

Selwyn Care Limited - Sarah Selwyn

Introduction

This report records the results of a Surveillance 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:	Selwyn Care Limited
Premises audited:	Sarah Selwyn
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 October 2022 End date: 28 October 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:	74

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
Yellow	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
Red	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

Sarah Selwyn is a purpose-built care home within Selwyn Village. It is owned by the Selwyn Foundation. The service is certified to provide rest home and hospital level care for up to 82 residents. On the days of audit there were 74 hospital residents.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand -Te Toka Tumai Auckland. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and a general practitioner.

The care manager is a registered nurse and has been the care manager for five years. The care manager was not present at the audit. The care manager is supported by a director of care, an assistant care manager, a senior registered nurse, registered nurses, caregivers and administration staff. Residents and relatives interviewed were complimentary of the service and care.

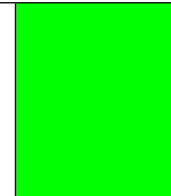
Two of the three previous shortfalls around care plan interventions, and restraint evaluations has been addressed.

Further improvements continue to be required around implementation of care.

This surveillance audit identified shortfalls around documentation of aspects of the quality programme.

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.

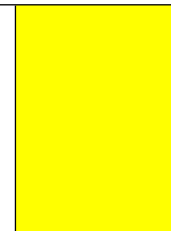
Sarah Selwyn provides an environment that supports resident rights and culturally safe care. Te Tiriti O Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. The service listens and respects the residents' opinions and effectively communicates with them about their choices.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

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



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

The Selwyn Foundation Board has two Māori Board members. The Board and executive team have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori. Strategic and business plans are documented and supported by quality and risk management processes.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with required employment practice. An orientation programme is in place for new staff. An education and training plan is implemented. Registered nursing cover is provided 24 hours a day, seven days a week.

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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The electronic care plans demonstrate service integration; there is a plan in place for registered nurses to review assessments and care plans on the resident's six-month anniversary. The organisation uses an electronic resident management system. Resident files are electronic and included medical notes by the nurse practitioner and allied health professionals.

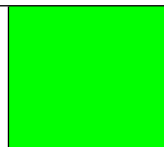
The activities team provide a wide variety of activities which include cultural celebrations. Te reo and tikanga Māori are actively promoted in the activities plan. Residents are supported to maintain links within the community.

Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and reviewed at least three-monthly by the nurse practitioner. Medications are stored securely.

Cultural food requirements are accommodated by the kitchen staff. Residents interviewed were complimentary of the meals.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

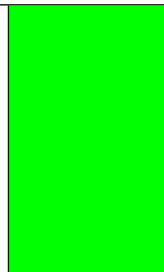


Subsections applicable to this service fully attained.

The building has a current warrant of fitness which expires on 18 June 2023 and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster.

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 infection control coordinator is the assistant care manager who is a registered nurse. Surveillance data is undertaken. Infection incidents are collated and analysed for trends and the information used to identify opportunities for improvements. A pandemic plan is in place, and adequate supplies of personal protective equipment was sighted. Culturally safe practices are adhered to in relation to infection control.

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.

Sarah Selwyn strives to maintain a restraint-free environment. At the time of the audit, there was one resident using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed.

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	20	0	1	0	0	0
Criteria	0	50	0	1	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>	FA	<p>Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. Selwyn has a Māori health plan and a Māori health project scope document that frameworks their implementation of Ngā Paerewa Standards, including recruitment of staff.</p> <p>The service is developing support to increase Māori capacity by employing more Māori staff members. There are staff currently employed at Sarah Selwyn who identify as Māori. Four caregivers and two registered nurses interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. Country of origin data is gathered when staff are employed, and this data is planned to be analysed in reports at governance level.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and</p>	Not Applicable	<p>The Selwyn Foundation is a New Zealand faith-based organisation. The aim of the Foundation is to co-design health services utilising both Māori and Pacific peoples through collaboration and partnership models. Selwyn has a member of their ecclesiastical staff who identify</p>

