

Elms Court Resthome Limited - Elms Court Rest Home

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:	Elms Court Resthome Limited	
Premises audited:	Elms Court Rest Home	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 9 February 2023	End date: 10 February 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:	17	

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

Elms Court Rest Home is privately owned and provides care for up to 18 residents at rest home level care. At the time of the day of the audit, there were 17 residents in total.

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

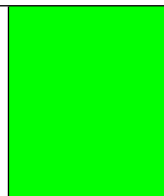
The facility is appropriately qualified and experienced and is supported by a clinical manager. There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service continues to make internal improvements and refurbishments.

This surveillance audit met the intent of the subset of the Ngā Paerewa Health and Disability Standard 2021.

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.

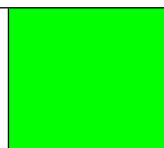


Subsections applicable to this service fully attained.

A Māori health and Pacific health plan is in place for the organisation. There were staff employed who identify as Māori. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori. Policies are in place around the elimination of discrimination, harassment, and bullying. 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.



Subsections applicable to this service fully attained.

The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. The business plan includes a mission statement and operational objectives. Meetings are held regularly, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. The staffing policy aligns with contractual requirements and includes skill mixes. Residents and the family member reported that staffing levels are adequate to meet the needs of the residents.

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.

The registered nurse is responsible for each stage of service provision. The registered nurse assesses, plans and reviews residents' needs, outcomes, and goals with the resident and family input. There is evidence of family participation in care and treatment provided. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and other visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained. Cultural, traditional, and religious appreciating related to food and food practices are respected.

Transfer, exit, and discharges occur in a coordinated manner.

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 1 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. Visitors and staff are clearly identifiable.

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 pandemic plan has been successfully implemented at times of any outbreaks. There are sufficient supplies of personal protective equipment to manage outbreaks.

Education is provided to staff to ensure culturally safe implementation of infection control practices. The service can access infection related information and education information for their Māori residents in te reo when required.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. There was one documented outbreak since the last audit.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is the clinical manager. The facility manager and the clinical manager are committed to ensure a restraint-free environment is maintained. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan and orientation. 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	21	0	0	0	0	0
Criteria	0	56	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>	FA	<p>A Māori health plan is documented for the service. The aim is to co-design health services using a collaborative and partnership model with Māori. There were staff employed who identify as Māori during the audit. The Māori plan includes developing a Māori health and disability workforce that reflects the Māori population, Māori values and Māori models of practice.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	Not applicable	<p>There is a ‘Pacific health plan’ that provides guidance and focus on achieving equity and efficient provision of care for Pasifika. At the time of the audit, there were no staff or residents who identified as Pasifika. Work is underway to partner with Pacific organisations to further develop the Pacific health plan.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and is available in te reo Māori. The staff at Elms Court ensure that Māori mana motuhake is recognised for all residents. Māori mana motuhake is recognised for all residents residing in the facility as much as possible, by involving residents in care planning and supporting residents to make choices around all aspects of their lives, as evidenced in care plans and supported by the Māori health plan.</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>Te reo Māori is reinforced by those staff who are able to speak/understand the 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. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice.</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>There are policies in place to prevent any form of discrimination, coercion, harassment, or any other exploitation. 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 that encourages them to ask the question 'how institutional and systemic racism is acting here'.</p> <p>There were no residents identifying as Māori and Pasifika on the day</p>

		of the audit. The service promotes a strength based and holistic model of care by supporting and enabling residents to participate in their care plan and choice of daily routine. Care plans focus on residents' strengths, own goals and maintaining independence as much as possible.
<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	Four residents and two family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they participate in the decision-making process, and in the planning of resident's care. The service follows relevant best practice tikanga guidelines, as sighted in documentation and welcoming the involvement of family/whānau in decision making or where the resident receiving services wants them to be involved.
<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	A record of all complaints, both verbal and written, is maintained by the facility manager using a complaint register. Six complaints were received in 2021 and 2022 and none for 2023 year to date. All complaints reviewed included evidence of appropriate follow-up actions taken. Documentation including follow-up letters and resolution demonstrated that complaints are being managed. There were no complaints made through external agencies. Residents and family/whānau interviewed are aware of the complaints process. The complaint policy sighted provides guidance and an equitable process for complaints resolution for Māori.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	FA	Elms Court Rest Home is privately owned and has two other sister facilities in Christchurch. There is a business plan for 2022 to April

