirmed they feel informed about things that happen within the facility and the chief executive officer and registered nurses are available, accessible and collaborate with residents about</p>

		<p>their wellbeing outcomes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Healthcare assistants explained during interview how they communicate and use family members to interpret for one resident. On observation of the resident's room, there were communication resources available for staff to use. The family member interviewed stated they are available for assistance and stated their relative care needs are met.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and families are informed prior to entry of the scope of services and any items that are not covered by the agreement. The residents are provided a choice around additional charges and premium room fees.</p> <p>The service communicates with other agencies that are involved with the resident such as the local Te Whatu Ora Health Waitemata specialist services, and hospice.</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>	<p>FA</p>	<p>There are policies around informed consent. Informed consent is included in the admission agreement along with consent to share information, photography, and transportation. Seven resident files reviewed had signed admission agreements which incorporated informed consent. Separate consent forms for Covid and flu vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process and in the planning of resident's care. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were on file,</p>

		where required.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>All incoming residents and whānau are provided with easy-to-understand information about how to raise concerns/complaints and compliments, what to expect through the process and their right to support and advocacy. The CEO maintains records of complaints, actions taken, and resolution.</p> <p>Three complaints have been received since the change in ownership. The complaints were acknowledged, investigated, and managed in line with Right 10 of the Code. The records showed the complaints had been resolved to the satisfaction of the complainants. There have been no known complaints submitted directly to Te Whatu Ora Health Waitemata or the Office of the Health and Disability Commissioner since the previous audit.</p> <p>The CEO stated that they address concerns as they arise. Staff and residents are informed of any complaints received in meetings.</p> <p>Discussions with families confirmed they are provided with information on complaints and complaint 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 and satisfaction surveys provide an avenue to provide feedback and is utilised to ensure provision of culturally safe services.</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</p>	FA	<p>Eversleigh is owned and operated by MA Healthcare Limited who purchased the service on 12 November 2021. The service provides rest home and hospital level care for up to 38 residents, which includes three beds in serviced apartments. At the time of the audit there were 37 residents in total: 6 rest home level and 31 hospital level (including one long term support-chronic health contract [LTS-CHC]). All beds including the serviced apartments are dual purpose beds. All other residents were under the age-related residential care</p>

<p>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>(ARRC) agreement.</p> <p>MA Healthcare Limited is the governing body and provide operational support. Belmont Hospital limited is the subsidiary. The group has a long history of owning and operating aged care facilities and owns another three aged care facilities. The CEO and business partner are the owners. The CEO is based at Eversleigh Hospital and is a registered nurse (RN) with an annual practising certificate (APC) and assumes accountability for day-to-day operations at Eversleigh Hospital. The governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation.</p> <p>The previous business plan for 2021 has been updated 2 January 2022. A new business plan and organisational plan has been documented for 2022-2024. The business plan demonstrates a commitment to quality and risk management, ensuring there are no barriers for tāngata whaikaha and that service delivery is fair and equitable for Māori.</p> <p>The group philosophy, strategic plan and policies and procedures demonstrate various ways that meaningful inclusion of Māori and honouring Te Tiriti occurs in all aspects of service delivery. The organisation’s mission, vision and values are documented. Service monitoring and review of organisational performance occurs and is documented quarterly.</p> <p>The CEO is involved in all aspects of service delivery and a sample of the monthly reports’ reviewed evidence performance monitoring (business and quality). The reports include (but not limited to); focus for the month, health and safety (including incident and accidents), infection events, complaints/compliments, changes in residents and staff, staff training and education, internal audit results, staffing and service achievements/works completed.</p> <p>The CEO has 10 years’ experience in management of aged care facilities and healthcare auditing. The role is supported by a newly appointed clinical lead (RN) that provides oversight to the registered</p>
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		<p>nurses and HCAs. The CEO confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field by attending local Te Whatu Ora Health Waitemata forums, cultural training, and a recent attendance of an external management /leadership day. The CEO, clinical lead, and the other registered nurses meet regularly to analyse clinical indicators, resident's response to care and adherence to best known nursing practice.</p> <p>The CEO confirmed he collaborates with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori. The service identifies and works towards addressing barriers for Māori to ensure equitable service's and improve outcomes for tāngata whaikaha. The CEO confirmed that their relationship with representatives at an iwi collective partnership in Mount Wellington provide advice to the organisation and themselves when policies were developed. The CEO demonstrated understanding of Te Tiriti, health equity, and cultural safety and is working towards developing a cultural competency for the organisation.</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>Eversleigh Hospital implements a quality and risk management programme. The quality and risk management system include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data (e.g., falls, skin tears, infections, wounds including pressure injuries, medication errors, restraint) is collected and analysed.</p> <p>Staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints/concerns received, staffing, and education. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved. Resident/family satisfaction surveys were completed in February 2022. The survey completed had three areas of low satisfaction and included the meal service, timely communication and answering of call bells. The service completed an action plan to address those areas and a follow-up survey was completed. At the time of the audit, the CEO was still analysing the data and expressed their satisfaction</p>

