

Jonwell Healthcare Limited - Wimbledon 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 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: Jonwell Healthcare Limited

Premises audited: Wimbledon Rest Home

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 15 December 2022 End date: 16 December 2022

Proposed changes to current services (if any): Please note the service is also certified for hospital- geriatric, but this is not included in the table above.

Total beds occupied across all premises included in the audit on the first day of the audit: 30



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

Wimbledon Rest home is privately owned and provides rest home, dementia, and hospital level of care for up to 38 residents. On the day of the audit, there were 30 residents. A clinical facility manager and operations manager are responsible for the daily operation of the facility. They are supported by a clinical team leader, registered nurses, and care staff.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the contract with Te Whatu Ora Health New Zealand Te Pae Hauora a Ruahine o Tararua MidCentral. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family members, GP, staff, and management.

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

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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Staff are employed, where able, to represent the ethnicity of the group of residents. The service is working towards developing Pacific policies and a Pacific health plan in partnership with local Pacific communities or groups. Residents and families/whānau are provided with information about the Health and Disability Commissioner’s Code of Health and Disability Services Consumer Rights’ (the Code), and these are respected. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and principles of mana motuhake.

Services provided care that support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. There was no evidence of abuse, neglect, or discrimination. Open communication between staff, residents, and families is promoted and was confirmed to be effective. The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies. Complaints are resolved promptly and effectively in collaboration with all parties involved.

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.
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The owners/management team assumes accountability for delivering a high-quality service. The owners/ management team are actively involved with services provided. The purpose, values, direction, scope, and goals for Wimbledon Rest Home have been documented. Performance is monitored and reviewed at planned intervals via the quality and risk programme and management team meetings. The quality and risk management systems are focused on improving service delivery and care. Residents and family/whānau are given the opportunity to provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, and identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations. There are policies documented around staffing and recruitment processes. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery. Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Registered nurses are responsible for each stage of service provision. Registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

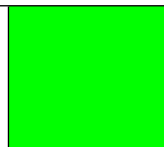
Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent care support staff are responsible for administration of medicines. They complete annual education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the GP.

The activities coordinator provides and implements an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified on 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. Nutritious snacks are available 24/7.

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.

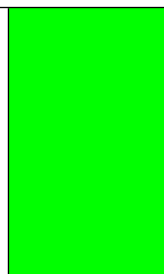


Subsections applicable to this service fully attained.

Residents rooms are on a single level. There is a current building warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are single occupancy. All rooms are personalised. Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly. Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty and on outings with a current first aid certificate. The building is secure at night to ensure the safety of residents and staff.

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 residents, 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 Covid-19 exposure events in August and November 2022. These were 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. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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There are policies and procedures and a restraint log available for staff to refer to should the need arise. The restraint coordinator is the clinical facility manager. At the time of the audit, there were no residents using restraint. Encouraging a restraint-free environment is included as part of the education and training plan.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	164	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>There is a Māori health plan and ethnicity awareness policy in place which guides staff around the provision of culturally safe services for Māori residents. The policy and guidelines are based on Te Tiriti o Waitangi, with the documents providing a framework for the delivery of care. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in Māori and English. At the time of the audit, the service had residents who identify as Māori.</p> <p>One resident file reviewed of a resident that identified as Māori, had a cultural assessment that includes identification of iwi, and a Māori health care plan documented. The Māori health care plan identifies specific cultural interventions around food, cares, and practices as per policy and tikanga guidelines. Māori residents interviewed stated that their cultural needs are being met, and the service supports them to link with family. Residents and family/whānau are involved in providing input into the resident’s care plan, activities, and their dietary needs. Interviews with the owners and staff, (five healthcare</p>