<p>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>2023 that includes their mission and values. There is a documented quality and risk plan that lists business goals and quality objectives.</p> <p>Elms Court provides care for up to 18 residents at rest home level of care. On the day of the audit, there were 17 residents. One resident was on a younger person with disability (YPD) contract and two residents were on long term support -chronic health care (LTS-CH) contract. The remaining residents were on the aged residential care services contract (ARRC). There were no residents on respite care at the time of the audit.</p> <p>The facility manager of Elms Court has been in the role since 2019 and is experienced in managing aged care facilities. The facility manager is supported by an experienced clinical manager (registered nurse), newly appointed operations manager and a group of long-standing experienced caregivers.</p> <p>All staff, including the owner (facility manager) at Elms Court, have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. The business plan 2023 for Elms Court describes leadership commitment to collaborate with Māori, includes a set of annual goals and objectives that support outcomes to achieve equity for Māori, and addressing barriers for Māori.</p> <p>Tāngata whaikaha have meaningful representation through monthly resident meetings and annual satisfaction surveys. The owner reviews the results and feedback to identify barriers to care to improve outcomes for all residents. Cultural safety is embedded within the documented quality programme and staff training.</p> <p>The facility manager and clinical manager have completed a minimum of eight hours of professional development relating to managing a rest home. Both attended a workshop related to the management of aged care facilities, according to the Ngā Paerewa Standard.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are</p>	<p>FA</p>	<p>Quality and risk management systems are implemented with quality initiatives that reflect evidence of evaluation and positive outcomes</p>

<p>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>for residents and/or staff. There is a documentation policy that includes a process of reviewing policies at regular intervals to meet the Standard and reflect good practice.</p> <p>Monitoring of the quality and risk plan is through a series of meetings and reports. Meetings include combined staff meetings, quality and health and safety, and registered nurse(RN)/ management meetings. The clinical manager is responsible for collecting adverse event data. Quality data is collected around falls, skin tears, infections, and other adverse events. The quality data is displayed on the staff noticeboard. Analysis and trends of quality data is collected and documented to identify opportunities for improvement.</p> <p>An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented when required and are signed off by the facility manager or clinical manager when completed. Residents and family/whānau are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff, and families. The resident/relative satisfaction survey for 2022 reported a high overall satisfaction for all areas of service delivery. Residents and family/whānau interviewed advised that they were overall satisfied with the care and service they receive. Corrective actions were implemented and completed where residents made individual comments. There is a quality improvement initiative being implemented to review the activities programme.</p> <p>There is an implemented health and safety and risk management system in place. Hazard identification forms and a hazard register are in place. Health and safety is included in the orientation and annual staff training programme. Fall prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. The service collects data relating to adverse, unplanned, and untoward events. This includes incident and accident information reported by staff on a paper-based system. Incident reports are completed for each incident/accident. Results are discussed in the combined quality and staff meetings and at handover.</p> <p>Discussions with the facility manager and clinical manager confirmed that there is an awareness of the requirement to notify relevant</p>
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		<p>authorities in relation to essential notifications. There have been no events reported that required a Section 31 notification. HealthCERT was notified at the time of the change of clinical manager. Public Health has been notified of one Covid-19 outbreak in July 2022.</p> <p>Cultural training is implemented to ensure high quality care for Māori is provided. Annual review of the quality programme ensures health equity is achieved through critical analysis of organisational practices.</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 service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. A staff availability list ensures that staff sickness and vacant shifts are covered. All staff have a current first aid certificate.</p> <p>The registered nurse is rostered Monday to Friday for 40 hours per week. The registered nurse divides their working hours between morning and afternoon shifts when required. The manager works five days a week from 9am to 3pm. The registered nurse (clinical manager) and facility manager share on call.</p> <p>There are sufficient number of caregivers on morning and afternoon shift to provide clinical and culturally safe care; all are medication competent. There are separate kitchen staff, and the activities coordinator works four days a week. Caregivers share cleaning and laundry tasks.</p> <p>Observation on the day of the audit and documentation reviewed evidence residents are highly independent and their care needs are met. Residents, relatives, and staff interviewed stated there were sufficient numbers of staff on duty to safely deliver resident's cares.</p> <p>There is an annual education and training schedule in place. The education and training schedule lists compulsory training which includes cultural awareness training. Staff last attended cultural awareness training in July 2022. External training opportunities for care staff include training through Te Whatu Ora – Waitaha Canterbury. Staff participate in learning opportunities that provide</p>