		<p>with the progress made. Residents and families interviewed were satisfied with all other areas of service delivery.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies have been developed by the CEO in January 2022 and reflect updates to the 2021 Ngā Paerewa Service Standards.</p> <p>A health and safety programme is being implemented and the CEO and clinical lead are the health and safety representatives. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually. Every staff member is assessed annually on their competency through a health and safety questionnaire.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. Each resident file includes monitoring of falls monthly, injuries sustained (if any), interventions put in place, specific changes to the care plan and evaluation. Facility strategies implemented to reduce the frequency of falls include regular toileting, exercise activities and regular checks of residents who require assistance. A physiotherapist is accessible through referral from the GP or the RN.</p> <p>Each incident/accident is documented in the resident file. Ten accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, pressure injuries, medication error and challenging behaviour) indicated that the forms are completed in full and are signed off by the RN or clinical lead. Neurological observations have been recorded for unwitnessed falls. Incident and accident data is collated monthly, analysed, and summarised. Results are discussed in the staff meetings.</p> <p>There is a policy around the requirements of mandatory notification and include Health and Disability Services (Safety) Act 2001: Section 31(5) Reporting Guidelines. A section 31 report had been completed</p>
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		<p>to notify HealthCERT and Public Health of two Covid 19 outbreaks, Te Whatu Ora Health Waitemata, the GP and public health were informed daily in regard to the recent Covid outbreaks.</p> <p>Work is underway to ensure that a critical analysis of practice is undertaken to improve health equity. The service provides appropriate cultural training and health information resources to their staff on how to deliver high quality services to all including for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The CEO confirmed staff are increased to include changes in acuity of residents and in the times of outbreak events. The CEO also stated they recently added seven hours more to the roster daily to meet the residents' increased care needs. The service has succeeded in maintaining resident cares during a Covid 19 outbreak in June 2022 and July 2022. Staff reported they covered shifts doing twelve hours shifts and the CEO worked as a registered nurse on the floor to cover absences and sick leave.</p> <p>Interviews with staff confirmed that although they are very busy, overall staffing of HCAs is adequate to meet the needs of the residents. The staff reported excellent teamwork amongst staff. Residents and family/ whānau interviewed said they were satisfied with the number of staff available at all times.</p> <p>The CEO and clinical lead work full-time Monday to Friday. There is an on-call policy. The CEO, clinical lead and one RN is on call when not available on site. Staff interviews confirmed that the CEO and clinical lead are both supportive and available when needed.</p> <p>On the day of the audit there were 6 rest home level and 31 hospital level residents. Eversleigh Hospital is staffed as follows:</p> <p>Roster:</p> <p>There is an RN rostered for morning, afternoon, and night shift.</p> <p>Wing A (5 rest home and 11 hospital) and Wing B (1 rest home and</p>

