

Kapsan Enterprises Limited - Chadderton Rest Home

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 HealthShare 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:

Legal entity:	Kapsan Enterprises Limited	
Premises audited:	Chadderton Rest Home	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 8 November 2022	End date: 9 November 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:	16	

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

Kapsan Enterprises Limited, trading as Chadderton Rest Home, provides rest home level care for up to 23 residents. There were 16 residents at the time of the audit. There have been no significant changes to the service since the previous audit, however the number of residents under the age of 65 years has increased to five.

This certification audit was conducted against the Ngā paerewa Health and disability services standard NZS 8134:2021 and the service's agreement with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland region. The audit process included a review of policies and procedures, samples of residents' and staff files, observations, and interviews with residents, family/whānau, management, staff, and the general practitioner (GP). The GP and residents and spoke positively about the care provided.

There were two areas requiring improvement identified. These relate to staff education and resident assessments.

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.
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Cultural and spiritual needs are identified and considered. The Māori Health Plan guides staff to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs based on the principles of Te Tiriti o Waitangi. Principles of mana motuhake practice was evident. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their family/whānau 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 Te Tiriti o Waitangi and the Code.

The provider maintains a socially inclusive and person-centred service. The residents confirmed that they are treated with dignity and respect at all times. Consent is obtained where and when required. Residents are safe from abuse. Residents and family/whānau receive information in an easy-to-understand format, felt listened to and were included in making decisions. Open communication is practised. Interpreter services are provided as needed. Whānau/family and legal representatives are involved in decision making. Advance directives are followed wherever possible. The complaints process aligns with consumer rights legislation.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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Day to day operations and governance is provided by the managing director and clinical nurse manager. Both managers demonstrate a commitment to Te Tiriti o Waitangi and the provision of equitable services. Organisation performance is monitored. There is a documented and implemented quality and risk management system. The required policies and procedures are accessible and reflect best current practice, legislation and guidelines. Quality activities are implemented. Quality data is collated

and analysed. Improvements are made where required. Risks are identified and monitored. Adverse events are reported, documented, investigated and followed up. Resident satisfaction surveys confirmed satisfaction with the services provided.

Human resource processes are fully implemented in line with employment legislation. On-going education is provided. There is a sufficient number of staff on duty at all times. Staff performance is monitored. Staff reported that they are well supported by management, especially during the challenges caused by the Covid-19 pandemic. Staff and client records are held securely and are well maintained with current and accurate data.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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Each stage of service provision is managed by suitably qualified personnel who are competent to perform the function they manage. When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Files sampled demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular basis. Residents are referred or transferred to other health services as required.

The planned activities provide residents with a variety of individual and group activities and maintains their links with the community. 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 service uses a pre-packaged medication system and paper-based medication management system. Medication is administered by staff who are competent to do so. Medication reviews are completed by the general practitioner (GP) in a timely manner.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals. There was a current food control plan.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility is safe and fit for purpose. Buildings, plant and equipment comply with legislative requirements. The facility provides sufficient space for personal rooms and communal areas. Maintenance requirements are followed up in timely manner. Hazards are identified and minimised. There are a sufficient number of toilets and showers which are conveniently located. External areas are safe and well maintained.

Emergency procedures are documented and easily accessible. There is an approved evacuation plan and a sufficient amount of emergency equipment. Alternative essential energy and utility services are available. First aid and civil defence supplies are located throughout the building. All staff and residents receive education regarding emergency procedures. Evacuation drills are routinely conducted as required.

The facility is secure. Entry is via a secure gate which still allows for residents to come and go as they please. There are security cameras on the outside and inside communal areas. Staff ensure the security of the facility each evening. Visiting is currently by arrangement only due to the pandemic.

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) and antimicrobial stewardship (AMS) programme is appropriate to the size and scope of the service. A suitably qualified registered nurse leads the programme which is reviewed annually. Specialist infection prevention advice was accessed when needed. There is a current pandemic plan.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This was guided by relevant policies and supported through education and training. The environment supports prevention and transmission of infections. Prescribed antibiotics are recorded, and occurrence of adverse effects are monitored. Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required.

