

Fitzroy Village Management (2016) Limited - Fitzroy of Merivale

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:	Fitzroy Village Management (2016) Limited
Premises audited:	Fitzroy of Merivale
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 30 January 2023 End date: 31 January 2023
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:	27

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Fitzroy of Merivale, located in central Christchurch, is privately owned and operated. The rest home provides rest home level care for up to 30 residents. On the day of the audit there were 27 residents living at the facility.

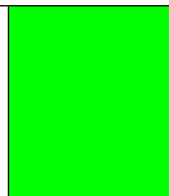
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand - Waitaha Canterbury. The audit process included the review of existing policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, staff, management, and general practitioner.

One owner is a registered nurse and is in the role of facility manager. The second owner is the operations manager and has a business management background. The operations manager is responsible for health and safety, finances, and maintenance. Residents and family interviewed were complimentary of the services they receive.

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 are fully attained.

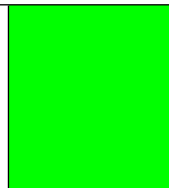
Fitzroy on Merivale provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. There were no Māori residents at the time of the audit. Cultural assessments inform the cultural care plan.

Residents receive services in a manner that considers their dignity, privacy, and independence. The staff were observed listening and respecting the voices of the residents and effectively communicating with them about their choices.

There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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 are fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. Quality and risk management processes are established. Quality goals are documented for the service. A risk management programme is in place, which includes a risk

management plan, incident and accident reporting, internal audits, meetings and health and safety processes. Adverse, unplanned, and untoward events are documented by staff.

Human resources are managed in accordance with good employment practice. An orientation programme and regular staff education and training are in place. The registered nurse provides nursing cover when the facility manager is unavailable. The residents' files are appropriate to the service type.

The business plan includes a mission statement, philosophy, vision, and values, as well as operational objectives. There is a staffing and rostering policy which is implemented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurse and facility manager (RN) are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family 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 caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

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 are fully attained.
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Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are single occupancy, with full en-suites. Rooms are personalised. There is a current building warrant of fitness displayed. Fire drills occur six-monthly. Staff have planned and implemented strategies for emergency management. 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 are 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. A pandemic plan is in place. There have been two Covid-19 outbreaks, this was appropriately reported and effectively managed.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place and incidents are reported in a timely manner. 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 are fully attained.
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The restraint coordinator is the facility manager. There was no restraint in use at the time of the audit and maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

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	163	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori health plan references local Māori health care providers and provides recognition of Māori values and beliefs. Family involvement is encouraged in assessment and care planning and visiting is encouraged. At the time of audit there were no residents who identified as Māori.</p> <p>There are linkages to Te Whatu Ora Health New Zealand -Waitaha Canterbury Māori Health services. The owners plan to link with local Māori community organisations, as the service embeds tikanga Māori in the everyday culture of the facility. The facility manger and operations manager confirmed that the service supports Māori workforce recruitment and actively encourages applications from the local community. Service policies endorse the Māori Action Plan 2020 to 2023, that confirms a commitment to recruit Māori staff. There were no staff identifying as Māori at the time of the audit.</p> <p>The managers (facility manager, operations manager) and four staff interviewed (two caregivers, one activities coordinator, and a servery assistant) were able to describe how services provided are based on</p>

		resident's individual cultural preferences, values and beliefs in relation to their role.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The organisation has a Pacific health plan and cultural policy that encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard.</p> <p>There were no Pacific residents on the day of the audit. The service maintains links with the local Pacific Island community through Te Whatu Ora- Waitaha Canterbury. On admission, ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered, is documented. The residents' whānau are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs for all residents are documented in their care plan and activities plan.</p> <p>When new staff are recruited, the facility manager encourages and supports any staff that identify as Pasifika through the employment process and provides equitable employment opportunities for the Pacific community. There were no staff members that identified as Pasifika at the time of the audit.</p> <p>Interviews with management, staff, six residents, two relatives, and documentation reviewed identified that the service uses a person-centred approach and engages with residents and family/whānau as the guiding ethos.</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 Health and Disability Services Consumers' Rights (the Code) is displayed. Details relating to the Code are included in the information that is provided to new residents and their relatives. The facility manager discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are held during the bimonthly resident and family meetings. All families interviewed reported that the residents' rights are being upheld by the service. They confirmed</p>