		<p>20 hospital). Each wing has the following staff allocated:</p> <p>AM: Four HCAs (one medication competent) 7am-3pm and 7am-11am</p> <p>PM: Two HCAs (3pm-11pm and 4pm-8pm)</p> <p>NIGHT: One HCA working 11pm-7am</p> <p>There are separate administration, kitchen, maintenance, activities, cleaning, and laundry staff.</p> <p>Healthcare assistants have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Health Waitemata.</p> <p>Of the 13 HCAs employed, 12 have achieved either level three or level four qualification (Certificate of Health and Wellbeing) on the NZQA framework. Three of five registered nurses have interRAI competencies.</p> <p>Staff competencies are completed at orientation and then repeated annually (chemical safety, medication, fire evacuation, health and safety, restraint, infection control, personal care of residents, skin care, nutrition and hydration and manual handling). There has been a recent focus on cultural training, diversity and tikanga principles, person centred care, prevention of abuse and neglect, respect and communication, sexuality, and infection prevention related to Covid 19, including donning and doffing of personal protective equipment (PPE). Training sessions are delivered as in-service monthly sessions. Other topics covered over the past 10 months include (but are not limited to) fire safety, first aid, chemical safety, continence, pain management, palliative care, wound care, Code of Rights, infection control/hand hygiene, food safety, documentation, observation, and reporting. The CEO is working towards developing a competency questionnaire.</p>
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		<p>The service encourages all their staff to attend monthly staff meetings that include infection control and health and safety issues. Resident/family meetings are scheduled six-monthly.</p> <p>Health and safety training in the workplace includes chemical safety, hazard identification, hazard register review, emergency management training and six-monthly fire drills. Work is underway to collaborate with mana whenua in business planning and service development that will improve outcomes and achieve equity for Māori and to ensure that the service invests in the development of organisational and staff health equity expertise.</p> <p>Staff are encouraged to participate in learning opportunities and resources that provide them with up-to-date information on Māori health outcomes, disparities, and health equity.</p> <p>Staff reported feeling well supported and safe in the workplace. The CEO has implemented a range of performance recognition rewards to acknowledge staff efforts and maintain a steady workforce.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the human resource support person office in a locked filing cabinet. Five staff files were reviewed (two HCAs, one clinical lead, one activities coordinator and one chef) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals (e.g., ENs, GPs, pharmacy, podiatry). There is an appraisal policy. All staff who have been employed for over one year have had an annual appraisal completed.</p> <p>The service has implemented a general and role-specific orientation</p>

		<p>programme 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 programme support staff to provide a culturally safe environment for the residents.</p> <p>Information held about staff is kept secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data is recorded and used in accordance with HISO. There is a diverse mix of staff.</p> <p>Staff wellness is given priority through creating activities and programmes that aim to improve employee health and wellbeing. Staff incidents are reported and documented, and the CEO confirm staff are debriefed and supported following incidents that may affect their wellbeing.</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>	FA	<p>Resident information is held in a secure area. The resident management system is paper based, and the medication system is iCloud based. The provider is not responsible for National Health Index registration. Archived records are stored securely. Electronic information (for example, meeting minutes, business plan) is backed up using iCloud technology.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures are documented and include the 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.</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</p>	FA	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The CEO (registered nurse) and clinical lead screen the prospective residents.</p>

<p>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>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The clinical lead described reasons for declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission and enquiry policy and procedure, guide staff around admission and declining processes including required documentation. The CEO keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals. The CEO stated they are working towards a process of routinely analysing ethnicity data at an organisational level.</p> <p>At the time of audit, the service had one vacancy. The service receives referrals from the NASC service and directly from whānau.</p> <p>The service has an information pack relating to the services provided at Everleigh Hospital which is available for families/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The facility has a person and whānau-centred approach to services provided. Interviews with residents and family members all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were no residents identifying as Māori at the time of the audit, however there were staff identified as Māori but not available to be interviewed. The service currently engages with local kaumātua and has access to Māori health providers to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
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<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>Seven resident files were reviewed, three rest home, and four hospital level of care, including one resident on a long-term service chronic health contract (LTS-CHC). The registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed. This was documented in progress notes and family/whānau contact forms. The service provides equitable opportunities for all residents and will support Māori and whānau to identify their own pae ora outcomes in their care or support plan in the same way they do for their current residents.</p> <p>The service uses a range of assessment tools. The initial support plan is completed within 24 hours of admission. The assessments include dietary details, emotional needs, spirituality, falls risk, pressure area risk, skin, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments formulate the long-term care plan.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timeframes for all residents. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six-monthly.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely once a week and provides out of hours cover. The GP (interviewed) commented positively on the quality of nursing at the facility within the constraint workforce. Specialist referrals including physiotherapy are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. The service provides a physiotherapist as required by referral and the podiatrist visits regularly. Specialist services including mental health, dietitian, speech</p>
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		<p>language therapist, wound care and continence specialist nurse are available as required through the local public hospital.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Paper-based progress notes are written every shift and as necessary by healthcare assistants and at least daily by the registered nurses. The nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met and family members confirmed the same regarding their whānau. When a resident's condition changes, the staff alert the registered nurse who then initiates a review with a GP. Family stated they were notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status and this was consistently documented on the record.</p> <p>Current wounds reviewed included skin tears, two residents with stage I pressure injury on outer aspect of foot, and reddening /excoriation of the sacral area. All wounds reviewed had comprehensive wound assessments including photographs to show a healing progress. A wound register and wound management plans are available for use as required. Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Incontinence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Healthcare assistants and the nurses complete monitoring charts, including bowel chart, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour on the paper-based forms as required. Neurological observations are completed for unwitnessed falls, or where there is a head injury as per policy.</p> <p>Written evaluations reviewed, identified if the resident goals had been</p>
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		<p>met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations are undertaken by the nurses as required and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</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 service employs one full-time activity coordinator who facilitates and delivers the activity programme Monday to Friday. Weekends are classed as family time and HCAs facilitate activities for those residents interested utilising resources readily available. A weekly activities calendar is posted on the noticeboards and in each resident's room. Families are also kept informed of activities and upcoming events via email which facilitates family/whānau attendance at special events and celebrations.</p> <p>Residents can participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. Residents who do not participate regularly in the group activities are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and the activities team/HCAs. Residents' participation and attendance in activities are recorded.</p> <p>Each resident has an individual activity care plan which are comprehensive and reviewed at least six-monthly.</p> <p>The service provides a range of activities such as crafts, exercises, bingo, cooking, quizzes, sing-alongs, movies, and weekly outings (recently recommenced as Covid restrictions have eased). The activities coordinator (or one staff and one volunteer) accompany residents on outings, one of whom is first aid trained. Community visitors include entertainers, church services and the local Māori community representatives. The service has close links to the nearby local school, whose pupils visit and performed kapa haka for the residents. Themed days such as Matariki, Waitangi, Anzac Day and the Queen's jubilee are celebrated with appropriate resources available.</p>