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 a no restraint philosophy which is reflected in policies and included in staff education. Staff members received training regarding the management of challenging behaviours.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	2	0	0	0
Criteria	0	160	0	2	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>Management representatives demonstrated a commitment to embedding the principles of Te Tiriti o Waitangi into strategic planning and everyday practice. Mana motuhake is recognised and respected. Māori residents welcomed the auditors in te reo whilst being supported by management and staff. A Māori staff member was able to translate the whakataua. Staff were observed using te reo during the audit and all signage is displayed in English and te reo. The activities coordinator was observed facilitating Māori stick games and waiata. The cook described a knowledge of traditional Māori food preferences and gave examples of how these were provided.</p> <p>Māori residents confirmed they are supported and encouraged to maintain their cultural values, needs and whānau contacts. These are specifically addressed on the individual Māori health support plans. Related policies and procedures provided detailed content regarding Te Tiriti and equity and are cross referenced to national strategic goals and the principles of Pae Ora -Healthy Futures. The cultural safety policy statement is displayed throughout the organisation and</p>

		<p>was introduced to staff during staff meetings. The provider had Māori staff and had recently been successful at recruiting another Māori staff member.</p> <p>Māori staff sit with residents to complete satisfaction surveys to ensure the residents' voice was heard. Resident surveys addressed tikanga and cultural needs with good results.</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>	FA	<p>Respect for Pacific people's views was observed during the audit. There were Pacific residents and staff. A number of Pacific nations were represented amongst staff and management. National strategy documents and flow-charts were displayed throughout the facility. Policies and procedures references Ola Manuia: Pacific Health and Wellbeing Action Plan 2020. Individual care plans included specifics regarding cultural needs. Pacific staff were able to provide examples of how they provided culturally safe support to residents, including language and food choices.</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>Staff had received training on the Code as part of the orientation process as was verified in staff files and interviews with staff. Staff gave examples of how they incorporated residents' rights in daily practice. The Code in English and te reo, and Te Tiriti o Waitangi posters were posted on notice boards around the facility. The Nationwide Health and Disability Advocacy Service (Advocacy Service) pamphlets, the Code and information on advocacy services was included in the admission agreement. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. The clinical nurse manager stated that other opportunities to provide further explanation was provided as required. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>The service recognises Māori mana motuhake by the practice of</p>

		<p>involving Māori residents, family/ whānau or their representative of choice or legal representative in the assessment and care planning process. There is a Māori Health Plan that was used to guide care for Māori residents. This enabled residents to practice autonomy and independence to determine individual wishes and support needs.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The cultural safety policy in use had been updated to include the 2021 Ngā paerewa standards and references Te Tiriti o Waitangi. The initial admission assessment included residents' values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. These were noted in the residents' care plans sampled. Residents and family/whānau confirmed they were consulted on individual values and beliefs and staff respected these. Staff were observed respecting residents' personal areas and privacy by knocking on the doors and announcing themselves before entry. Personal cares were provided behind closed doors or curtains. Visitors' toilets and shared bathrooms had clear signage when in use.</p> <p>Residents were supported to maintain as much independence as possible. Residents confirmed that they could choose to attend to activities of choice and completed their own personal cares if competent to do so.</p> <p>The cultural safety policy supports te reo, tikanga Māori and tāngata whaikaha participation in te ao Māori through consultation and participation in assessment and planning care. The Māori Health Plan has translation of some words into te reo to guide staff. Māori words were posted around the facility to increase residents and staff awareness. The assessment plan for Māori residents' template and cultural safety guidelines were used to support residents and family/whānau when required. Staff were aware of Māori values and beliefs. Guidance on tikanga best practice was included in the cultural safety policy and staff training. All residents including those who identify as Māori confirmed satisfaction with the consultation process during assessment and care planning.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect were part of the orientation topics discussed with all new staff. There was no evidence of discrimination or abuse observed during the audit. Resident's safety, neglect and abuse prevention and security policies and procedures outlined safeguards in place to protect residents from abuse, neglect, and any form of exploitation. Systems in place to protect residents from abuse and revictimization included the complaints management processes, residents' meetings and the satisfaction surveys. Staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, exploitation.</p> <p>The protection of resident's property was included in the resident rights policy. Residents' property is labelled on admission. Residents, family and staff confirmed that they have not witnessed any abuse or neglect.</p> <p>Residents reported that they were treated fairly and felt safe. Residents were encouraged to have a comfort fund that was kept safe in the office and they could access their money as desired. A holistic approach to care incorporating the four cornerstones integral to Māori health including whānau (family needs), tinana (physical needs), hinengaro (mental health needs) and wairua (spiritual needs) was used to ensure wellbeing outcomes for Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents were given an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. This was observed on the days of the audit and confirmed in interviews with residents. Communications and referrals to allied health care providers was recorded in residents' records. Residents and family/whānau stated they were kept well informed about any changes to their/their relative's status and were advised in a timely manner about any incidents or accidents and medical reviews. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures that met the requirements of the Code.</p>