		<p>that the residents are treated with respect and that their independence is supported and encouraged.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocate is available to residents and families. There are links to spiritual supports.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme, which includes (but is not limited to) understanding the role of advocacy services.</p> <p>The service recognises Māori mana motuhake through its Māori health plan and encourages independence through care planning and staff education. Staff confirmed that the residents are treated with respect and that their independence is supported and encouraged.</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>Residents are supported to make decisions about whether they would like family members to be involved in their care or other forms of support, with examples provided. Residents, families, and staff interviewed confirmed the support available regarding freedom of choice.</p> <p>The service's annual training plan reflects training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. The service undertakes a resident and whānau satisfaction survey annually (two years sighted), and the results of these confirmed that residents and families are treated with respect. This was also confirmed during interviews with families.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships and this was confirmed by two residents in a partnership within the facility.</p> <p>Families interviewed were positive about the service in relation to each resident's values and beliefs being considered and met.</p>

		<p>Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, and spirituality is incorporated into the activities policy.</p> <p>Staff actively promote tikanga Māori and attend cultural training that covers Te Tiriti o Waitangi and tikanga Māori. This training enhances the ability of staff to respond to tāngata whaikaha needs and 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>A policy for prevention of abuse and neglect is in place. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at Fitzroy of Merivale Rest Home are expected to uphold. The policies are designed to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service liaises with families who manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>The Fitzroy of Merivale Rest Home's Māori health plan and cultural</p>

		policy provides a framework and guide to improving Māori health and a leadership commitment to address inequities.
<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>	FA	<p>Information is provided to residents and relatives on admission. Annual resident surveys and two-monthly meetings identify feedback from residents and there is consequent follow up by the service. The service also keeps residents up to date through frequent memos and notices.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. The accident/incident forms reviewed for the period December and January identified relatives are kept informed. This was confirmed through the interviews with relatives.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as Te Whatu Ora - Waitaha Canterbury specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, and dietitian). The delivery of care involves a multidisciplinary team approach. Residents and relatives provide consent and are included in conversations related to provision of services. The facility manager described an implemented process around providing residents with an unrushed environment which facilitated time for discussion around care, time to consider decisions, and opportunity for further</p>

		discussion, if required.
<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>	FA	<p>There are policies around informed consent. Six resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. 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 residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files, where applicable.</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>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. The service has policies and procedures relating to timely follow-up letters, investigation and resolution, enabling complaints to be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Ten complaints were reviewed covering the period from May 2021 to August 2022. This included one complaint to the Health and Disability Commissioner (HDC) which was resolved on 28 March 2022 with no further action (sighted).</p> <p>Complaints (and any subsequent corrective actions) are a standing agenda item in the monthly staff meetings and three-monthly quality</p>

		<p>reviews (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available at the entrance. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held two-monthly, and the owners (facility manger and operations manager) have an open-door policy. Complaint forms are readily available should a resident wish to submit a written complaint. Residents or relatives making a complaint can involve an independent support person/advocate in the process if they choose to do so.</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>Fitzroy of Merivale Rest Home, located in Merivale, Christchurch is certified for 30 rest home level beds. At the time of audit there were 27 residents in the facility. Of these, 26 residents were on the age-related residential care agreement (ARRC), and one on a respite care contract.</p> <p>The service is managed by the owners. One owner holds the role of facility manager and is an experienced registered nurse, with the other owner holding the role of operations manager. The owners have managed the service for seven years. The registered nurse (RN) has been at the facility for the past four years and works part time, two days per week.</p> <p>The facility manager was able to describe the company quality goals and have a documented organisation philosophy and strategic plan which reflect a person/family centred approach to all services (sighted). There is a 2023 business plan that outlines objectives for the period. Objectives are signed off when fully attained.</p> <p>Both managers have maintained at least eight hours annually of professional development activities related to managing a rest home. This includes cultural and Te Tiriti training.</p> <p>The facility manager and operations manager consult with mana whenua (via Te Whatu Ora - Waitaha Canterbury) in business planning, and service development to improve outcomes and</p>