		<p>assistants (HCA), two registered nurses (RN), one activities coordinator, one cook, one cleaner, and one laundry assistant) described cultural support with a Māori-centred approach documented and provided.</p> <p>The service employs Māori staff, and supports increasing Māori capacity by employing more Māori staff members across different levels of the service, as vacancies and applications for employment permit. Māori staff members interviewed confirmed culturally safe support is given to residents and that mana is respected. Ethnicity data is gathered when staff are employed. The clinical facility manager and operations manager reported the service has connections with a local Māori iwi, Nga Kaitiaki o Ngati Kauwhata kaumātua and can access kaumātua advice and services for residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>There is a Pacific people's culture and general ethnicity awareness policy in place which guides staff around the provision of culturally safe services for Pacific peoples. There are a range of associated cultural assessments and care plans for the RNs to access if there was a resident who identified with any of the Pacific Island cultures. The policies commit to providing appropriate and equitable care and includes consideration of spiritual needs in care planning for residents who identify as Pasifika. Cultural safety support training has been provided to staff annually. There were no staff or residents identifying as Pasifika at the time of the audit. The owners interviewed describe how they support applicants and are open to increasing Pacific staff in all levels of the service, as vacancies and applications for employment permit. Residents can identify individual spiritual, cultural and other needs as part of the care planning process and this was consistently seen in all sampled residents' files. The service is working towards developing Pacific policies further and developing a Pacific health plan, in partnership with local Pacific communities or groups. Links are yet to be made with the local Papaioea Pasifika community group.</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>	<p>FA</p>	<p>The staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes. Six relatives (two rest home, two dementia and two hospital), and ten residents interviewed (five rest home and five hospital) reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in Māori and English languages.</p> <p>There were residents and staff who identified as Māori. The clinical facility manager and operations manager reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whānau, or their representatives in its updated cultural safety policy. The assessment and care planning processes include the resident's individualised 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 service ensures that residents and whānau are included in planning and care, which is inclusive of discussion and choices regarding maintaining independence. Interviews with staff, residents, relatives, and observation confirmed that individual religious, social preferences, individual values, and beliefs are identified and upheld. These were also documented in resident files. The organisation has a policy on sexuality and intimacy that provides outlines for managing expressions of sexuality. Staff interviews confirmed that they assist residents to choose the clothing they wish to wear. Interviews with residents and relatives confirmed that residents can choose what clothing and adornments to wear each day, including make up if they wish to. Wimbledon Rest Home has policies and procedures in place to ensure that a resident's rights to privacy and dignity is upheld. They provide guidelines for respecting and maintaining privacy and dignity. There are spaces where residents can find privacy within communal areas.</p> <p>Staff were observed to knock on bedroom and bathroom doors prior to entering, ensure that doors are shut when personal cares are being provided and residents are suitably attired when taken to the</p>

		<p>bathroom. Interviews and observation confirmed that staff maintain confidentiality and are discrete, holding conversations of a personal nature in private. The residents and relatives interviewed reported that resident privacy is respected. Satisfaction survey results evidenced a high level of satisfaction around privacy. Staff receive training in cultural safety. Culturally appropriate activities have been introduced such as celebrating Waitangi Day and Matariki.</p> <p>Interviews with staff confirmed understanding of the cultural needs of Māori, including in death and dying, as well as the importance of involving family/whānau in the delivery of care. Values and beliefs are identified, upheld, and are inclusive of tāngata whaikaha needs, to enable their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff at Wimbledon Rest Home understand the service's policy on abuse and neglect, including what to do should there be any signs. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Residents reported that their property and finances are respected. Professional boundaries are maintained. The clinical facility manager and RNs reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and systemic racism.</p> <p>Family members stated that residents were free from any type of discrimination, harassment, neglect, physical or sexual abuse, and were safe. Policies and procedures such as the harassment, discrimination, and bullying policy are in place. The policy applies to all staff, contractors, visitors, and residents. The owners, GP, RNs, and HCAs stated that there have been no reported alleged episodes of abuse, neglect, or discrimination towards residents. There were no documented incidents of abuse or neglect in the records sampled. There are systems in place to manage residents' petty cash. The Māori health care plan in place identifies strengths-based, person-centred, holistic care and general healthy 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>Residents and family/whānau reported that communication was open and effective, and they felt listened too. Relatives interviewed stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records and incident reports reviewed. Staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file. Interpreter services are available through Te Whatu Ora -Te Pae Hauora a Ruahine o Tararua MidCentral. There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use family members and staff as appropriate. Residents and relatives reported they were well informed throughout Covid-19 lockdowns of all the changes and current visiting arrangements.</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 which include best tikanga practices in relation to consent. Six resident files reviewed included informed consent forms signed by either the resident or powers of attorney. Consent forms for Covid and flu vaccinations were also on file where appropriate. Consents are present, including sharing of health information, sharing information between services, display photographs and van outings. Residents and relatives interviewed could describe what informed consent was and their rights around choice</p> <p>Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. Copies of enduring power of attorneys (EPOAs) were available on resident's files. Where EPOAs had been activated, letters to confirm this was on file,</p>