		<p>Information provided to residents and family/whānau was mainly in the English language. Residents who were admitted on the days of the audit were all able to understand English. The clinical nurse manager and managing director stated that interpreter services were engaged through Te Whatu Ora Auckland. Staff who identify as Māori support Māori residents with interpretation as required. Interpreter contact details were available and known by staff. The information booklet had cultural contact groups. Written information and verbal discussions were provided to improve communication with residents, their family/whānau or legal representatives. Open communication with residents and family/whānau was promoted through managements open-door policy. Residents and family/whānau confirmed that the managing director and all staff were approachable and responsive to requests. A record of phone or email contact with family/whānau or legal representatives was maintained. For non-verbal residents, communication strategies were documented and observed to be effectively implemented by staff during the audit.</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>Residents and their family/whānau or their legal representatives were involved in the informed consent process for the admission and provision of services. Best practice tikanga guidelines in relation to consent was practiced. Informed consent was obtained as part of the admission documents which the resident and/or their nominated legal representative signed on admission. Signed admission agreements were evident in the sampled residents' records. Consent for residents who were not competent to make decisions were signed by the residents' legal representatives where applicable. Resuscitation treatment plans were signed by residents who were competent. A medical decision was made by the GP in relation to resuscitation treatment plan for residents who were unable to provide consent. Advance directives documents were available where applicable. Staff were observed to gain consent for daily cares.</p> <p>Residents, family/whānau or resident's legal representative confirmed that they were provided with information and were involved in making decisions about their care. The managing director reported that residents were offered a support person through the advocacy services when required. During the admission process residents provided information on their nominated representative of choice, next</p>

		of kin, or enduring power of attorney (EPOA). These were documented in the admission records sampled. Communication records verified inclusion of support people where applicable.
<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>The complaints procedure was accessible, equitable and met consumer rights legislation. Information regarding the complaints process was provided to residents and families/whānau in the admission booklet. Complaints/concerns forms were displayed at the entrance to the facility. Residents confirmed that staff and management were approachable and that they would not hesitate to make a complaint or voice a concern. There was evidence in staff meeting minutes that staff were encouraged to support residents to voice any concerns. This was confirmed during staff interviews. Verbal concerns were raised in resident meetings, with actions documented. A complaints/concerns register had been maintained. This included a running record of all concerns voiced by residents, the date, person responsible for follow up, corrective action and close out date. There were no documented formal complaints on the register and there had been no formal complaints received since the last audit. The managing director reported that there had been no complaints to external agencies.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The organisation is governed by the managing director and the clinical nurse manager. The current organisational chart was sighted and confirmed reporting lines throughout the organisation. The directors have owned and managed the rest home service since 2004. Policies and procedure defined governance and management responsibilities including maintaining compliance with legislation, guidelines, contractual requirements and conventions. The organisation was a current member of the NZ Aged Care Association and is in frequent contact with Te Whatu Ora Auckland region portfolio manager.</p> <p>The managing director had a background in facility maintenance and compliance, health and safety and quality management. The clinical nurse manager was a current registered nurse who maintained a nursing portfolio and attended regular education. Both directors were on site five days per week and available on weekends if needed. Both</p>