<p>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>as Pasifika, who they plan to collaborate with to further develop a Pacific plan. There are no current residents in Sarah Selwyn who identify as Pasifika. The service and organisation are working on establishing links with other Pacific organisations to assist in the implementation of their Pacific health plan.</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>The Code of Rights is displayed in English and te reo Māori. Discussions with twelve staff, (two RNs, four caregivers, one director of care, one assistant care manager, one diversional therapist (DT), one activities coordinator, and one kitchen manager and one physiotherapist) confirmed their understanding of Māori Indigenous rights. The service recognises Māori mana motuhake through policies and the Māori health plan. Seven residents (hospital) interviewed stated they are encouraged to be as independent as possible and are involved in decision making and care planning.</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>	FA	<p>There were residents who identified as Māori on the day of audit. The residents interviewed confirmed they are being treated with dignity and respect, with staff adhering to their cultural values and beliefs.</p> <p>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand this language. The staff noticeboards contain information on Māori tikanga practice. Interviews with staff confirmed their understanding of tikanga best practice, with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, residents and tāngata whaikaha participation in te ao Māori.</p> <p>The resident's satisfaction survey 2022 states 60% of residents are satisfied with their cultural needs being met and they are treated with</p>

		dignity and respect.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Selwyn policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Sarah Selwyn complies with the provision of the Human Rights Act 1993 and treats everyone in a manner that respects their right to individual choice. Policies describe that no person will be subjected to exclusion or prejudiced as a result of their race, ethnic background, skin colour, sexual orientation, disability, gender, age, or religion. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</p> <p>Staff complete education on orientation and bi-annually on how to identify abuse and neglect as per the training plan. Staff are educated on how to value the older person showing them respect and dignity by implementing the Selwyn Way guide. A holistic and strengths-based model of care is incorporated into the electronic care plan and outcomes for Māori residents will be determined using the same format. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</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. 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. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with seven family members (hospital) and documentation sighted confirmed that residents and relatives are involved in the decision-making process, and in the planning of care. The registered nurses have a good understanding of the organisational process to ensure they are able to inform Māori residents and whānau if specific tikanga practices are requested within the clinical setting.</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>The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written on an electronic complaint register. There have been six complaints received in 2022, including two received from the Health and Disability Commissioner (HDC). The two HDC complaints are awaiting replies from HDC. All other complaints have documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with relatives and residents confirmed they are provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Residents/relatives making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The complaints process is linked to advocacy services.</p> <p>Complaints forms are located in a visible location at the entrance to the unit. Residents and family/whānau can hand their complaints into the reception area. Family/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family satisfaction survey. Interviews with the director of care, RNs and care staff confirmed their understanding of the complaints.</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</p>	<p>FA</p>	<p>Sarah Selwyn is owned by the Selwyn Foundation. The Foundation is a faith-based New Zealand registered charitable trust providing aged care services. Sarah Selwyn is located in an Auckland one site campus which includes other Selwyn aged care homes. Selwyn Foundation is governed by a Board of Trustees. The chief executive officer (CEO), and the executive team reports to the Board.</p> <p>Sarah Selwyn is a purpose-built facility that provides hospital level care for up to 82 residents. On the day of audit there were 74 hospital level residents. Two residents were on interim care contracts. All</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>remaining residents were on the Aged Related Residential Care Agreement (ARRC).</p> <p>Strategic and business planning is undertaken by the Board and executive team for the wider organisation. Plans sighted outlined the scope, direction and goals of the organisation which incorporates the values of the “Selwyn Way” framework document. Documentation is in the process of amendment to reflect the requirements of the 2021 Health and Disability Services Standard. The governance body is committed to supporting the Māori health strategies, including implementation of systems to assist with identification and analyse variances in Māori health (eg, infection control and adverse events). There are two Board members who identify as Māori, who have input at Board level to integrate the Māori health plan into governance, and to improve Māori health outcomes and equity to care services through clinical assessment and organisational policy and procedures. Selwyn are also contracting a Māori consultant to support their Māori plan review and assist with identifying and reducing barriers for tāngata whaikaha and Māori to achieve equitable services. All residents including tāngata whaikaha have the opportunity to provide feedback through surveys and resident meetings. Plans are in place for the management team to attend cultural training, to ensure that they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</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</p>	<p>PA Low</p>	<p>There is an established quality and risk management programme documented. Annual quality improvement goals are documented and include plans to achieve these goals, target dates for implementation, and responsibilities for implementation.</p> <p>The service provides training around cultural safety, which includes the Treaty of Waitangi and is in the process of ensuring the training provided aligns with the Ngā Paerewa Services Standard. The service provides staff with cultural competencies to ensure the service can deliver high quality care for Māori.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control</p>