		<p>achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery. The facility manager undertakes a quality review every four months (sighted) to gauge progress in the areas of equitable service delivery, equity for Māori and outcomes for tāngata whaikaha. Policies are purchased from an external contractor and have been developed in partnership with Māori. Feedback through satisfaction surveys and complaints ensure residents and relatives have the opportunity to provide feedback around all aspects of the service. This information, alongside regular reviews of quality data, ensure barriers are identified to ensure equity, and outcomes are improved for all residents in the service.</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>Fitzroy of Merivale Rest Home has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data is collected with evidence of data shared in both quality and staff meetings.</p> <p>Staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. Resident/family satisfaction surveys are completed each year during the month of November. Surveys completed annually reflect high levels of resident/family satisfaction, with a trend for increased satisfaction in all areas measured (privacy and dignity, cleaning, food, activities, laundry, environment, safety, and security). This was also confirmed during interviews with residents and families.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Standard. This is supported by an external consultant who works across the industry.</p>

		<p>The management assess staff cultural competency to ensure a high-quality service is provided towards Māori. The facility manager undertakes a quality review every four months (sighted) to gauge progress in the areas of equitable service delivery, equity for Māori and outcomes for tāngata whaikaha.</p> <p>A health and safety system is being implemented with the operations manager acting in the role of health and safety officer. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually.</p> <p>The accident/incident forms reviewed evidenced that the forms are completed in full and are signed off by the facility manager. Incident and accident data is collated monthly and analysed with results discussed in the quality and staff meetings. The facility manager evaluates interventions for individual residents.</p> <p>Discussions with the facility manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 reports had been completed to notify HealthCERT around outbreaks (Covid), and one absconding incident. These were appropriately notified, managed and staff debriefed.</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>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support.</p> <p>The registered nurses and the majority of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable, and the service works together as a team should any staff member call in as unavailable. Vacant shifts are covered by available caregivers, nurses and management if required. Out of hours on-call cover for clinical matters is shared between the facility manager and</p>

		<p>the registered nurse. The operations manager is available for non-clinical and environmental concerns. The registered nurse performs the facility manager's role in their absence.</p> <p>At the time of the audit, the service had no staff vacancies and a longstanding, stable team.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes.</p> <p>There is an annual education and training schedule implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Cultural awareness training takes place during orientation and forms part of the annual in-service training programme. The programme content is designed to promote safe cultural care, a Māori world view, equity and the Treaty of Waitangi.</p> <p>External training opportunities for care staff include training through Te Whatu Ora- Waitaha Canterbury.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for: restraint; hand hygiene; correct use of personal protective equipment (PPE); medication administration/insulin administration (if med comp); moving and handling; and wound management. A record of completion is maintained. The facility manager has completed interRAI assessment competency. There is a team of longstanding experienced caregivers, who are encouraged to achieve New Zealand Qualification Authority (NZQA) qualifications through Careerforce. Currently there are four caregivers with level 4, two with level 3 and three with level 2 qualifications.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities.</p>
<p>Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Five staff files reviewed evidenced</p>

<p>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>implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>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 and as part of the annual in-service training programme. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>The service is planning to include employee ethnicity data in their staff database.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy and kept securely.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by</p>

		other residents or members of the public. The service is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	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 facility manager and operations manager are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and 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 are provided with alternative options and links to the community if admission is not possible.</p> <p>The service is planning to collect ethnicity information at the time of enquiry from individual residents. The service does not currently identify entry and decline rates for Māori and is working on a process to collate this information. The manager reported they are working towards establishing links to local Māori health practitioners and Māori health organisations to improve health outcomes for future Māori residents.</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</p>	FA	<p>Six files were reviewed for this audit (including one on a respite contract). The registered nurse and the facility manager (RN) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau</p>