		<p>were on call 24 hours a day, seven days per week.</p> <p>The quality/business/risk plan was reviewed annually and outlined the purpose, values, scope, and direction of the organisation. There was a four-year business plan. This provided evidence of ongoing review, updates and contains detailed annual and long-term goals. A sample of directors/management meeting minutes confirmed regular discussions and actions to monitor organisational performance including corrective actions. For example, occupancy, human resources, service performance and any emerging risks and issues. Interview with the managing director, and records sampled, confirmed effective methods for ensuring services are provided in ways to meet the needs of residents.</p> <p>The managing director demonstrated a commitment to Te Tiriti o Waitangi and the provision of equitable services. This had included self-directed learning through a range of national educational resources which were current and based on Pae Ora Health Futures and Te Tiriti. A number of organisational resources and methods had been amended to ensure that equitable services were provided in a culturally safe manner. Māori residents and staff confirmed that this had resulted in a more consistent approach to supporting and identifying te ao Māori (subsection 1.1).</p> <p>The service held contracts with Te Whatu Ora for rest home level care. On the days of audit, 16 of the maximum 23 beds were occupied. There were five residents under 65 years old. This had increased since the last audit when there was one resident in this category, who was admitted under an ACC contract. The remaining four residents in this category had mental health and addiction issues, funded by the Ministry of Health (MOH). There was also one resident who had been approved as requiring hospital level care. This was approved by the Ministry of Health and the required quarterly reports were provided. There was also one resident who was requiring palliative care and one older person with an intellectual disability, both of whom were funded by Te Whatu Ora and required re-assessing to determine if rest home level care remains the best option for them.</p>
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		<p>The Provider was aware that if they continued to have five or more residents who are under the aged of 65 years, they would need to have residential disability added to their current certificate, however it was not considered that the number will remain at this amount in the near future.</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>There was a documented quality and risk management system with policies and procedures that guided best practice. Procedures covered all necessary aspects of the service and legal, contractual requirements. Policies were purchased from an external consultant and amended to suit the rest home where required. The document control system ensured a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents. All policies were accessible to staff, with clinically related procedures stored at the nursing station.</p> <p>The quality plan included defined goals (refer 2.1 regarding the quality plan). Service delivery and organisational performance was monitored by internal audits and resident and family/whānau feedback. An internal audit schedule was developed annually, with flexibility to make changes in the schedule based on risk. Internal audits sampled confirmed corrective actions and closure when the improvement has been made. There was a separate folder for documenting corrective actions. This was used to monitor progress and closure following complaints, meetings, audits and incidents. Results of audits and monthly analysis of complaints, adverse and infections were collated, with comparisons made, and discussed at staff meetings. Meeting minutes sampled confirmed ongoing review and analysis of all quality related data.</p> <p>Resident meetings occurred every two months which family/whānau members were invited to attend. Minutes of these meetings confirmed ongoing consultation and inclusion of residents and their families in decision making. Satisfaction surveys indicated that residents were satisfied with the services provided, with this being confirmed in interviews.</p> <p>There was a risk management programme. The managing director</p>

		<p>stated that the biggest risk to the organisation was currently staffing as a result of the pandemic. Strategies were in place to minimise the impact of risks, with risk being discussed at every management meeting. There was a financial management system with accounts audited by a chartered accountant annually. The required insurances were in place including liability, buildings, plant and equipment. Risk management also included the health and safety programme. Health and safety audits occurred regularly and a hazard register was maintained. Review of staff meeting minutes confirmed that health and safety, hazards and management of any other risks is discussed at every meeting. The required quarterly performance monitoring reports were forwarded to Te Whatu Ora Auckland portfolio manager.</p> <p>Staff documented adverse events on accident/incident forms. Adverse event forms sampled were consistent in clearly describing and detailing the incident and recording who had been notified. The managing director and clinical nurse manager reviewed all adverse events and investigated where necessary. Each incident form sampled included a management comment or preventative action for closure or follow-up. All events were categorised and collated, with comparisons made from the previous month and year. Adverse events were discussed at staff meetings. The managing director was aware of essential notifications, with no events requiring notification to external authorities since the last audit.</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>PA Low</p>	<p>There were eight employees. This included health care assistants, the activities coordinator, one cook and one staff member who was responsible for cleaning and laundry. Staffing reflected diverse ethnicities including Māori, Pasifika, Indian and Filipino. Due to reduced staff numbers following the pandemic the activities person, cook and domestic staff member support were currently supporting the health care assistants with light duties such as helping at meal times and activities. The managing director had recently been successful in recruiting two additional health care assistants, starting in November, which will ease the current work load. Staff stated that although staff numbers had been reduced, they were managing by supporting each other and being flexible with the shifts they do. Management representatives had also been helping fill the roster, with</p>