<p>and support workers.</p>		<p>data collection and complaints management. Data is collected for a comprehensive range of adverse event data (eg, skin tears, falls, pressure injuries, challenging behaviour, infections, and medication errors) and is collated, analysed, and benchmarked against other Selwyn facilities. Selwyn also benchmark externally against other New Zealand aged care providers.</p> <p>An internal audit programme is being implemented. When improvements were identified in 2022 internal audits, corrective actions were not documented for three audits viewed and corrective actions documented in these three audits were not completed in the timeline required. Audit results and issues identified were not fully documented as being discussed in staff meeting minutes.</p> <p>There have been no resident/family meetings documented since the last audit. There is evidence of both residents and families providing feedback via annual satisfaction surveys in July 2022. Results indicated that 71% of residents were positive about the way the facility had collaborated with them to develop the best approach to their care. Residents' satisfaction survey results were not documented as shared with staff in staff meetings. Corrective actions were implemented to address lower areas of satisfaction.</p> <p>Staff meetings combined with quality, health and safety and infection control, and meeting minutes document comprehensive review and discussion around all areas, including: hazards; service improvement plans; emergency processes; complaints; incidents and accident; internal audits; and infections. Selwyn policies determine that staff meetings are held monthly; however, in 2022, there was a gap of three months where no RN meetings were documented and a gap of four months where no staff meetings were documented.</p> <p>All resident incidents and accidents are recorded on the electronic system. Ten accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a RN. Relatives are notified following incidents. Opportunities to minimise future risks are identified by management.</p>
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		<p>A risk management plan is in place. Staff health and safety training begins during their induction to the service. Health and safety is a topic covered in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise each risk. A plan is implemented to orientate contractors to the facility's health and safety programme.</p> <p>The director of care and the assistant care manager are aware of statutory responsibilities regarding essential notification with examples provided. Section 31 reports were completed for three incidents. Two reports related to RN shortages and one related to a medication error. Public Health authorities were notified of one Covid outbreak in June 2022.</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The staffing policy meets with the Ministry of Health safe staffing hours. There is an RN on each shift. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff. Interviews with residents and families confirmed staffing overall was satisfactory.</p> <p>Ongoing training is offered to all staff. There is a mandatory two-yearly in-service training programme and additional training is also provided through toolbox talks and staff meetings. A competency programme is in place. Core competencies have been completed, and a record of completion and register is maintained. The caregivers are encouraged to undertake New Zealand Qualification Authority (NZQA) through Careerforce. Currently there are 28 caregivers with level 4 NZQA, five caregivers with level 3 NZQA, one caregiver with level 2 NZQA and there are two new caregivers who are to be registered for NZQA. While cultural orientation and training is provided, a cultural competency is not yet developed for staff. There is a bi-annual education and training schedule being implemented that includes mandatory training across 2021 and 2022. Toolbox talks are held when required at handovers. The service has been working to embed cultural values in their mandatory training programmes.</p> <p>The service is planning to expand reporting to encourage collection</p>