		<p>them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The online learning platform creates opportunities for the workforce to learn about and address inequities. Cultural training includes a focus on supporting Māori and improved health outcomes. The Māori health plan includes objectives around establishing an environment that supports cultural safe care through learning and support.</p> <p>Discussions with the caregivers and the RN confirmed that online training is readily available. More than eight hours of staff development or in-service education has been provided annually. Competencies completed by staff included medication management, insulin administration, manual handling, handwashing, and restraint. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 10 caregivers; three have completed level 3 and two have completed level two, and both are working towards obtaining a level three qualification. There are three caregivers that are in the process of completing a nursing qualification. The clinical manager is interRAI trained and attends external education when available and has completed required competencies.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience, and veracity. Practising certificates are kept on file. Five staff files were reviewed, and evidenced employment practices are implemented as per policy.</p> <p>The service has in place an orientation programme that provides new staff with relevant information for safe work practice. Staff were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. There is a policy governing management of personnel files. Information held about staff is kept secure, and confidential. Nationality data is identified during the employment application stage. The service</p>

		collects and records ethnicity data.
<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>The service collects ethnicity information at the time of admission from individual residents. This is recorded on the admission form and on the resident's profile; however, the facility does not currently identify decline rates for Māori and is working on a process to collate this information. The service has established relationships with Kaumatua Kaitautoko at Te Whatu Ora Waitaha Canterbury and links with Māori communities through their Māori staff.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Five resident files were reviewed (including one YPD and one LTS-CHC) contract. The RN is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans; and this is documented in progress notes and whānau and family contact form.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. All interRAI assessments, re-assessments, care plan development and reviews have been completed within the required timeframes. There is an interRAI schedule in the nurses' station that alerts of any upcoming interRAI assessments that are due.</p> <p>The YPD and LTS-CHC residents had interRAI assessments completed. The long-term care plans evidenced interventions to manage physical and cognitive needs; community links are documented. The residents are supported and encouraged to maintain links with family/whānau. The YPD resident interviewed stated they feel supported to maintain their independence.</p>

	<p>Interventions are documented to a level of detail that sufficiently guide staff in the care of the residents.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. The long-term care plan is holistic and aligns with the model of care. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>A specific cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans. Care plans reflect a person centred and strength-based philosophy. Mana motuhake is encouraged through interRAI assessment, setting of goals and care planning.</p> <p>Other available information such as discharge summaries, medical and allied health notes, and consultation with the resident and family/whānau forms the basis of the long-term care plans. The service supports Māori and whānau to identify their own pae ora outcomes through input into their electronic care plan.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. The GP provides after-hours support when needed.</p> <p>The GP visits to complete three-monthly reviews and as required. The GP (interviewed) commented positively on the care, communication, and the quality of the service provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, community mental health team, social worker and wound care specialist nurse is available as required through Te Whatu Ora- Waitaha Canterbury service. The physiotherapist is contracted to attend to residents when required.</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. Caregivers and the RN document progress notes at least daily for all residents. There is regular documented input from the GP and allied health</p>
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	<p>professionals. There was evidence the RN has added to the progress notes when there was an incident, changes in health status, or to complete regular RN reviews of the care provided.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family have been notified of changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau.</p> <p>Three wounds were recorded in the wound register. Wound assessments and wound management plans, including wound measurements and photographs were reviewed. Wounds are dressed within the frequency stated on the wound management plan. Wound assessment, wound management, evaluation, and wound monitoring occurred as planned in the sample of wounds reviewed. The RN and caregivers completed wound and skin management training in 2022. There is input from a wound nurse specialist into the chronic wound.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Staff complete monitoring interventions as required. Caregivers complete monitoring charts including (but not limited to): observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; neurological observation monitoring; and toileting regime. Incident reports are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the incident forms reviewed. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.</p> <p>Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans had been updated with any</p>
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		<p>changes to health status following the multidisciplinary (MDT) meeting. Family/whānau is invited to attend the MDT meeting.</p> <p>Short-term issues such as infections, weight loss, and wounds are completed and signed off when resolved.</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>	FA	<p>The activities coordinator and caregivers interviewed described ways they have supported previous residents who identify as Māori to participate in te ao Māori. The activities coordinator described supporting all residents in meeting their health needs, and aspirations in the community. The activities planner includes opportunities for residents to participate in te ao Māori through te reo word building, poi exercise, karakia and songs.</p> <p>There are community links with St Marks school and St Marks Parish to further provide opportunities to participate in te ao Māori. A Māori chaplain visits once a month to conduct a church service. Cultural events including Matariki, and Waitangi Day is celebrated.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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>There are policies and procedures in place for safe medicine management. Medications are stored safely in a locked nurse` station. Caregivers and the RN are responsible for medication administration and complete medication competencies. Regular medications and `as required` medications are delivered in blister packs. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to in a safe and timely manner. There was one self-medicating resident on the day of audit. Assessments, reviews, storage, and procedures relating to self-medication are adhered to. Residents who are on regular or `as required` medications have clinical assessments/pain assessments conducted by a RN.</p> <p>The service provides appropriate support, advice, and treatment for all residents. The RN and the GP are available to discuss treatment</p>