		<p>the clinical nurse manager working additional shifts.</p> <p>The managing director and clinical manager prepared and approved the roster. There was a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week. The roster confirmed that there was currently adequate staff cover, with staff replaced in any unplanned absence. There were two health care assistants on every morning shift and one during the night. Day shifts also included the cook, cleaner, management representatives and activities person.</p> <p>The managing director stated that it was preferable that health care assistants had a qualification in health and wellbeing, but this was not mandatory. Three of the six health care assistants currently had level three and the activities person have a diversional therapist qualification. There were two health care assistants who were booked to start their health and wellbeing qualifications, and one weekend staff member who was a student nurse. All staff had a current first aid certificate and a medication administration competency.</p> <p>Continuing education was planned on an annual basis and occurred each month There was a documented annual training plan which included the requirements of the funder. Annual training also included Te Tiriti, personal care topics, consumer rights, quality and risk, health and safety, emergency management, challenging behaviour, manual handling and infection prevention. There was a system for identifying and monitoring who had attended the required training and who was yet to complete it. There was evidence that additional one-off training was being provided where a gap in knowledge had been identified. The clinical nurse manager was trained to complete interRAI assessments and maintained competency. Records sampled confirmed good staff attendance at training. There were a number of educational resources displayed throughout the facility for families/whānau and visitors. This included a Covid-19 information board and instructions regarding hand hygiene. An improvement is required to ensure staff have the required skills and experience to work with the diverse range of resident needs.</p>
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		Staff reported that management were supportive and had been flexible regarding the rosters during the pandemic. The environment was culturally diverse and whānau friendly. Staff had a good understanding of equity and were able to provide examples of day-to-day activities they undertook to ensure the diverse cultural and disability needs of the residents were met.
<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>	FA	<p>Staffing policies and processes were based on good employment practice and relevant legislation. The recruitment process included the required checks, vetting and validation of qualifications and practising certificates (APCs) where required. Staff records sampled confirmed the organisation's policies were being consistently implemented with current and accurate records maintained. The managing director routinely reviewed personnel records to ensure compliance with policy and employment legislation. All staff records included an employment agreement and position description which outlined roles, responsibilities and reporting lines.</p> <p>Staff orientation included the essential components of service delivery. Staff records sampled included evidence of completed orientation and a performance review after a three-month period and then annually. Staff confirmed their involvement in the performance review process and stated they were included in any debrief and corrective action following adverse events.</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	All residents had an individual file. Files were stored securely at the nursing station in a locked cabinet. Accurate data was collected with files being well organised. Daily records were maintained with the clinical nurse manager reviewing all records on a weekly basis. Files included sections for assessment data, care plans, monitoring charts, allied health information, general practitioner notes, referral information, needs assessments. All entries were legible, dated and identifiable. Archived records were securely stored in the basement which included a sprinkler system. The Provider was not responsible for national index registration.

<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>Adequate information about the service is provided on Eldernet website and in the facility's brochure. The entry criteria were clearly documented in the information handbook. Entry to services was managed by the managing director and the clinical nurse manager. Prospective residents or their family/whānau were encouraged to visit the facility prior to admission. Information about the services provided, Code of Rights and complaints processes were included in the information handbook. Residents enter the service when their required level of care had been assessed and confirmed by the local needs' assessment and coordination service (NASC).</p> <p>Entry to services policies and procedures were documented and have clear processes for communicating the decisions for declining entry to services. Residents confirmed their rights and identity were respected. The service maintained a record of all enquiries. The general practitioner (GP) stated that residents were supported to 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>PA Low</p>	<p>The clinical nurse manager completes nursing admission assessments, care planning and care 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. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, observations and the NASC assessments served as a basis for care planning. Residents, family/whānau or enduring power of attorney (EPOA) where applicable, were involved in the assessment and care planning processes with the resident's consent. Routine interRAI assessments were available in all residents' files sampled. Relevant outcome scores had supported care plan goals and interventions. Residents and family/whānau confirmed being involved in the assessment</p>

		<p>process.</p> <p>Care plans sampled reflected identified residents' strengths, goals and aspirations and aligned with the resident's values and beliefs. Where appropriate early warning signs and risks that may affect a residents', wellbeing were documented. Management of specific medical conditions and challenging behaviour plans were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care.</p> <p>An assessment plan for Māori residents and Māori health care plans were utilised to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision were identified in the Māori Health Plan. The service supports traditional healing methodologies as well as rākau rongoā, mirimiri, and karakia. The GP stated that traditional medicines would be considered per request. Māori residents were supported to practice their cultural values and beliefs. This was observed on the days of the audit with Māori residents doing a pōwhiri for the auditors.</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. After hours on call medical services were provided through the local medical centre or Te Whatu Ora Auckland emergency department.</p> <p>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 evident in the residents' files. In interview, the GP confirmed satisfaction with the</p>
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		<p>care provided to residents and that medical orders were followed.</p> <p>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 the 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>A range of equipment and resources were available, suited to the levels 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. The residents and family/whānau expressed satisfaction with the staff competency in managing challenging behaviours and in providing support to all residents.</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>A social history assessment was completed on admission for all residents. Residents' activity needs, interests, abilities, and social requirements were assessed with input from residents and family/whānau or residents' legal representatives. The monthly activities calendar was posted on the notice board in the lounge/dining area. Residents were invited to the activities on the programme each day. Individual activity plans were completed. The activities programme was provided by a qualified diversional therapist (DT). There were individual activities and small group activities provided. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents under the age 65 years are provided with mostly individual activities. They were supported by the DT to access external community activities or events, for example, clubs, movies, exercises programmes. Transport was organised when required for the residents to go out when required for both the residents under the age of 65 years and above 65 years residents.</p> <p>The activities on the programme include morning walks (self –</p>