		<p>and sharing of high-quality Māori health information, with the inclusion of ethnicity data and quality data collated. Clinical staff can access external training through Te Whatu Ora Health New Zealand -Te Toka Tumai Auckland. Registered nurse specific training viewed included wound care and first aid. There are 10.4 FTE RNs employed and six are interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori 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>A register of practising certificates is maintained. The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers and plans to update training to provide a culturally safe environment to Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Eight staff files reviewed included evidence of the recruitment process, including reference checking, police checks, signed employment contracts and job descriptions. All files identified all components of the workbook including clinical competencies, evidenced signatures of completion. Staff interviewed stated that new staff were adequately orientated to the service.</p> <p>There is a personnel file policy. Information held about staff is kept secure, and confidential. Data is identified during the employment application stage. The service plans to collect ethnicity data and reporting it at executive and governance level.</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</p>	<p>FA</p>	<p>The admission policy/decline to entry policy and procedure guides staff around admission and declining processes, including required documentation. The facility manager keeps records of the numbers of prospective residents and families that have viewed the facility, admissions and declined referrals. These records get reported to the Board. The report does not currently include ethnicity; however, there</p>

<p>care. 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>are plans to include ethnicity specific to Māori moving forward. The service identifies links to Māori health providers within the Māori health and awareness policy and procedure. The service continues to develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eight resident clinical files were reviewed (six hospital, one resident on an interim care contract transitioning to permanent hospital, and one resident on an interim care contract). The interim care resident had been at the facility for only three days; however, did not have an initial assessment and care plan completed. A registered nurse completes an initial assessment and care plan on admission including relevant risk assessment tools. Initial care plans for long-term residents reviewed were evaluated by the registered nurses within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes, with outcomes of assessments reflected in the needs and supports documented in the resident electronic care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included in the residents' electronic file. The interRAI assessment links effectively to the long-term care plan. Interventions recorded in the long-term care plan to address medical and non-medical needs guide staff in the care of the resident. The care plans reviewed on the electronic management system were resident focused and individualised. The previous audit shortfall (NZS 8134:2008 criteria # 1.3.5.2) around nursing interventions and risks being documented in care plans has been addressed. Care plans include allied health and external service provider involvement. Short-term needs such as current infections, wounds, weight loss, or recent falls are added to the long-term care plan to</p>

		<p>reflect resident needs and removed when appropriate/resolved.</p> <p>Care plans had been evaluated at least six-monthly for long-term residents who had been in the service six months. Residents/whanau interviewed confirmed that they participate in the care planning process and review. The nurse practitioner (NP) has reviewed residents three-monthly. The registered nurses interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans, and supporting Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service contracts with a local medical centre whose nurse practitioner (NP) provides medical services to residents. The NP visits twice-weekly or more often if required, completes three-monthly reviews, admissions, sees all residents of concern and provides an out of hours on-call service. The service also has access to the 24 hour on-call GP group service. The NP interviewed stated she is notified in a timely manner for any residents with health concerns. All NP notes are entered into the residents' electronic clinical file. Allied health care professionals involved in the care of the resident included, (but were not limited to): physiotherapist; hospice nurse; speech language therapist; older persons health clinicians; wound specialist; continence specialist nurse; and dietitian. There are on-site physiotherapists employed by the service within the village campus. A physio interviewed stated they work at least one day per week in the facility, but this is flexible and attends as required. There is also a physiotherapist assistant. The physiotherapist completes residents' mobility assessments and provides staff education, including manual handling. There were no barriers identified for residents (including those with disabilities) accessing any services.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or referral to nurse specialist consultants occurs.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can</p>
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	<p>be accessed as required. Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. There were 22 current wounds on the day of the audit. There are fourteen current pressure injuries (one stage IV, one stage III, five stage II and five stage I). When interviewed, the assistant clinical manager stated that there is concern from management around the high number of pressure injuries and that they are looking at ways to address this. The service has reintroduced paper based two-hourly turning charts as there are no electronic prompts to remind staff to do this. The electronic wound care plan documents assessments, a wound management plan and evaluations, with supporting photographs. The hospice, specialist wound clinic and NP have input into chronic wound management.</p> <p>Monitoring charts included (but not limited to) weights, neurological observations, vital signs, turning schedules, and fluid balance recordings. The previous audit shortfall (NZS 8134:2008 criteria # 1.3.6.1) has been partially addressed. Restraint monitoring documentation and care plan directions followed by staff has been addressed. Challenging behaviour de-escalation techniques in care plans was followed by staff and resident restraint monitoring was documented. However, a shortfall remains with monitoring, as there are inconsistencies in documentation of neurological observations for residents who have unwitnessed falls, or who had a witnessed fall and hit their head. There are also inconsistencies with documentation of two-hourly position changes for residents requiring this.</p> <p>Relatives are invited to attend NP reviews, and if they are unable to attend, they are updated of any changes. The management and registered nurses reported they routinely invite family/whānau to the six-monthly review meetings along with the resident. Communication with relatives was evidenced in the electronic system.</p> <p>Caregivers interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic management system and entered by the caregivers and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.</p>
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<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>Celebrations such as Māori language week, Matariki, Anzac, Easter, and Christmas occur. There are visiting entertainers at happy hour and visiting school Kapa Haka groups perform.</p> <p>There is a resident who identifies as Māori in the village who comes in to sing and read stories in te reo Māori. She also performs welcoming karakia.</p> <p>The governing body has employed a Māori consultant and the service is actively collaborating with staff to support community initiatives that meet the health needs and aspirations of Māori, including ensuring that te reo Māori and tikanga Māori are actively promoted and included in the activities programme. The service currently has Māori residents and ensures opportunities are facilitated for Māori residents to participate in te ao Māori.</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>Policies and procedures are in place for safe medicine management. Medications are stored safely in the secure medication rooms. The internal audit schedule includes medication management six-monthly.</p> <p>Registered nurses and senior medication competent caregivers administer medications, and all have completed medication competencies annually. Registered nurses have completed syringe driver training. All medication robotic packs are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering medications are in place and this includes ensuring residents are competent, and have safe storage of their medications. There were no residents self-administering medications on the day of the audit. Registered nurses advised that the GP prescribes over-the-counter medications. All medication errors are documented and reported.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy. There were no expired drugs on site on the day of the audit.</p> <p>Sixteen electronic medication charts were reviewed and met</p>