<p>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>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 resident's care plans. The service supports all residents and whānau, including future Māori, to identify their own pae ora outcomes in their care or support plan. Care plans are holistic in nature and captures individual wellbeing inclusive of culture. The Māori care plan is based on the Te Whare Tapa Whā model of care.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. There is specific cultural assessment as part of the social and cultural plan. InterRAI assessments had been completed for the five long term resident files reviewed. All residents, including the respite resident (who had been at the service for over four weeks), had long-term care plans completed. Care plan evaluations for three of the five long-term resident files reviewed had evaluations completed within required timeframes. Two residents had not been at the service long enough to require evaluations. Care plans had been updated when there were changes in health condition and identified needs. The long-term care plan aligns with the service's model of person-centred care. Challenging behaviour is assessed when this occurs. Evaluations stated progress against the set goals. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written by caregivers and RNs. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.</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 every week and more often when required. After hours support is provided by an after-hours emergency service. The facility manager is available for</p>
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		<p>after-hours calls and advice. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service refers residents to a physiotherapist as and when required. A podiatrist visits six-weekly and a dietitian, speech language therapist, continence specialist and wound care specialist nurse are available as required. When a resident's condition alters, an RN initiates a review with the 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 three residents with wounds, and no pressure injuries. An electronic wound register is maintained. Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete monitoring charts including bowel; blood pressure; weight; and food and fluid. Neurological observations have been completed for unwitnessed falls and suspected head injuries according to the facility policy. Incident reports reviewed evidenced follow up by an RN in a timely manner and opportunities to minimise risks had been implemented.</p> <p>Residents and relatives interviewed reported their needs and expectations were being met.</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 a support person that provides activities Monday to Thursday. The operations manager provides activities on Fridays. They hold current first aid certificates. Weekend activities are supported by the caregivers and plenty of resources are available to deliver the activities.</p> <p>The programme is planned weekly and monthly and includes themed cultural events, Diwali, Matariki and Christmas. A monthly programme is delivered to each resident which is displayed in the</p>

	<p>resident's room, as sited on day of audit. Copies are also displayed in the dining room and hallways.</p> <p>The service facilitates opportunities to participate in te reo Māori through the use of Māori language on planners, participation in Māori language week, and Matariki celebration. The activities coordinator advised they are planning to incorporate Māori phrases into routine activities. Culturally focused craft activities include poi making planned for Waitangi day celebrations.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who choose not to attend activities.</p> <p>A variety of individual and small group activities were observed occurring at various times throughout the day of audit. Entertainment is scheduled every weekend and at other times though the month. Outings are scheduled twice weekly. There are monthly interdenominational services. The diversional therapist is able to facilitate links to specific denominations when requested.</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. Activities include quizzes, board gaming, exercises, hand pampering, happy hour, and library services. Both the activities coordinator and operations manager who drive the van have appropriate competencies and first aid certificates.</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. Residents and family members interviewed stated the activity programme is meaningful.</p> <p>The activities coordinator completes monthly reviews in each</p>
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		resident's progress notes. An attendance register is maintained for each individual resident.
<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 clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room and locked trolley. 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 over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP.</p> <p>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. There were three rest home resident's self-administering medications. Each resident has the appropriate assessment and review on file and medications are stored safely in their rooms. Medication competent caregivers or RNs sign when the medication has been administered. There are no vaccines kept on site, and 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, and this is documented in the progress notes. The registered nurse and facility manager described a process to work in partnership with future Māori residents and whānau to ensure the appropriate</p>

		support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.
<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 meals at Fitzroy are provided by a contractor prepared at a neighbouring facility. Meals are transported in hot boxes to the front door. The servery assistant meets the transport and transfers containers to an on-site bain-marie. The kitchen was observed to be clean, well-organised, and well equipped. The contactor has a current approved food control plan was in evidence, expiring in June 2023. There is a four-weekly seasonal menu that is developed and was reviewed by a registered dietitian in October 2022. The external contractor receives resident dietary information from the facility manger and is notified of any changes to dietary requirements (vegetarian, dairy free, gluten free) or of any residents with weight loss. The servery assistant (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, including culturally specific options when required. On the day of audit, meals were observed to be presented in an attractive manner. Caregivers interviewed understood tikanga guidelines in terms of everyday practice.</p> <p>The server assistant completes a daily check which includes fridge and freezer temperature recordings. Food temperatures are checked at arrival and prior to serving by the servery assistant. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the adjacent dining room and a trolley is used for covered plated meals to be 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.</p> <p>The residents and families interviewed were very complimentary</p>

