

Presbyterian Support Central - Cashmere Hospital

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: Presbyterian Support Central

Premises audited: Cashmere Hospital

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

Dates of audit: Start date: 22 March 2023 End date: 23 March 2023

Proposed changes to current services (if any): The service does not currently provide hospital- geriatric and hospital-medical level care

Total beds occupied across all premises included in the audit on the first day of the audit: 35



Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Presbyterian Support Central Cashmere Hospital is currently only providing rest home level of care for up to 40 residents. There were 35 residents on the days of audit.

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 -Capital, Coast and Hutt Valley. 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.

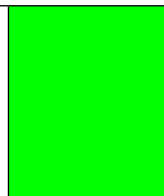
The home manager is appropriately qualified and experienced and is supported by an experienced clinical coordinator.

There are quality systems and processes being implemented. Feedback from residents and family/whānau were 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.

This certification audit identified improvements around staffing, care plan interventions, monitoring and review.

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.



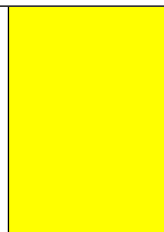
Subsections applicable to this service fully attained.

Cashmere Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau 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.



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

The business plan includes a mission statement and operational objectives. 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. Quality

improvement projects are implemented. Internal audits, meetings, and collation of data were documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. 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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses and enrolled nurse are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. There is evidence of family/whānau participation in care and treatment provided. Care plans demonstrate service integration. Resident records 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.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for the

consumer group. 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.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The service has a current food control plan and the menu has regular dietitian input and oversight. The menu provides for cultural and religious preferences and food services are in line with tapu and noa.

Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. There is a preventative maintenance plan to ensure the plant, equipment and fixtures are safe. Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use.

Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade.

All bedrooms are single occupancy. There is a mixture of rooms with full ensuite or shared bathrooms and toilet facilities. Rooms are personalised with ample light and adequate heating.

Documented systems are in place for essential, civil defence, emergency, and security services. Staff have planned and implemented strategies for emergency management including COVID-19. There is always a staff member on duty with a current first aid certificate.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, 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. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. 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. Benchmarking occurs.

The service has a robust outbreak management and pandemic plan in place. COVID-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There have been two COVID-19 outbreaks since the previous audit, and these have been managed well.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint coordinator is the home manager who is a registered nurse. The service is restraint free. Minimising restraint 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	25	0	1	1	0	0
Criteria	0	163	0	2	2	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>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has residents who identify as Māori. The home manager stated that they support increasing Māori capacity by employing more Māori staff members when they do apply for employment opportunities at Presbyterian Support Central – Cashmere Hospital. At the time of the audit there were staff who identified as Māori.</p> <p>As part of staff training, PSC incorporate the Māori health strategy (He Korowai Oranga), Te Whare Tapa Whā Māori Model of Health and wellbeing and the Eden Alternative principles and domains of wellbeing. They also discuss the importance of the Te Tiriti o Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines. On interview staff described how they are encouraged to speak in te reo Māori.</p>

		<p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Seven care staff interviewed (five healthcare assistants, one enrolled nurse (EN), and one recreation team leader) described how care is planned to be individualised with resident focussed goals that reflect choice and promote independence. The service has links with the local marae.</p> <p>The Enliven Cultural Advisory Group (CAG) was established in 2018 with the goal of improving the environment, policies and practices to better support Māori health and wellbeing, and has a documented Māori health plan, as well as a Kaumātua Oranga (Wellness Map) which is used in care planning. The group is committed to involve whānau, Māori staff and elders in the co-creation of policies and resources.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Presbyterian Support Central (PSC) recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific health plan documented as part of the cultural appropriate service policy. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights is available in Tongan and Samoan.</p> <p>On the day of audit there were Pasifika residents. Presbyterian Support Central Cashmere Hospital also has a number of staff who identify as Pasifika. Two Pasifika care staff were interviewed described how they converse with the Pasifika residents in their own language (Samoan). They also described how the services encourages and supports family/whānau members bring traditional Pacifica foods to the care home for their relatives and others to enjoy. Staff also described how the community is at the heart of their service describing how the service maintains access and links to Pasifika groups in the community e.g., churches.</p> <p>The home manager described how ethnicity information and Pasifika people's cultural beliefs and practices would be identified during the</p>