		<p>prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly, for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes. Two registered nurses were observed administering medications appropriately on the day of audit. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects.</p> <p>The registered nurses and management described working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and 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>	FA	<p>The food service is sourced out to an external contractor (Compass Group). The commercial kitchen is on site within the Selwyn campus and a chef manager oversees the food service. There is a seasonal four-week rotating menu, which has been reviewed by a dietitian. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>Kitchen staff are trained in safe food handling and education is overseen by the Compass Group. The service plans to explore and implement menu options culturally specific to te ao Māori. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</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>	FA	<p>The transfer and discharge of resident management policy ensures a smooth, safe, and well organised transfer or discharge of residents. The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their family/whānau were involved for all exits or discharges to and from the service and have the opportunity to ask</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>questions. A verbal handover is provided. Referral to other health and disability services is evident in the resident files reviewed.</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 building has a current warrant of fitness which expires on 18 June 2023. The service has a full-time facilities and maintenance manager, who is available Monday to Friday and four other staff that assist with building maintenance. Gardening is contracted out. There are essential contractors who can be contacted 24 hours a day. Maintenance requests are completed electronically and checked off once completed by the facilities and maintenance manager.</p> <p>There is a preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical testing and tagging, equipment checks, calibrations of weigh scales and clinical equipment, which are all current. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. The facility has developed a form outlining what maintenance is required when a room becomes vacant. This is pinned to the door of the vacant room and not removed till all repairs are signed off.</p> <p>Management advised future development would include consultation with the contracted consultant and Board members who identify as Māori, to ensure the aspirations and identity of Māori are reflected.</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>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire evacuation drills are held six-monthly.</p> <p>The building is secure after hours (doors locked at 6 pm) and staff complete security checks at night. There is security lighting and an on-site security guard patrols regularly at night. Currently, under Covid restrictions, visitors must sign in, complete a rapid antigen test before admission and wear a mask.</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 Māori health plan includes participation with Māori for the protection of culturally safe practice and to have available all policies and educational resources in te reo and acknowledge the spirit of Te Tiriti o Waitangi. Staff who identify as Māori assist with ensuring culturally safe practices are adhered to in relation to infection control. The organisation is a member of the New Zealand Aged Care Association, who provide guidance for aged care facilities on a range of matters, including infection control and Covid-19. The infection control coordinator described utilising the Ministry of Health website and Te Whatu Ora Health New Zealand -Te Toka Tumai Auckland infection control specialist for information as needed.</p> <p>Staff follow the Selwyn foundation pandemic plan which is available for all staff. A record is kept of vaccinated residents and staff. Personal protective equipment stock balance is maintained to support any possible outbreak. There is a large supply of PPE stocks sighted, including staff scrub clothing and gowns that can be used during Covid outbreaks. This is accessible to all staff. Residents can be isolated if required. Electronic sign-in is required. Hand sanitiser is readily available. Rapid antigen tests (RAT) tests are requested to be completed on site for visiting contractors. All staff and visitors are required to wear a mask at all times while in the facility.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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 monitoring is the responsibility of the infection control coordinator with support from the clinical manager. All infections are entered into the electronic management system by the RNs, which generates a monthly analysis of the data. There is an end of month analysis with any trends identified and corrective actions for infection events. There are monthly comparisons of data. Benchmarking occurs internally with other facilities in the organisation and externally with other New Zealand aged care providers. Outcomes are discussed at quality/health and safety/staff meetings. Education is completed to address infection trends for the month with specific goals to improve outcomes. A monthly report is prepared and included in the Board reports. The service is planning to incorporate ethnicity data in surveillance reporting.</p>