		<p>as evidenced in the resident files reviewed.</p> <p>Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives. Residents including the younger residents interviewed, stated they are encouraged to make informed choices. Staff could provide examples of where informed consent is required. The RNs interviewed could describe adhering to best practice tikanga guidelines.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>Wimbledon Rest Home has a complaints policy and process to manage complaints in line with Right 10 of the Code. Complaint forms are available at the entrance to the facility. Information around the complaints process is provided on admission. A record of all complaints, both verbal and written is maintained by the operations manager on the complaints register. Documentation and correspondence reflected evidence of responding to the complaints in a timely manner, with appropriate follow-up actions taken. Two complaints have been received since the provisional audit in December 2021. One of the complaints was made through the Health and Disability Commissioner (HDC). The complaints have been investigated and reviewed and the service is waiting for a response letter from HDC.</p> <p>Registered nurses and HCAs interviewed confirmed that complaints and any required follow-up is discussed at staff meetings, as sighted in the minutes. Residents and relatives advised that they are aware of the complaints procedure and how to access forms and feel comfortable discussing concerns with management. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly. Residents and relatives making a complaint can involve an independent support person in the process if they choose. The operations</p>

		<p>manager acknowledged that Māori people prefer face to face communications and maintains an open-door policy.</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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Wimbledon Rest Home is privately owned and provides rest home, hospital, and dementia level of care for up to 38 residents. There is an 18-bed rest home/hospital wing and a 20-bed secure dementia care wing. On the day of the audit, there were 30 residents in total; five residents at rest home level, 10 residents at hospital level, including one resident on long-term support- chronic health contract (LTS-CHC), and 15 dementia level residents. All other residents were under an Age-Related Residential Care (ARRC) contract. All rest home and hospital rooms are dual purpose.</p> <p>The operations manager and clinical facility manager (husband/wife team) own and manage the facility which they purchased in March 2022. One owner is the clinical facility manager (registered nurse) and is responsible for the general day to day clinical running of the facility. The other owner is the operation’s manager and is responsible for health and safety, human resources, and maintenance. There is a clinical team leader role in place to support the management team; however, the role was vacant at the time of audit.</p> <p>The owners have overall responsibility for the development and implementation of the quality and risk programme, including the implementation and close out of corrective actions. There is a business marketing plan 2022-2023 that includes the business values, objectives, and goals. The plan has been reviewed on a regular basis throughout the year. The business plan commits to identifying and minimising barriers to provide equitable services for all residents (including residents who identify as Māori and residents with disabilities) in the service. The owners and staff work alongside residents (where appropriate) and family/whānau during the care planning process and any decision making around referral. The satisfaction surveys provide a forum for residents, families and tāngata whaikaha to provide feedback around all areas of the service.</p>

		<p>The owners (clinical facility manager and operations manager) have attended at least eight hours of training relating to managing a rest home. Staff interviewed stated they focus on improving outcomes for all residents, including Māori and people with disabilities. The owners have both completed the online Te Wananga o Aotearoa, He Papa Tikanga certificate in tikanga Māori and also understanding the principles of equity. The clinical facility manager and operations manager reported the service has connections with local Māori iwi, and kaumātua for advice. Policies have been purchased from an external contractor who has developed policies in partnership with kaumātua.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service has a quality and risk management plan that is being implemented. The quality and risk management programme is designed to monitor contractual and standards compliance. This includes: management of incidents; complaints; internal audit programme; restraint; resident and family satisfaction surveys; monitoring of outcomes; clinical incidents and accidents; and infection surveillance. Relevant corrective actions are developed and implemented to address any shortfalls. The clinical facility manager collates a range of key performance indicator (KPI) data monthly which is benchmarked with other age care providers nationally. Corrective actions (where identified) are completed and signed off. The staff interviewed could easily describe discussions held at daily handovers and at meetings around KPI data and associated corrective actions. The owners use the benchmarked data to perform a critical analysis in order to improve health equity. Staff have completed cultural competencies to ensure the service can deliver high quality care for Māori.</p> <p>There is an annual schedule of internal audits. Areas of non-compliance from the internal audits include the implementation of a corrective action plan, with sign off by the clinical facility manager when completed. Identified trends are raised for discussion at the quality meetings. Areas of non-compliance are identified through quality activities, and are actioned for any areas requiring improvement. The service has policies in place to meet the Ngā Paerewa 2021 Services Standard from an external consultant. The</p>