		<p>directed) and supported, in-house church services, exercise to music, Diwali festival, board games, bingo, quoits, scrabble, riddles, health and beauty for ladies and grooming for men. Monthly and international days are celebrated. Māori cultural events celebrated included Waitangi Day, Matariki celebrations and Māori language week celebrations. Māori words and translation were posted around the facility. Opportunities for Māori to participate in te ao Māori include support for Māori residents to go to marae per residents' request. Some residents go out of the facility to attend to church services. Participation in activities records were maintained. At times residents were taken out by family/whānau for outings. Family/whānau were made welcome to participate in activities with the residents.</p> <p>Resident's activity needs were evaluated as part of the formal six monthly interRAI assessments and care plan review and when there was a significant change in the resident's ability. Residents were observed participating in a variety of activities on the days of the audit. Residents and family/whānau confirmed they find the programme satisfactory.</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>A paper-based medicine management system was in use. HCA's who administer medicines had completed the medication management competencies. The implemented medicine management system was 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. Staff were 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 were 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 medicines and supplements were documented on the medicine charts applicable. 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.</p>

		<p>Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. There were standing orders in place that were reviewed regularly with appropriate guidance. The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the clinical nurse manager when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. All medicines in the medication trolley were within current use by dates. Pharmacist input was provided on request. Unwanted medicines were returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication cupboard sampled were within the recommended ranges.</p> <p>Residents and their family/whānau were supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support, and advice for treatment for Māori would be provided.</p> <p>There was 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. There was one resident who was self-administering inhaler medicine at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner and staff understood the requirements. The resident self-administered medicine was stored safely in the resident's room. Competency to self-medicate and three-monthly competency evaluation was completed as per the organisations policy.</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>	<p>FA</p>	<p>Residents' nutritional requirements were assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identified residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A dietary preference form was completed and shared with the kitchen staff and any</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>requirements were accommodated in daily meal plans. Copies of individual diet profile forms were available in the kitchen folder.</p> <p>The food was prepared on site by the cook and was in line with recognised nutritional guidelines for older people. The menu followed summer and winter patterns in a four weekly cycle and was reviewed by a qualified dietitian in October 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 complied with current legislation and guidelines. The service operated with an approved food safety plan. The food control plan was current and will expire in June 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>Residents' weight was monitored monthly by staff and there was evidence that any concerns in weight identified were managed appropriately. Additional supplements were provided where required. A menu for residents of Māori ethnicity was available. Culturally specific to te ao Māori food on the menu include riwai, kumara, hangi, takakau and boil up. The cook reported that Māori residents were consulted about cultural food requirements when required. Whānau/family are welcome to bring culturally specific food for their relatives. Residents who identify as Māori expressed satisfaction with the food services.</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. Confirmation of residents' satisfaction with meals was verified by residents and satisfaction survey results.</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</p>	<p>FA</p>	<p>There was a transfer, exit or discharge policy to guide staff practice. Transfers and discharges were managed safely in consultation with the resident, their family/whānau and the legal representative where applicable. A transfer form was completed when transferring residents</p>

<p>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>		<p>to acute services. The service coordinated with the receiving service over the phone to provide verbal handover where applicable. The clinical nurse manager reported that an escort was provided for transfers when required. Residents were transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in the sampled records evidenced that appropriate documentation included risk mitigation and relevant clinical and medical notes were provided to ensure continuity of care.</p> <p>The clinical nurse manager reported that referral or support to access kaupapa Māori agencies where indicated, or requested, would be offered. Referrals to seek specialist input for non-urgent services were completed by the GP or clinical nurse manager. Examples of referrals completed were in residents' files, including to the eye specialists and wound care nurse specialist. The resident and the family/whānau were kept informed of the referral process, reason for transfer or discharge as confirmed by documentation and interviews.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The facility is an older villa, home like and fit for purpose. Grounds are safe and well maintained. There was a current building warrant of fitness, expiring June 2023. All equipment was maintained, with medical equipment calibrated as required. Electrical testing and tagging was current, with an inventory maintained. Environmental audits were routinely conducted ensuring the facility remains safe and fit for purpose. Hot water temperatures were monitored. Hazards were identified and there was a current hazard register. Corridors were wide enough to accommodate any mobility aids. The majority of bedrooms were single occupancy, with three rooms which can be shared. At the time of the audit there were two shared rooms in use. These were occupied by residents of the same gender and provided sufficient space and privacy curtains. All bedrooms had an external window. The resident who had been approved as requiring hospital level care was situated next to the nursing station. There were handrails throughout the facility. There were three shared bathrooms which were identifiable and conveniently located. There was a separate toilet for visitors and staff. Wet areas meet infection prevention requirements. Resident bedrooms were decorated with the resident's personal items. Residents confirmed satisfaction with the</p>