		<p>admission process and entered into the electronic resident management system. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The service is actively recruiting new staff. The home manager described how they encourage and support any staff that identify as Pasifika beginning at the recruitment process and provide equitable employment opportunities for the Pasifika community.</p> <p>Interviews with staff, described how the community at the heart of their services, and stated how they access community links and Pasifika groups e.g., churches and how they engaged with the service.</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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori and is available in Tongan and Samoan. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The home manager, or clinical nurse manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are also held during the resident and family/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links with community health providers, delivering a range of whānau ora services. Church services are held weekly, and a chaplain is available</p>

		<p>once a week or more often if required.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The home manager, regional manager and nurse consultant interviewed described how the Māori Health Strategy adopted by PSC Cashmere Hospital sets the overarching framework to guide the service to achieve the best health outcomes for Māori. Tino rangatiratanga is acknowledged within the strategic plan to ensure and promote independent Māori decision-making. PSC Cashmere Hospital have also adopted the four pathways of the original He Korowai Oranga framework.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews, resident care plans and in policy.</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>Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do. Residents are supported to make decisions about whether they would like family/whānau/whānau members to be involved in their care and other forms of support. Residents interviewed confirmed they have control over and choice over activities they participate in and are encouraged and assisted to exercise freedom of choice, and their right to autonomous decision making related to their health and wellbeing.</p> <p>It was observed that residents are treated with dignity and respect. Resident and family/whānau satisfaction surveys completed in September 2022 confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy are in place. Staff interviewed stated they respect each resident's right to have space for intimate</p>

		<p>relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and families interviewed were positive about the service in relation to their values and beliefs being considered and met. 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 relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A chaplain is employed by PSC across Cashmere Hospital and a sister facility. A spirituality policy is in place.</p> <p>PSC Cashmere Hospital annual training plan demonstrates training that is responsive to the diverse needs of people across the service. Comprehensive cultural awareness training is provided which includes (but not limited to) Te Tiriti o Waitangi, Māori world view (te ao Māori) and tikanga Māori.</p> <p>Te reo Māori is integrated into everyday life at PSC Cashmere Hospital. Communal doors evidence signage in te reo and the monthly activities planner include month names in te reo. Progress notes include the use of te reo and staff were observed using te reo in everyday communication. The service responds to tāngata whaikaha needs. A pae ora intranet site is available for staff to use as a resource. Te reo Māori and tikanga Māori is promoted through the availability of resource tools and leadership commitment to make te reo me Ngā tikanga Māori more visible within the organisation. Staff are supported with te reo pronunciation.</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</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. PSC Cashmere Hospital policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days celebrate diversity. A PSC code of conduct is discussed with staff during their induction to the service that addresses harassment, racism, and bullying. Staff acknowledge that</p>

<p>safe and protected from abuse.</p>		<p>they accept the PSC code of conduct and could describe how this is observed when providing care to residents.</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 implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The service implements the Eden Alternative model of care. The residents care plans and integrated records evidence the implementation of this philosophy. This is a strengths-based and holistic model of care and is prioritised in the Māori health plan to also ensure wellbeing outcomes for Māori residents. There are short and long-term objectives in the PSC cultural safety and Treaty of Waitangi expectation policy that provides a framework and guide to improving Māori health and leadership commitment to address inequities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and relatives/whānau on admission. Six monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau/next of kin of any accident/incident that occurs. Electronic 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. Twelve accident/incident forms reviewed identified family/whānau are kept informed, this was</p>

		<p>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 audit all residents could speak and understand English. One resident often prefers to speak in a Pasifika language and Pasifika staff support and assist with this.</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/whānau 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 the hospice and Te Whatu Ora – Capital, Coast and Hutt Valley specialist services (e.g., physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The home manager and clinical coordinator described the process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability</p>	<p>FA</p>	<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 nine residents and six</p>