		<p>There was one Covid outbreak in June 2022. The outbreak was documented with evidence of comprehensive management. The infection control coordinator interviewed described the daily update and debrief meeting that occurred, including an evaluation on what went well, what could have been done better and discuss any learnings to promote system change and reduce risks. Residents and their families were updated regularly.</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 restraint policy confirms that the organisation is working to actively minimise the use of restraint. However, business and strategic documents do not include a goal around eliminating restraint. One resident was using restraint at the time of the audit. Restraint practices are safe, and staff follow policy and guidelines. Considerations are given to the least restrictive practices, the implementation of de-escalation techniques and alternative interventions. Restraint is always a last resort.</p> <p>The previous audit shortfall (NZS 8134:2008 criteria # 2.2.4.1) around restraint evaluation documentation in the electronic management system has been addressed. Restraint evaluation was entered into the electronic patient management system.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>Internal audits are held according to schedule and overall have corrective action plans documented for shortfalls found in audits. Corrective action plans that are documented are completed and signed off in the timeframes required; however, not all corrective actions were found to be documented.</p> <p>Resident/family/whanau meetings are held as per policy and meeting minutes were documented prior to the previous audit; however, these have not been held according to schedule since.</p> <p>Meeting minutes of staff meetings held evidence discussion around quality data collated; however, staff meetings are not always held in the timeframes required and meeting minutes are not documented as per the organisational policy since May 2022. Staff meeting minutes did not reflect resident satisfaction survey results and any planned</p>	<p>i). Corrective actions identified and viewed for 2022 were not documented in three audits viewed and corrective actions documented in three audits were not completed.</p> <p>ii). There have been no resident/family meetings documented since the last audit.</p> <p>iii). Residents' satisfaction survey results for July 2022 were not documented as discussed with staff in staff meetings.</p> <p>iv). Selwyn policies determine that staff meetings are held monthly. For 2022, there was a</p>	<p>i). Ensure internal audit corrective actions identified are documented and are closed when completed.</p> <p>ii). Ensure resident meetings are held as per Selwyn policy timeframes and document meeting minutes.</p> <p>iii). Ensure resident satisfaction survey results are discussed and documented as discussed in staff</p>

		improvements to be implemented from the survey.	gap of three months where no RN meetings were documented and a gap of four months where no staff meetings were documented.	meeting minutes. iv). Ensure staff meetings are held as per Selwyn policy timeframes and document meeting minutes. 60 days
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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.