		<p>options to ensure timely access to medications.</p> <p>Medication fridge and room air temperatures are checked daily, recorded, and were within the acceptable temperature ranges. Eye drops were dated on opening and within the expiry date. Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts have photo identification and allergy status recorded. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All 'as required' medications have prescribed indications for use. The effectiveness of 'as required' medication is documented in the medication system.</p> <p>Standing orders are not in use. Over the counter vitamins, medications and supplements are prescribed on the electronic medication system.</p> <p>The RN (clinical manager) interviewed could describe the process for working in partnership with all residents and family/whānau to ensure the appropriate support is in place, advice is timely, 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 facility manager and cook interviewed are knowledgeable around protocols related to food and can provide food options that are culturally specific to te ao Māori when requested. Staff interviewed were knowledgeable around tapu and noa practices.</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>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care, as evidenced in one of five files reviewed (admission to public hospital). The residents and their families were</p>

<p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>involved for all exits or discharges to and from the service. Discharge notes and discharge instructions are incorporated into the care plan.</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>There is a current building warrant of fitness that expires 1 June 2023. There is a maintenance person who oversees maintenance of the facility. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Maintenance requests are logged and followed up in a timely manner. There is an up-to-date annual maintenance plan that includes checking of electrical equipment. Calibration of medical equipment and monthly testing of hot water temperatures are included in the maintenance programme.</p> <p>A visual inspection of the environment reflects art and décor that is reflective of peoples' cultures and an environment that is supportive of cultural practices. The service has no current plans to build or extend; however, the Māori health plan provides guidance on collaborating with residents and family/whānau to ensure aspirations and Māori identity are included.</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 in 1995 and reconfirmed in 2015. Fire evacuation drills have been completed every six months. The building is secure after hours. There is CCTV in key areas and staff complete security checks at night. Visitors are identified through a sign in process at reception.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	<p>FA</p>	<p>There is a pandemic plan which includes preparation and planning for the management of lockdown, isolation of residents, a business</p>

<p>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>contingency plan, screening, transfers into the facility and management of positive tests. There is a documented pathway for communication in case of significant events. Policies are available and accessible to staff.</p> <p>The service is planning to provide educational resources in te reo. The service encourages and incorporates Māori participation (when required) in infection prevention, to provide culturally safe practice and acknowledge Te Tiriti o Waitangi. All staff have completed cultural training to equip them with skills to provide culturally safe care.</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 surveillance is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into a monthly surveillance document of all infections (including organisms) and provides for a monthly infection summary. This data is monitored and analysed for trends, monthly, six-monthly and annually. Infection control surveillance is discussed at the facility meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora -Waitaha Canterbury for any community concerns.</p> <p>There was one Covid-19 outbreak reported in July 2022. The outbreak was appropriately managed and Te Whatu Ora- Waitaha Canterbury and Public Health was appropriately notified. An outbreak log was completed. There was daily communication with the portfolio manager of Te Whatu Ora- Waitaha Canterbury. Daily outbreak management meetings occur (sighted) and captured 'lessons learned' to prevent, prepare for and respond to future infectious disease outbreaks.</p> <p>The service includes ethnicity data related to infections as part of their monthly summary.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility has been restraint free since 2017. The restraint policy confirms that restraint consideration and application must be done in partnership with residents and family/whānau, and the choice of device must be the least restrictive possible. The policy also stated `promotion of tikanga Māori is interwoven across all parts of the organisation`. Restraint minimisation and managing distressed behaviour and associated risks are included as part of the mandatory training plan and orientation programme.</p> <p>The restraint coordinator (clinical manager) and facility manager (owner) interviewed provides support and oversight to maintain a restraint-free facility. The restraint coordinator is conversant with restraint policies and procedures. If restraint were required, the clinical manager reported this data would be collated, analysed along with existing quality data, and reported at all meetings.</p> <p>An interview with the clinical manager and facility manager described the organisation's commitment to maintain a restraint-free environment. The reporting process includes discussions of individual needs and behaviours at meetings to support the ongoing safety of residents and staff. The clinical manager reviews falls and behaviours, and implements strategies to manage these in consultation with members of the multidisciplinary team from Te Whatu Ora- Waitaha Canterbury, the resident and family/whānau.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.