<p>to exercise independence, choice, and control.</p>		<p>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. The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The clinical coordinator and home manager have a good understanding of the organisational process to ensure Māori residents involved the family/whānau for collective decision making. Support services to Māori are available.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The home manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. There have been four complaints since January 2022. There were no complaints lodged through external agencies. The home manager described the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints would be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff on interview confirmed they are informed of complaints (and any subsequent corrective actions) in the clinical quality meetings and all-of-staff meetings. Complaints are a standard agenda item in all staff, clinical and senior team meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are usually held six-monthly; however, phone and email complaints or suggestions are welcome. Communication is maintained with individual residents with updates at activities and mealtimes and one on one reviews. Residents/relatives making a complaint can involve an independent support person in the process if they choose. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any</p>

		time.
<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>	FA	<p>PSC Cashmere Hospital is part of Presbyterian Support Central – Enliven, and is located in Johnsonville, Wellington. Presbyterian Support Central (PSC) oversee fourteen aged care facilities across the lower North Island. PSC Cashmere Hospital currently only provides rest home level of care for up to 40 residents. On the day of the audit, there were 35 residents. Thirty-two residents were receiving rest home level care and two receiving hospital level care on the age-related residential care (ARRC) contract. One resident was receiving rest home level on a respite care contract funded by Accident Compensation Corporation [ACC]).</p> <p>PSC Cashmere Hospital has an overarching strategic plan (2020-2025) in place with clear business goals to support their Enliven philosophy. The Enliven principles of care are based on the Eden alternative which aims to promote positive ageing. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Whā. The business plan (2022-2023) includes a purpose, values, and priority objectives with site specific goals.</p> <p>PSC has a Board of eight directors which includes Pasifika representation. There is a current vacancy for the Māori representation position on the PSC Board. The position includes providing advice to the Board in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The PSC executive confirmed there is a ‘roles and responsibilities’ framework for directors and this is documented in the Trust Charter. Each member of the Board has their own expertise, and some are appointed by the Presbyterian Church. The Board receives a director’s reports monthly from the general manager and clinical director. Three nurse consultants support the clinical director. Individual members of the Board have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. PSC Enliven Wai Ora learning package and Whanau Ora Te Reo education and dictionary is readily available to</p>

		<p>all staff.</p> <p>The PSC Enliven strategic plan reflects the organisations commitment to collaboration with Māori. This aligns with the Ministry of Health strategies and how it addresses barriers to equitable service delivery.</p> <p>The Board is committed to the meaningful Te Tiriti partner representation. The Enliven Cultural Advisory Group (CAG) is made up of Māori staff, residents, whānau, kaumātua and iwi representation from the local area where the group meetings are currently held. Advice from the cultural advisory group have resulted in changes to policy and procedures, introduction of regular mihi whakatau at each site, inclusion of karakia mō te kai at mealtimes, and updates to the mandatory training programmes for all staff to ensure clear understanding of the Te Tiriti obligations as it applies to individuals.</p> <p>Enliven advisory groups include Quality Advisory Group (QAG), Training Advisory Group (TAG), Cultural Advisory Group (CAG), mini-CAG (Māori only), Eden Advisory Group (EAG), Business Advisory Group (BAG), Recreation Advisory Group (RAG), Nutrition Advisory Group (NAG) and Product Advisory Group (PAG). Advisory Groups are compiled of staff, residents, whānau and where appropriate (CAG and mini-CAG), iwi and community organisation representation. These groups meet 3 – 4 times per year and develop policies and procedures. Senior Enliven staff are expected to sit on at least one of these groups. The work plan for the Cultural Advisory Group includes identifying support needs for Māori and Pasifika staff.</p> <p>The quality programme includes a quality programme policy and quality goals (including site specific business goals) that are reviewed monthly in clinical focused (quality) meetings and quality action forms that are completed for any quality improvements/initiatives during the year. Cultural safety is embedded within the documented quality programme and staff training.</p> <p>Tāngata whaikaha have meaningful representation through six monthly resident meetings and annual satisfaction surveys. The management team review the results and feedback to identify barriers to care to improve outcomes for all residents.</p> <p>The Enliven general manager has over 16 years' experience with PSC. The home manager (registered nurse) has managed PSC</p>
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		<p>Cashmere Hospital since January 2022 and has a with post graduate qualifications in palliative care. Prior to this the home manager worked in primary care, and aged care as a clinical nurse manager. The home manager is supported by a clinical coordinator who is a registered nurse and has worked for PSC for nine years. The manager has completed more than eight hours of training related to managing an aged care facility and education including: privacy related training; business planning; infection prevention and control; nurse manager training; palliative approach to dementia; PSC annual managers training day; and Te Pūmaoao nationhood building course.</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>Enliven uses an internal benchmarking system utilising information from the electronic registers. This benchmarks indicators across all Enliven Central homes, and all levels of care. Cashmere Hospital implements improvement plans when the home is above benchmark in any area. Enliven benchmarks with other aged care providers on some key clinical indicators such as falls, polypharmacy, fractures, restraints, and interRAI assessments. This information is used for quality improvement projects within the organisation.</p> <p>A number of advisory groups have been established to support the quality system. These groups meet at least three times a year to develop policies and oversee implementation. Organisational quality initiatives (to maintain a COVID -19 free environment and incorporating the use of te reo into support plans for Māori residents) are documented and staff and resident education is monitored and recorded at regular intervals.</p> <p>Enliven introduced Health Checks in 2017. Once a year, each home is peer reviewed by senior staff from other homes. This has resulted in sharing of quality improvement ideas between homes. It has also enabled Enliven to make improvements at all homes, based on the learnings from the Health Checks. Cashmere hospital had their last health check completed on 1st September 2022.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control</p>