		<p>resident/relative satisfaction survey for August 2022 reported an 80% overall satisfaction. Residents and relatives interviewed advised that they were overall satisfied with the care and service they receive. Corrective actions were implemented and completed around more outings for wheel bound/bed bound residents and attending call bells in a timely manner.</p> <p>The health and safety representative interviewed works in conjunction with the management team as per the health and safety programme policy. Health and safety is discussed at quality and staff meetings. Completed hazard identification forms reviewed and staff interviews confirmed that hazards are identified. The hazard register is current, relevant to the service, and available to staff. The operations manager is responsible for maintenance which is attended to immediately. All contractors' complete annual inductions around hazard management and health and safety related to the rest home and dementia unit.</p> <p>A sample of incident reports were reviewed for November and December 2022. All were fully completed and a detailed description of the incident and resident's injury. All reports reviewed were signed off as reviewed by the clinical facility manager. All falls are analysed to identify the root cause and prevent future falls. Incident data is included in the KPI data collated and analysed each month.</p> <p>Discussions with the clinical facility manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications were completed fortnightly for incidents related to RN staffing shortages from 6 June to 12 December 2022. Public Health authorities were notified of Covid outbreaks in August and November 2022. Staff interviewed and minutes of meetings confirm debrief sessions were held following the Covid outbreaks.</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</p>	<p>FA</p>	<p>Wimbledon Rest Home adjusts staffing levels to meet the changing needs of residents. There is a safe staffing policy and procedure that describes staffing requirements. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. A</p>

<p>responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>staff availability list ensures that staff sickness and vacant shifts are covered. All RNs have a first aid qualification. At the time of the audit, the rosters reviewed evidenced all RN shifts were covered to meet ARRC contractual requirements. There have been periods of time through 2022 where there have been RN shortages. These were appropriately reported to HealthCERT and Te Whatu Ora Health New Zealand Te Pae Hauora a Ruahine o Tararua MidCentral.</p> <p>The clinical facility manager and clinical team leader both work five days a week. The clinical facility manager and clinical team leader share on call for clinical matters. The clinical team leader role was vacant at the time of the audit. There is a RN on duty 24 hours a day in the rest home/hospital (Rose Wing). The clinical team leader is based in the dementia care wing (Courtyard Villa). The hospital RN oversees the dementia wing on afternoons and nights. On weekends, either as RN or medication competent HCA supports the dementia wing.</p> <p>Staff interviewed stated there were enough staff on duty and staff sickness/vacant shifts are covered. Registered nurses and the clinical team leader support residents with high acuity. Relatives and residents interviewed stated there were adequate staff on duty.</p> <p>Laundry services (personal laundry) are provided by HCAs on a 24-hour timeframe, and housekeeping staff support delivery of laundry after completion of their duties.</p> <p>The in-service education programme for 2021 has been completed and the plan for 2022 is being implemented. The RNs are able to attend external training, including sessions provided by Te Whatu Ora Health New Zealand Te Pae Hauora a Ruahine o Tararua MidCentral and through hospice. Eight hours of staff development or in-service education has been provided annually. Fifteen permanent staff (including five RNs, nine HCAs and one diversional therapist) have completed first aid training. There is at least one member of staff on duty with a current first aid certificate at any one time. There are 20 regular HCAs who work in the dementia unit. Fourteen have completed the required dementia unit education modules. Two are in the process of completing the modules. Four have not completed;</p>
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		<p>these staff have been employed within the last 18 months.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 21 HCAs; eight have completed level four, five have completed level three and six have completed level two. There are six RNs (including the clinical facility manager), and four of the RNs are interRAI trained. The education plan includes all required education sessions, including emergency management. Staff are required to complete competencies, including (but not limited to): insulin; medication management; controlled drugs; syringe driver; and restraint minimisation. Quality health information for all residents is collated through KPI data which is discussed at meetings. Staff interviewed could explain workplace initiatives that support staff wellbeing and a positive workplace culture.</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>Human resources management policies and processes reflect standard employment practices and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job description. A total of six staff files were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions. Staff files are held securely.</p> <p>There is a separate folder with copies of all RNs, GP, and dispensing pharmacists' current practising certificates from their regulatory bodies. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment, including management of emergencies. Staff performance is reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted. The ethnic origin for each staff member is documented on their personnel records. A spreadsheet of staff qualifications and ethnicity is maintained by the facility manager. Staff have access to Employee Assistance Programmes (EAP) where indicated. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are</p>

		documented.
<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>The residents' files are appropriate to the service type. Resident records are electronically maintained, and password protected. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. Sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. Former resident's archived records are held securely on site (these were prior to use of the electronic system from January 2021) and are easily retrievable. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There is an admission and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission or on entry to the service.</p> <p>Six admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The clinical facility manager and RNs are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and family/whānau during the admission process and declining entry would be if the service had no beds available, or could not provide the level of care required. Potential residents would be provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from</p>