		<p>On the day of the audit, a Pacific Island welcome and a recital of a karakia was delivered by staff. The service is working to incorporate more culturally themed activities into the activities programme such as traditional crafts, and te reo Māori. The residents in the serviced apartments can join activities if they wish.</p> <p>Families/whānau interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff (registered nurses and medication competent healthcare assistants) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered nurses have completed syringe driver training.</p> <p>There is an electronic management system and staff reported an improvement with accessing the system through the upgraded wireless reception. Staff were observed to be safely administering medications. The registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the two medication trolleys and in the secure medication room. The medication fridge 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, have been reviewed, and prescribed by the GP.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo</p>

		<p>identification and allergy status identified. There is a policy in place for residents who request to self-medicate. At the time of audit, no residents were self-medicating. 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. Over-the-counter medication is considered during the prescribing process and nutritional supplements are documented on the medication chart. The registered nurses described how they would work in partnership with Māori residents to ensure the appropriate support is in place to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The qualified chef (supported by kitchen assistants) oversees the on-site kitchen. All meals are cooked on site and served directly onto covered plates. There is a seasonal four-week rotating menu, which was last reviewed by a dietitian 16 March 2022. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>The kitchen meets the needs of residents who require special diets. The chef (interviewed) works closely with the registered nurses on duty, with resident’s dietary profiles and any allergies available to all staff serving food. Lip plates and modified utensils are available as required. Supplements are provided to residents with identified weight loss issues. There is a food control plan expiring April 2023. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. Serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Family/whānau meetings, and one-to-one interaction with care staff in the dining room allows the opportunity for feedback on the meals and food services generally. Kitchen and care staff interviewed understood basic Māori practices in line with tapu and noa. The kitchen provide food for the cultural themed days in line with the theme. The chef interviewed stated they do their best to</p>

		<p>accommodate any requests from residents. A food service audit is completed six-monthly and captured observations around tapu and noa.</p> <p>Residents and family/whānau members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges and transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The staff described how residents and families/whānau are involved for all exits or discharges to and from the service. This includes being given options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested. Discharge notes are kept on residents' files and any instructions are integrated into the care plan.</p> <p>The registered nurses stated a comprehensive handover occurs between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness which expires 1 June 2023. There is a maintenance person available for three days a week. Any environmental or maintenance emergencies are dealt with by the CEO, if any occur after hours. There is a maintenance request book for repair and maintenance requests located at reception. These are checked and signed off when repairs have been completed. There is a maintenance policy which includes an annual preventative maintenance plan. Essential contractors/tradespeople are available 24 hours as required. A gardener is employed one day a week to look after the gardens.</p> <p>The owners have made improvements to the environment since November 2021 including internal painting, artwork, lighting in the foyer and reception area; replacement of vinyl flooring; improved the wi-fi reception throughout the building; replacement of kitchen equipment; and purchasing more clinical equipment. The building is</p>