	<p>system is in place. Policies are regularly reviewed and are updated. New policies or changes to policy are communicated to staff. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> <p>PSC Cashmere Hospital has an established quality and risk management programme. The programme includes performance monitoring and benchmarking through internal audits and through the collection, collation, and analysis of benchmarking of clinical indicator data. This includes bi-weekly senior team meetings, monthly clinical meetings, and three-monthly staff meetings. They provide an avenue for discussions in relation to (but not limited to); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements. Quality data and trends in data are posted on noticeboards, located in the staffroom and nurses' stations. Corrective actions are discussed at senior team, clinical and staff meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Critical analysis of organisational practice is completed through benchmarking and analysis and reports at national level, annual review of the quality programme, review of policies and internal audits.</p> <p>All staff have completed cultural safety training and competency to ensure a high-quality service is provided for Māori. Ethnicities are documented as part of the resident's entry profile and quality indicator data is analysed for comparisons and trends to improve health equity. As part of the overall annual review of the quality programme the service reviews annual education and competence programme. Staff are supported to learn te reo and e-learning material and resources are available on the intranet.</p> <p>The September 2022 resident and family/whānau satisfaction surveys indicated a very high level of satisfaction with the service. The survey was completed during Covid lockdown and reflected the difficulties associated with that specific period of time. Results for 2022 have been communicated to residents in resident meetings (meeting</p>
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		<p>minutes sighted).</p> <p>Health and safety systems are in place with an annual identified health and safety goal that is directed from head office. Health and safety is a part of all staff and senior management meetings with a focus on health and safety as part of the senior team/staff meeting. The home manager is the health and safety representative, and other staff have completed level one and two health and safety training. Manufacturer safety datasheets are up to date. Hazard identification forms and an up-to-date hazard register has been maintained. There are regular manual handling training sessions for staff. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form in the electronic system. There was one reported injury by a staff member in the last 12 months.</p> <p>Cashmere Hospital quality initiatives for 2023 include a reduction in fall rates.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, bruises, and skin tears). Incident and accident data is collated monthly and analysed. Opportunities to minimise future risks are identified by the clinical coordinator who reviews every adverse event. Individual falls prevention strategies are in place for residents identified at risk of falls.</p> <p>Discussions with the home manager and clinical coordinator evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been two section 31 notification completed (from 2022 YTD) to notify HealthCERT around issues relating to family/whānau aggression involving police intervention and two related to RN cover (related to the two hospital-level residents in a rest home service area (link 2.3.1)). There have been two COVID-19 outbreaks documented since the last audit. A change in home manager has been notified through PSC support office in January 2022. At the time of closing of a sister facility (Cashmere Hospital), the clinical director of PSC completed notification for two hospital-level residents in a rest home service area</p>
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		(NOHRRRA) form. The funder confirmed approval of the arrangement is in place. The appropriate risk management plan is in place. Both hospital level residents are mobile and non-complex.
<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>	PA Low	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of rest home care and support only.</p> <p>The registered nurses, activity staff and most healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirm that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the healthcare assistants and RN interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The home manager and clinical coordinator are on site Monday to Friday. The clinical coordinator is available as a backup until 9 pm each night and weekends. Additional on call is covered by a rotation from the sister facility.</p> <p>An RN is rostered six days a week (Tuesday to Sunday 07:00 to 15:30), with an afternoon RN rostered two days per week (Monday and Tuesday 15:00 to 23:00). A review of the rosters over the period 27 February 2023 to 19 March 2023 reflected a high use of bureau nursing (RN) in order to cover the morning shift. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p> <p>Healthcare assistants (HCA) staffing for 35 current residents with five HCAs rostered in the morning AM shift (three long and two short shifts). In the afternoon four HCAs are rostered (two long and two short shifts). At night two HCAs are rostered.</p> <p>A recreation team leader works from 09:00 to 16:30 Monday to Friday, supported by regular volunteers, a chaplain and a pastoral care</p>