		<p>individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates that is ethnicity focussed. The analysis of ethnicity data is documented in the monthly quality report, developed by the clinical facility manager/owner and discussed with the operations manager/owner. The facility has established links with local iwi through the Māori activities coordinator and is able to consult on matters in order to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Six residents' files were reviewed for this audit (two rest home, two hospital, including one resident on a long-term support- chronic health contract (LTS-CHC), and two dementia level care). Registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in the electronic progress notes. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. There were residents who identified as Māori in the facility at the time of the audit. The Māori health plan includes provision of equitable outcomes for Māori health.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. All initial assessments and care plans were signed and dated. InterRAI assessments (including the resident on LTS-CHC) were completed within the stated timeframes and care plans had been evaluated within the required six-month timeframe. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs. The long-term care plan is holistic. The care plan aligns with the service's model of person-centred care. Challenging behaviour is assessed when this occurs. There is specific cultural assessment as part of</p>

	<p>the cultural policy and plan.</p> <p>The initial care plan, assessments, and long-term care plan were completed, and documented support required to maintain physical and medical needs, maintaining of community and family links, assistance with communication and involvement in managing own daily routine.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. There are GP visits twice-weekly and more often when required. There is an after-hours GP on-call service. The clinical facility manager/owner and the operations manager/owner are both available for after-hours calls and advice. When interviewed, the GP expressed satisfaction with the standard of care and quality of proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The physiotherapist attends as required. Podiatrist, dietitian, speech language therapist, continence advisor, district nurses and Te Whatu Ora Health New Zealand Te Pae Hauora a Ruahine o Tararua MidCentral wound care specialist nurse are available as required.</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 (sighted). Progress notes are written daily on the electronic system by HCAs and RNs. Registered nurses add to the progress notes if there are any incidents, GP visits or changes in health status. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with a GP. Family was notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. There were nine residents with wounds currently being treated and includes three pressure injuries (one stage I and two stage II). An electronic wound register is maintained.</p> <p>Adequate resources were sighted during the audit. Registered</p>
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		<p>nurses and HCAs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; intentional rounding; and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries according to the facility policy. Incident reports reviewed evidenced prompt RN follow up and opportunities to minimise future risks (where identified) were documented and implemented.</p> <p>Short-term care plans were well utilised for issues such as infections, weight loss and skin tears. Interventions for chronic wounds are incorporated into the long-term care plans.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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>There is an activities coordinator that provides activities for 30 hours a week Monday to Fridays. Weekend activities are supported by HCAs and numerous resources are available to deliver the activities.</p> <p>The programme is planned monthly and includes themed cultural events. A monthly calendar is delivered to each individual resident.</p> <p>The activities coordinator is Māori and has a key relationship with Nga Kaitiaki o Ngati Kauwhata and can access kaumātua advice and services for residents. The activities planner facilitates opportunities for residents to participate in te reo Māori, through phrases incorporated into the activities and culturally focused activities. Matariki is celebrated. There is Māori signage around the facility.</p> <p>Activities in both the dementia and rest home/ hospital units are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who cannot or do not wish to actively participate in communal activities. A variety of individual and small group activities were observed occurring at various times throughout the audit. Entertainment and outings are scheduled weekly. There are interdenominational</p>

		<p>services and links with schools. Activities include quizzes, board games, exercises, walks, crafts, and hand massages.</p> <p>A resident's social and cultural profile is completed within 24 hours of admission and includes the resident's past hobbies and present interests, likes and dislikes, career, and family connections. A social and cultural plan is developed within 21 days and reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. The facility has weekly van drives for outings. There are staff with the appropriate competencies and first aid certification at the outings. The dementia unit has a 24 hours a day activities plan, should this be required for residents. Residents and family members interviewed stated the activity programme is meaningful.</p> <p>Resident meetings are held monthly, and family are invited to attend. There is an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Resident and relative surveys also provide feedback on the activity programme and resident satisfaction survey evidence overall satisfaction with the activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Medication management policies are available for safe medicine management that meet legislative requirements. All RNs and HCAs who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. 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 facility medication room and locked trolleys. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications, including the bulk supply order, are checked weekly. All eyedrops have been dated on opening. All</p>