		regarding the food service, the variety and choice of meals provided. They can offer feedback on a one-to-one basis with the facility manager, at the resident meetings and through resident surveys.
<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.</p> <p>The residents 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, social support or Kaupapa Māori agencies, where indicated or requested. The facility manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. The service uses the yellow envelope (referral documentation) system.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. The building warrant of fitness expires in August 2023. The environment is inclusive of peoples' cultures and supports cultural practices. The operations manager is responsible for overseeing the maintenance programme and is available 40 plus hours a week. This role oversees maintenance of the site, contractor management and the gardens. A part-time gardener assists for five hours a week. Essential contractors such as plumbers and electricians are available as required. Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, 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. The operations manager also completes testing and tagging of all electrical equipment. Annual testing and tagging of resident's electrical</p>

	<p>equipment, checking and calibration of medical equipment and scales was completed May 2022. Hot water temperatures are monitored routinely. Temperature recordings sighted were all within acceptable ranges.</p> <p>There is one main entrance leading to the reception and eight external fire exit doors. There is a communal lounge downstairs with a TV and a large grand piano. Activities take place in the lounge, and exercises in the dining room.</p> <p>All rooms are single occupancy. All resident rooms have full ensuite facilities and all rooms except one have doors that open to the outside area. The resident rooms are spacious to provide care. Each room allows for the safe use and manoeuvring of mobility aids. Staff interviewed stated they have adequate equipment and space to safely deliver care for rest home level of care residents. Flowing hand soap, and paper towels are installed in all resident rooms' areas near hand basins. Sanitisers are available in a number of locations throughout the facilities. There is one communal toilet.</p> <p>There are handrails in ensuites, and communal bathrooms. The hallways are wide and include ample room for the placement of armchairs for residents to rest. All rooms and communal 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 and have attractive features. Seating and shade are available.</p> <p>The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. Residents are able to bring their own possessions into the home and are able to adorn their room as desired, as viewed during the audit.</p> <p>The building is appropriately heated and ventilated. There is diesel fuel radiator heating throughout the facility and heat pumps in selected service areas. There is plenty of natural light in the rooms.</p> <p>Currently the service does not have plans for further development; however, the owners report they will work with local Māori representatives to ensure that consideration has been made of how</p>
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		designs and environments reflect the aspirations and identity of Māori.
<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>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties and 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.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A recent fire evacuation drill December 2022 has been completed and this is repeated 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 centrally and checked at regular intervals.</p> <p>In the event of a power outage there are emergency lights and BBQ for cooking is available. There are adequate supplies in the event of a civil defence emergency, including sufficient water stores. 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.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilet and lounge/dining room areas. Indicator lights are displayed above resident doors. Caregivers carry pagers to alert care staff to who requires assistance. Residents were observed to have their call bells within reach. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership</p>	FA	The facility manager undertakes the role of infection control coordinator to oversee infection control and prevention across the