		<p>volunteer support the programme.</p> <p>A housekeeper works from 08:00-13:30 and kitchen hands work from 08:00-15:30 and from 15:30-19:30.</p> <p>All staff sign their job description during on boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities, and any additional functions (e.g., restraint coordinator, infection control coordinator).</p> <p>PSC Enliven has a comprehensive three-year compulsory training programme for registered nurses and healthcare assistants to ensure all requirements are being met, which is coordinated by two trainers. The structure includes a booking system for the RN component and training resources. The education and training schedule lists compulsory training (Enliven essentials and clinical topics), which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, hand hygiene, correct use of PPE, cultural safety and moving and handling. A record of completion is maintained.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Additional RN specific competencies include, syringe driver, female catheterisation, and interRAI assessment competency. Both the home manager and clinical manager at PSC Cashmere Hospital are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. The PSC intranet has extensive resources relating to Māori health equity data and statistics available to staff. The service is implementing an environment that encourages and support cultural safe care through learning and support.</p> <p>Staff last attended cultural awareness training in October 2022. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff are encouraged to access the PSC Pae Ora intranet</p>
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		<p>website which provides comprehensive and well-presented information on all aspects of Te Tiriti O Waitangi and health equity.</p> <p>The service encourages all their staff to attend meetings. Resident/family/whānau meetings provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted). Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling; hand hygiene; hoist training; chemical safety; emergency management including (six-monthly) fire drills; and personal protective equipment (PPE) training. Environmental internal audits are recorded when completed. Staff wellness is encouraged through participation in health and wellbeing activities. A wellness calendar is implemented and encompasses healthy eating, exercises, and mindfulness. Local Employee Assistance Programme (EAP) is available to staff, which supports staff to balance work with life.</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. Staff files are securely stored electronically. Six staff files reviewed.</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 (e.g., RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). 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. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>Volunteers are used (particularly with activities) and an orientation</p>

		<p>programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</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 electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or backed up on the electronic system and 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 other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a</p>	<p>FA</p>	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The home manager and clinical coordinator screen the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The home manager described reasons for declining entry</p>

<p>person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The service collects ethnicity information at the time of admission from individual residents; however, they do not currently perform routine analysis of same for the purposes of identifying entry and decline rates for Māori. This is a work in progress. The service receives referrals from the NASC service, the local hospital, and directly from family/whānau.</p> <p>The service has an information pack relating to the services provided at PSC Cashmere Hospital which is available to family/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The organisation has a person and whānau-centred approach to services provided. Interviews with residents and family/whānau all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. At the time of audit there were residents identifying as Māori, and the service has Māori staff members. The service has links with the local marae and Whānau Ora service in order to strengthen their partnership with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and</p>	<p>PA Moderate</p>	<p>Six resident files were reviewed and included two hospital level residents and four rest home residents (including one respite on an ACC contract). The registered nurses are responsible for conducting all assessments and for the development of care plans.</p> <p>There was evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this</p>