		<p>over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP. Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. No residents self-administer medications. No standing orders are in use.</p> <p>Residents and relatives are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The clinical facility manager described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes for Māori residents.</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 meals at Wimbledon Rest Home are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, and well equipped. A current approved food control plan was in evidence, expiring in March 2023. A dietitian has reviewed the menu. There is a documented policy on nutrition management and a food services manual available in the kitchen. The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or of any residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents in the dementia unit have access to nutritious snacks at all times. Registered nurses and HCAs interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa.</p> <p>The cook completes a daily diary and includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are directly</p>

		<p>served to residents in the dining room and plated meals are transported to those residents' enjoying meals in their rooms. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating. Food services staff have all completed food safety and hygiene courses. The residents and families interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback on a one-to-one basis with the cook at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident change, transfer, or termination policy and procedures are documented to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents (if appropriate) and families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. On interview, RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of</p>	FA	<p>Wimbledon Rest Home residents' rooms are on a single level. All building and plant have been built to comply with legislation. The building warrant of fitness expires 8 July 2023. The environment is inclusive of peoples' cultures and supports cultural practices. The maintenance person works 21 hours a week and is supported by the operations manager/owner. The maintenance person oversees maintenance of the site, and contractor management. Essential contractors such as plumbers and electricians are available 24 hours a day, every day as required.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes</p>

<p>belonging, independence, interaction, and function.</p>	<p>electrical testing and tagging, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Testing, tagging and calibration of resident's electrical equipment is completed annually as scheduled. Healthcare assistants and RNs interviewed stated they have adequate equipment and space to safely deliver care for rest home, hospital, and dementia level of care residents.</p> <p>There is a reception area, lounges, and dining areas. The kitchen is beside the main dining area. There is a secure nurse's office. There is a secure medication/treatment room. There are communal toilets throughout the facility.</p> <p>All resident rooms are single occupancy. There are five rooms with ensuites in the dementia unit and eight rooms in the rest home/hospital area with ensuites. All other rooms have a handbasin. There are sufficient shared toilets and shower rooms. The resident rooms are spacious to provide cares. Each room allows for the safe use and manoeuvring of mobility aids. Flowing hand soap, hand sanitiser and paper towels are installed near hand basins.</p> <p>There are handrails in ensuites, corridors and in communal bathrooms. All bathroom and shower areas allow for safe use of mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. The external areas are well maintained. Seating and shade are available. There is adequate space for storage of mobility equipment. Residents are able to bring their own possessions into the home and personalise their room as desired.</p> <p>The building is appropriately heated and ventilated. There are wall heaters throughout the facility and the temperature in each room can be individually set. There is sufficient natural light in the rooms. The facility is non-smoking. The facility was maintained at an ambient temperature throughout the audit.</p> <p>The service is not currently engaged in construction. The owners described utilising their links with local iwi, to ensure the designs and environments reflect the aspirations and identity of Māori.</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 the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service in October 2013. A recent fire evacuation drill was cancelled in November 2022 due to a Covid-19 outbreak and has been rescheduled for 21 December 2022. Fire drill evacuation occurs every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored and checked at regular intervals.</p> <p>In the event of a power outage, there are two mobile generators available. There are adequate supplies in the event of a civil defence emergency, including adequate water stores in two tanks (viewed). Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available 24/7 and on outings. There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells within reach. Residents and families interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours and staff complete security checks at night. The facility has CCTV monitoring. There is information provided in the resident pack around what to do in the event of an emergency.</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</p>	<p>FA</p>	<p>The clinical facility manager undertakes the role of infection control coordinator to oversee infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection</p>