		<p>environment.</p> <p>The building is leased and the land lord is responsible for any major maintenance improvements. Day to day maintenance was identified and followed up by the managing director. Maintenance requests were recorded with evidence of completion. There were no future plans for new buildings or any major renovations.</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>The approved fire evacuation plan was sighted, dated 1993. There had been no changes to the building since then. The annual building warrant of fitness included routine inspections of fire safety requirements. The facility had three smoke stop doors, sprinklers and several fire extinguishers. There was a fire location board at the entrance to the facility. Evacuation plans were displayed throughout the facility. Emergency exits were identified. Emergency evacuation drills were conducted every six months, and sometimes more frequently if there were new staff or residents. Records of evacuations were maintained and provided to the fire department. All emergency procedures were included in staff orientation and new resident admissions. Training in emergency procedures were repeated annually in staff in-service training. There were documented policies and procedure which cover a wide range of emergency situations.</p> <p>First aid kits were placed throughout the facility and were easily accessible. All staff had a current first aid certificate. There were several civil defence kits purchased in back-packs for easy access in a hurry. There was a supply of torches with long life batteries. The managing director had a generator on site in the event the mains supply of power is interrupted. There were 167 litres of stored water on site, which met local civil defence guidelines. There was a sufficient supply of food items stored in the pantry in the event the supply chain was interrupted for up to three days. All bedrooms and bathrooms had a call bell. The location of the call was displayed on a board in the nursing station. Call bells were routinely checked during environmental audits.</p> <p>There were CCTV cameras located outside the building and in communal areas inside. The facility is on a busy road and access was</p>

		through a secure gate for security reasons. Secure access did not restrict the residents' ability to come and go as they pleased. Staff routinely checked the security of the facility each evening by checking that all doors and windows were locked. Since the pandemic began entry to the facility for family/whānau and visitors is by appointment only.
<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 managing director and clinical manager were committed to the infection prevention and antimicrobial stewardship programmes. The IP and AMS programmes were approved by the management representative and were linked to the quality improvement programme including business goals. There was a policy which included governance responsibilities for IP and AMS. All infections and surveillance data was prepared by the clinical nurse manager and shared with the managing director on a regular basis. This was evident in management meeting minutes. The organisation took a step wise approach to the monitoring and management of IP events and has efficiently navigated their way through the Covid-19 pandemic thus far.</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 clinical nurse manager oversees and coordinates the implementation of the (IP) programme as the nominated infection control coordinator. The infection control coordinator's role, responsibilities and reporting requirements were defined in the infection control coordinator's job description. The coordinator had completed external education on infection prevention and control within the past year. They had access to shared clinical records and diagnostic results of residents.</p> <p>The implemented IP programme was clearly documented and was developed with input from external specialist services. The IP programme has been reviewed annually, with the most recent review in October 2022. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflected the requirements of the infection prevention and control standards and included appropriate</p>

		<p>referencing.</p> <p>A pandemic and infectious disease outbreak management plan was in place and reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan.</p> <p>The infection control coordinator had input into other related clinical policies that impacted on health care associated infection (HAI) risk. Staff had received education in IP at orientation and through ongoing annual education sessions. Additional staff education had 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 liaised with the managing director on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora. The managing director stated that the infection control coordinator would be involved in the consultation process for any proposed design of any new building or when significant changes were proposed to the existing facility as per organisational policy. At the time of the audit there were no plans for new buildings.</p> <p>Medical reusable devices and shared equipment were appropriately decontaminated or disinfected based on recommendations from the manufacturer and best practice guidelines. Single-use medical devices were not reused. There was 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 cultural safety policy guided staff on culturally safe practice in IP, and thus acknowledge the spirit of Te Tiriti. Staff confirmed that they consult each resident on culturally safe practice in IP to meet individual needs. Residents who identify as Māori expressed satisfaction with the consultation process for IP. IP educational material in te reo Māori was posted around the facility.</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 and implementation policy guided the use of antimicrobials and was 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 governance body. The policy in place aimed to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials was promoted. Monthly records of infections and prescribed antibiotic treatment were maintained, including prophylactic antibiotic usage. The effects of the prescribed antimicrobials were monitored, and the infection control coordinator reported that any adverse effects would be reported to the GP.</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 was appropriate for the size and scope of the service. Infection data was collected, monitored and reviewed monthly. The data was collated, and action plans were implemented. Health care associated infections (HAIs) being monitored included infections of the urinary tract, skin, eyes, respiratory and gastrointestinal. Surveillance tools were used to collect infection data and standardised surveillance definitions were used.</p> <p>Infection prevention audits were completed including hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they were informed of infection rates and regular audit outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections. Any new infections were discussed at shift handovers for early interventions to be</p>