		<p>inviting to all cultures.</p> <p>External upgrades included landscaping the back of the facility into a sensory garden with colourful benches, planting of trees, and replacement of handrails and improved safety of the external ramps and walking areas.</p> <p>Eversleigh is a single level building. There are two wings: A wing (19 beds) and B wing (16 beds), including the three serviced apartments. All rooms have access to a deck and outdoors.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens have seating and shade. The HCAs interviewed stated they have adequate equipment to safely deliver care for their residents.</p> <p>All bedrooms have a handbasin. Communal showers and toilets are available in each wing, and spacious to accommodate mobility equipment. Additional toilets are located throughout the building in common areas for resident, staff, and visitor use. Toilets and communal showers have signage when in use or vacant.</p> <p>The owners recently replaced floor linings throughout. Fixtures, fittings, and flooring are appropriate.</p> <p>All but one room is single occupancy. Room 34 is a double room with two hospital level residents sharing. Privacy is maintained with movable room dividers/screens. The room provides adequate space for equipment required for hospital level residents. Consents for sharing a room were signed and on resident file.</p> <p>Service apartments are spacious to provide rest home and hospital level of care. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility and transfer equipment. Residents in the serviced apartments have easy access to all amenities in wing B.</p>
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<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 specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The plan includes procedures to 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 dated 27th January 2022. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness, with the last drill taking place June 2022. An emergency management plan provides clear instructions for staff in emergency situations and civil defence supplies are stored in an identified area. In the event of a power outage there is back-up power available (a small emergency generator and gas cooking). There are adequate supplies in the event of a civil defence emergency including a 10,000-litre water tank to provide residents and staff with over the required three litres per day for a minimum of three days. A minimum of one person trained in first aid is always available.</p> <p>There are sensor mats in a selection of residents' rooms for monitoring those residents at risk of falling. Call bells are in resident rooms and communal areas, which are both audible and show on</p>

		<p>visual display panels located throughout the facility.</p> <p>The building is secure out of hours with a bell to summon assistance from staff. Staff perform a security round three times during the evening/night to check if the facility is secure.</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>	FA	<p>The CEO (registered nurse) oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and infection control audits are conducted as part of the annual audit programme. The CEO commented that all staff are part of the infection control programme. Infection rates are presented and discussed at the staff/quality meetings which acts as the IC committee. Infection control is part of the business and quality plan.</p> <p>The service has access to an infection prevention clinical nurse specialist from the local public hospital, GPs, and the laboratory for advice.</p> <p>The facility has a process in place to mitigate their risk around Covid-19 and continues to request a negative rapid antigen test result prior to entry for visitors. Covid-19 symptom screening and declarations continue for visitors and contractors. There are hand sanitisers strategically placed around the facility. The service offers influenza vaccinations. All staff and the majority of residents are vaccinated for Covid-19.</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</p>	FA	<p>The designated infection control (IC) coordinator has been in the role for ten months and is supported by other registered nurses and GP. The service has a Covid-19 response plan which has been utilised in the preparation and planning for the management of the recent Covid infections, screening, and positive tests when these have occurred.</p> <p>The infection control coordinator has completed infection control training through a well-known external organisation that specialises in</p>

<p>navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>infection control and there is good external support from the GP, laboratory, and the infection control nurse specialist at the public hospital. There are outbreak kits readily available and stock of personal protective equipment.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are reviewed by the CEO. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with antiviral wipes and sprays. Reusable eyewear, blood pressure equipment, and hoists are appropriately disinfected between resident use, and is included in the 'facility health check audit'. Single use items such as wound packs are used for their intended purpose then discarded appropriately.</p> <p>The service is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti. The CEO and clinical lead are involved in the purchasing of supplies and equipment and have access to the clinical nurse specialist from the local public hospital for advice if 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. All staff complete infection control in-services and associated competencies such as handwashing and the use of personal protective equipment. Resident education occurs as part of the daily cares. Families/whānau were kept informed and updated on Covid-19 policies and procedures via email.</p> <p>There are no plans to change the current environment; however, the CEO commented that consideration and discussion around infection</p>
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		control matters occurred when vinyl flooring and equipment were replaced.
<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. They monitor compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, laboratory results and medical notes. The GP and infection control coordinator also monitor antibiotic use. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality meetings. Prophylactic use of antibiotics is not considered to be appropriate and is avoided where possible.</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>Infection surveillance is an integral part of the infection control programme and is described in the organisation's infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register and surveillance of all infections (including organisms) are collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at quality/staff meetings and daily updates held during the recent outbreak. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora Health Waitemata for any community concerns.</p> <p>There have been two outbreaks since the previous audit (Covid-19 – May 2022 and June 2022), affecting a number of residents and staff. Documentation reviewed identified that the outbreaks were appropriately managed with Te Whatu Ora Health Waitemata and Public Health unit appropriately notified. All appropriate isolation</p>