<p>the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the owners and staff. Documentation review evidence a recent outbreak was escalated to management within 24 hours. There is an infection control committee that meets monthly. Infection rates are presented at staff meetings and presented in a clinical facility manager report. Infection prevention and control are part of the strategic, business and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora Health New Zealand Te Pae Hauora a Ruahine o Tararua MidCentral. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, GP, and the Public Health team. Visitors are asked not to visit if unwell. All staff, visitors and contractors are required to wear masks. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid vaccinations.</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. 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. 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>FA</p>	<p>The designated infection control coordinator is the clinical facility manager and has been in the role for seven months since becoming the owner of the care home. During Covid-19 lockdown there were regular communications with Te Whatu Ora Health New Zealand Te Pae Hauora a Ruahine o Tararua MidCentral and Public Health. This provided a forum for discussion and support relating to the Covid response framework for aged residential care services. The service has a Covid-19 response plan, including easily accessible resources for the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed external infection control training. There is good external support from the GP, laboratory, microbiologist, and Public Health. There are outbreak kits readily available and a personal protective equipment storage area. There are supplies of extra personal protective equipment (PPE) as required. The infection control coordinator has input into the</p>

	<p>procurement of good quality PPE, medical and wound care products. Consumables are checked for expiry dates. There are no current plans for major refurbishment or building; however, the infection control coordinator would have input should this occur.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control committee and training and education of staff. Policies and procedures are reviewed annually. Policies are available to staff. Aseptic techniques are promoted through handwashing, sterile single use packs and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities with flowing soap, paper towels and hand sanitisers.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. There is infection control information available online in te reo, and staff are provided with education around adhering to culturally safe practices in relation to infection control. Staff interviewed were knowledgeable around culturally safe practices in relation to their role, as observed during the audit. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service includes the checking of these processes in the cleaning, environmental and maintenance of equipment audits. All staff received training in cleaning protocols and procedures related to the cleaning of reusable medical equipment and high touch areas.</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. Resident education occurs as part of the daily cares and monthly meetings. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, phone calls and emails. There was no construction, installation, or maintenance in progress at the time of the audit. There is a communication pathway to include infection control advice when required.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is an antibiotic use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Compliance on antibiotic and antimicrobial use are evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes. The analysis of prescribing patterns and summaries are presented and discussed at the infection control committee meeting and discussed with the GP. Infection rates are analysed for antibiotic use and is reported to the monthly staff meeting. The clinical facility manager report is discussed between the owners. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Electronic charts reviewed evidence judicious, careful, and rational use of monotherapy.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with New Zealand aged care organisations and infection control surveillance and benchmarking data is discussed at facility meetings. The infection prevention and control coordinator use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility.</p> <p>There is close liaison with the GPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement if required. The service receives email notifications and</p>

		<p>alerts from Te Whatu Ora Health New Zealand Te Pae Hauora a Ruahine o Tararua MidCentral for any community concerns. Ethnicity data is collected on the electronic surveillance form submissions and analysed. The data will then be used to inform future strategic planning and service delivery.</p> <p>There has been two Covid exposure events in August and November. The outbreaks were documented with evidence of comprehensive management, regular outbreak meetings and lessons learned debrief meetings. The infection control coordinator interviewed described the daily update and debrief meeting that occurred. The service completed a 'lessons learned' after each event to prevent, prepare for and respond to future infectious disease outbreaks. The infection control coordinator confirmed that the screening process, cohorting of residents and care delivery within a constraint workforce prove to be challenging but successful. Staff confirmed that during the Covid exposure period, resources including PPE were adequate. Visitors are required to sign in at the door and wear masks in the facility.</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 antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The facility implements a waste and hazardous management policy that conform to legislative and local council requirements. Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, laundry, and cleaning storerooms. Staff receive training and education in waste management and infection control as a component of the mandatory training. Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks.</p> <p>Observation confirmed that PPE was used in high-risk areas. A cleaner is available seven days a week. The sluice rooms are equipped with aprons, goggles, and gloves. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked storerooms for the safe and hygienic storage of cleaning equipment</p>

		<p>and chemicals. Cleaning staff are aware of the requirement to keep their cleaning trolleys in sight and locked away when not in use. Chemical bottles in storage and in use were noted to be appropriately labelled. Chemicals are stored securely, and a spill kit is available.</p> <p>The safe and hygienic collection and transport of laundry items was witnessed. All laundry, except resident's sheets, is done on site. Visual inspection of the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of these items. Residents' clothing is labelled and personally delivered from the laundry to their rooms. The effectiveness of the cleaning and laundry processes are monitored through the internal audit system with oversight from the infection control coordinator. Residents and families confirmed satisfaction with housekeeping and laundry services during interviews.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The designated restraint coordinator is the clinical facility manager. At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the quality meetings. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</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.