		<p>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 an infection outbreak in July 2022 that was managed effectively with appropriate notification completed.</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>Waste and hazardous substances were securely stored. Domestic products were purchased for cleaning and laundry purposes. All chemicals were labelled and stored in the secure cleaning cupboard, or laundry. There was a cleaning and laundry folder which provided information on waste and hazardous substances, the use of all chemicals and cleaning and laundry duties. Material data safety sheets were displayed in the laundry. All domestic waste was removed from the property in the required city council waste disposal bins. There were sufficient supplies of personal protective equipment and staff were observed using these appropriately.</p> <p>The designated cleaning and laundry person described their daily duties and routines. All laundry was laundered on site. There was one large washing machine and one dryer. On fine days, washing was hung outside to dry. Dirty laundry entered from one side of the laundry, was washed, dried, sorted, folded and then exited from the other side. Cleaning supplies were stored on a cleaning trolley and the cleaner started at one end of the facility and worked their way around. The facility was observed to be clean and tidy on the days of the audit. Routine environmental audits included all cleaning and laundry services. Cleaning and laundry services was also included in the resident satisfaction surveys.</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</p>	FA	<p>The rest home had a no restraint philosophy. There had been no episodes of restraint for many years. Residents were able to come and go as they pleased and were not restricted by the secure gate entry. There were policies and procedures regarding restraint minimisation including the management and reporting in the event of an emergency restraint. Policies also provide details regarding the management of challenging behaviours, which were documented as</p>

<p>ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>an adverse event and reported to management. Staff were observed managing challenging behaviours through effective calming and de-escalation techniques. Triggers were documented in care plans, which included early warning signs and techniques to avoid the behaviour escalating. The management of challenging behaviour was included in staff education. Training also included the philosophy and rationale for a no restraint environment. It was reported that in the unlikely event a behaviour escalates and became unmanageable, emergency services would be called, and the other residents moved to safety.</p> <p>The clinical nurse manager reported that the most challenging time for staff and residents regarding escalated behaviour was during the lockdown periods. During this time additional activities were provided, and residents were kept busy. These strategies were successful and emergency management was not required.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	<p>All staff were competent and experienced in providing support to rest home residents over 65 years of age. The staff training plan included a number of topics which relate to care of the older person, however annual training did not currently include education regarding working with residents who had a diagnosed mental illness or addiction. Records and observations confirmed that staff were managing these diverse needs with good outcomes but would prefer to have some external education regarding mental health and addictions. This training was previously offered by clinical nurse specialists at the public hospital which is no longer occurring, however staff do have access to mental health and addiction specialists when needed.</p>	<p>Health care assistants require additional education regarding mental health and addictions.</p>	<p>Access additional education for health care assistants working with residents who have mental health and addiction issues.</p> <p>90 days</p>
Criterion 3.2.5	PA Low	Residents, family/whānau and legal representatives	Not all residents had	Ensure that a current

<p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>were involved in the care planning process. The assessment for Māori residents plan in use and care planning process support residents who identify as Māori and whānau to identify their own pae ora and whānau ora outcomes in their care plan to build resilience, self-management, and self-advocacy where applicable. Staff understood the process to support residents and whānau. Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. Any family/whānau goals and aspirations identified were addressed in the care plans. Residents' care was evaluated on each shift in the progress notes by the healthcare assistants (HCAs). Any changes noted were reported to the RN, as confirmed in the records sampled. Implemented care and support plans met requirements of this criterion with the exception of d) needs and risk assessments are an ongoing process and that any changes are documented. There was a resident whose general condition had deteriorated. The resident was assessed as requiring rest home level of care. The resident was dependent for all cares including personal cares, feeding and mobility (they were chair or bed bound). The resident's records evidenced that interventions in place and support provided was adequate to manage the resident's needs. The resident was assessed as having high falls risk and pressure injury risk. At the time of the audit, there were no falls or impaired skin integrity. The GP confirmed that the resident was well cared for. The clinical nurse manager and managing director were confident that the resident is well cared for, and the resident's representative was satisfied with the care the resident is receiving and prefers the resident to stay at Chadderton rest home. The managing director stated that they were going to refer the</p>	<p>a current needs (NASC) assessment, if required.</p>	<p>NASC assessment is completed to reflect the resident's needs.</p> <p>90 days</p>
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		resident to NASC for reassessment of level of care.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.