		measures were in place to prevent the spread of infection to other residents and staff.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each wing with personal protective equipment available including face visors available. Staff have completed chemical safety training.</p> <p>All laundry is processed on site by a dedicated laundry person seven days per week. The laundry has a defined clean/dirty area and entry/exit. There are laundry procedures and task list available for staff.</p> <p>Housekeeping is provided seven days a week. The cleaners' trolley is locked away when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The linen storage cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. The laundry assistant and cleaner interviewed were knowledgeable around the systems and 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>The service continues to aim for a restraint-free environment. This is supported by the governing body and commitment in policies and procedures. The restraint coordinator is a registered nurse. The role is defined in a job description which describes the coordinators responsibilities for monitoring and reducing restraint usage and supporting staff in the safe application of interventions. The restraint coordinator regularly reports all restraint activity to the CEO.</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>There were 10 residents using restraints at the time of audit. Nine residents had bed rails in place when in bed and one resident required lap belt when seated to keep them safe from falling. A sample of records confirmed that alternatives have been explored and that the restraint intervention was a last resort. The coordinator interviewed demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities.</p> <p>The CEO is in the process of rewriting the restraint minimisation policies and procedures to meet the requirements of the standards. There is an escalation matrix for the potential use of emergency restraint.</p> <p>Staff regularly attend education and training in alternatives and the least restrictive methods, safe restraint practice, culturally appropriate interventions, and de-escalation techniques. Those interviewed demonstrated understanding about restraint procedures, risks when using restraint and monitoring requirements.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>A restraint register is maintained by the restraint coordinator. Ten (hospital level) residents are listed on the register (nine bedrails and one lap belt). Files reviewed include a restraint assessment. The assessment addresses alternatives to restraint use before restraint is initiated (including falls prevention strategies and managing behaviours). Restraint is used as a last resort. Written consent was obtained by the resident or resident's EPOA.</p> <p>Monitoring forms are completed for each resident using restraint and considers their individual values and beliefs. Bedrails are monitored two-hourly, and the safety belts are monitored on an hourly basis when in use. Timeframes for monitoring are determined based on the risks of the restraint being used. No accidents or incidents have occurred because of restraint use. The overall use of restraint is being monitored and analysed by the restraint coordinator with support from the CEO and clinical lead. Whānau/enduring power of attorneys (EPOA's) were involved in decision making.</p>

		<p>A comprehensive assessment, approval, monitoring process, with regular reviews occurs for all restraint in use. Documents evidenced family/whānau involvement. Access to advocacy is facilitated but has not been identified as necessary to date.</p> <p>The restraint register is reviewed and updated at least monthly or when restraint activity changes. The register included adequate information to provide an auditable record. There has been no emergency restraint used. All restraint is planned, assessed, and approved.</p> <p>Restraints are regularly reviewed and discussed in the staff meetings. The formal and documented review of restraint use takes place six-monthly.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to 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 overall use of restraint is being monitored and analysed by the restraint coordinator with support from the CEO, clinical lead, and registered nurse. Whānau/enduring power of attorneys (EPOA's) were involved in decision making.</p> <p>The restraint meetings are part of the staff/quality meetings and restraint use if reported. Minutes of meetings sampled confirmed this includes analysis and evaluation of the amount and type of restraint use, whether all alternatives to restraint have been considered, the effectiveness of the restraint in use, the competency of staff and the appropriateness of restraint education and feedback from the doctor, staff, and families. All staff complete restraint competency assessments. There have been no incidents related to use of restraint interventions for this certification period.</p> <p>Internal audits are carried out to check and monitor adherence to policy and protocols. Any changes to policies, guidelines, education, and processes are implemented if indicated. Restraint data sighted, minutes and interviews with staff confirmed that the use of restraint continues to be minimised. It was reported that in some cases family/whānau resist the removal of bed rails. The use of restraint fluctuates according to the safety needs of the resident population.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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

End of the report.