<p>to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>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 control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and significant issues are discussed amongst the owners and the registered nurse. Documentation reviewed evidenced recent outbreaks were effectively managed and communicated. On interview the facility manager stated the infection control team from Te Whatu Ora- Waitaha Canterbury were supportive and informative during the outbreaks. Infection control is a part of the bimonthly quality and risk meeting. 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- Waitaha Canterbury and Public Health. 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, the senior management team, the GP, and the Public Health team.</p> <p>Visitors are asked not to visit if unwell and to wear masks during the visit. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid vaccinations (logs sighted), with all staff and all residents being fully vaccinated against Covid-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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</p>	<p>FA</p>	<p>During Covid-19 lockdown there were regular meetings with Te Whatu Ora - Waitaha Canterbury which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The service has a pandemic plan which includes the Covid-19 response plan, and 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 training</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>through Ministry of Health online and from a recognised online infection control education service and Te Whatu Ora- Waitaha Canterbury. There is good external support from the GP, laboratory, microbiologist, and gerontology nurse. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra personal protective equipment (PPE) as required. The facility manager in the role of the infection control coordinator has input into the procurement of good quality PPE, medical and wound care products. Consumables are checked for expiry dates.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and training and education of staff. Policies and procedures are reviewed annually and are available to staff. The service's infection control policies acknowledge importance of te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. Additional support and information are accessed from the infection control team at Te Whatu Ora-Waitaha Canterbury, the microbiologist, and the GP, as required. The Māori health plan ensures staff are able to practice in a culturally safe manner. Staff interviewed were knowledgeable around practicing in a culturally safe manner in relation to their role. The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and visitors. The organisation is able to source further educational resources in te reo Māori information around infection control for future Māori residents. The service has documented policies and procedures in place around cleaning and laundry that reflected current best practices.</p> <p>Aseptic techniques are promoted through handwashing, sterile single use packs for wound care and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities with flowing soap, paper towels and hand sanitisers. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. 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,</p>
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		<p>environmental and maintenance of equipment audits.</p> <p>All staff have received training in cleaning protocols and procedures related to the cleaning of reusable medical equipment and high touch areas. Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The facility manager conducts in-service education in conjunction with a recognised online education provider. All staff are required to complete annual infection control training. The infection training includes handwashing procedures, donning and doffing of protective equipment, and regular Covid-19 updates. Records of staff education were maintained. Resident education occurs as part of the daily cares and bimonthly meetings. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p> <p>The facility manager (owner) is the infection control coordinator and would be involved in any future refurbishments or building projects.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>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 combined quality and risk management meetings (which include all staff) and discussed with the GP. Infection rates are analysed, and antibiotic use is reported to the quality meeting and monthly by the facility manager. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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</p>	FA	<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</p>

<p>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>entered into the infection register as a paper record. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service is planning to ensure surveillance of healthcare-associated infections includes ethnicity data. Infection control surveillance is discussed at the bimonthly quality and risk management meeting. Staff are informed through the variety of meetings held at the facility. The service receives information from Te Whatu Ora -Waitaha Canterbury regarding communicable diseases.</p> <p>There have been two Covid exposure events recently. One in Dec 2022 and one in January 2023 which were appropriately notified to the Public Health team. The outbreaks were documented with evidence of comprehensive management, including regular outbreak meetings and lessons learned informal debrief meetings. A full review of the outbreak is planned for the February quality and risk management meeting which includes all staff. The infection control coordinator interviewed described the daily update and informal debrief meetings that occurred. Staff confirmed that during the Covid exposure period, resources including PPE were adequate. Relatives were kept well informed during the Covid outbreaks.</p> <p>Currently 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. 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. 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. Policies include, but are not limited to: considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in the laundry and the kitchen. 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</p>

		<p>that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas.</p> <p>Cleaning services are provided seven days a week. The laundry which also serves as a storage area for cleaning trolleys and chemicals is located centrally with aprons, goggles, and gloves available. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are provided by an external contractor who monitors requirements on a fortnightly basis. All chemicals are colour coded, premixed and stored appropriately in locked service areas. The cleaners and caregivers are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately labelled. Chemicals are stored securely, and a spill kit is available. Staff have been trained biannually in the use of spill kits.</p> <p>The safe and hygienic collection and transport of laundry items was witnessed. All laundry exclusive of resident's clothing is done off site at a neighbouring aged care facility. The contracted service collects the soiled linen from a designated outdoor area on a daily basis. Clean linen is returned to a designated area and placed in the linen cupboards ready for use. Residents' clothing is laundered on site 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 laundry services in interviews and in satisfaction surveys.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to 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>At the time of the audit, the service was restraint free. The service has been restraint free throughout the certification period. The service owners and management are committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with residents and 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</p>

		<p>Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the facility manager, who reports the use of restraint (if any) would be reported in the facility meetings. The facility manager interviewed described the focus on restraint minimisation. Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
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Specific results for criterion where corrective actions are required

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

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

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

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.