<p>whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>was documented in progress notes, six monthly care review electronic form and family/whānau contact forms. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. The service implements the Eden Alternative 10 core principles and 7 domains of wellbeing, with the aim of creating a community where the residents have companionship, variety, fun, a sense of belonging, meaningful activity, and purpose. The resident care plan and integrated records evidence the implementation of this philosophy.</p> <p>The service uses a range of assessment tools contained in the electronic resident management system in order to formulate an initial support plan, which is completed within 24 hours of admission. The assessments include dietary details; emotional needs; spirituality; falls risk; pressure area risk; skin; continence; pain (verbalising and non-verbalising); activities; and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments were identified in the long-term care plan; however, the key risks like mood and cardiorespiratory conditions were not always identified in the long term. care plan.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timeframes for all residents, excluding the short-term respite resident who had an initial support plan in place. Evaluations were completed six-monthly and records the progress towards the goals. However, reassessment of risks and changes to the care plan were not always evident when there was a change in health condition. InterRAI assessments sampled had been reviewed six-monthly.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely weekly and provides out of hours cover. The GP (interviewed) commented positively on the excellent communication and quality of leadership at the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to</p>
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		<p>manage these documented. Residents with disabilities are assessed by the contracted physiotherapist and equipment is available as needed. The service contracts with a physiotherapist as required and a podiatrist visits every six to eight weeks. Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora -Capital, Coast and Hutt Valley.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written electronically every shift and as necessary by HCAs and at least weekly by the registered nurses. The nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status and this was consistently documented on the electronic resident record.</p> <p>There were three current wounds (skin tears). All wounds reviewed had comprehensive wound assessments including photographs (for complex skin tears) to show healing progress. An electronic wound register and wound management plans are available for use as required. There is access to the wound nurse specialist via Te Whatu Ora -Capital, Coast and Hutt Valley. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Healthcare assistants and the nurses complete monitoring charts including bowel chart, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour on the electronic record as required. Neurological observations were not always completed for</p>
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		<p>unwitnessed falls, or where there is a head injury as per policy.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations are undertaken by the nurses as required and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. The GP records their medical notes in the integrated electronic resident file.</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 one full-time recreation team leader. Activities are provided five days a week (8.30 am – 4:45 pm). PSC Cashmere hospital activities programme is resident and aged focused. There are volunteers involved in the programme. The programme meets the recreational needs of the residents and reflects normal patterns of life. The programme is flexible to adapt to resident outings and also includes impromptu activities. The programme reflects the Eden alternative philosophy and support residents to actively combat loneliness, helplessness, and boredom.</p> <p>A weekly activities calendar is posted on the noticeboards. The programme allows for flexibility and resident choice of activity. All interactions observed on the day of the audit evidenced engagement between residents and the recreation team leader. There are seating areas where quieter activities can occur. There is a hairdressing salon and library.</p> <p>There are resident led activities such as bingo and card games. Volunteers coordinate newspaper reading, quizzes and inter-home bowls. There are weekly church services, pet therapy and regular entertainers. Residents enjoy twice-weekly outings to the library, beach, parks, museums, and scenic drives. At least two staff (or one staff and one volunteer) accompany residents on outings, one of whom being first aid trained. Residents have the opportunity to go shopping weekly. Community visitors include entertainers and church services. There is a chaplain and pastoral volunteers available. Themed days such as Matariki, Waitangi, Anzac Day and the Queen's jubilee are celebrated with appropriate resources available. Cultural</p>

		<p>themed activities are integrated into the activities programme and include hymns and quizzes utilising te reo Māori. Staff and residents are encouraged to use te reo and the facility has everyday Māori words and their meanings prominently displayed in resident areas.</p> <p>A resident life story and activity profile is completed on admission in consultation with the resident/family (as appropriate). The activities documentation in the resident files reviewed were tailored to reflect the specific requirements of each resident. The residents are involved in decisions that relate to themselves and to what happens in their home. Residents interviewed evidenced that the activity programme had a focus on maintaining independence and valuable social connections.</p> <p>In the files reviewed the recreational plans had been evaluated three monthly and updated where required. The service receives feedback and suggestions for the programme through resident meetings and resident surveys. The residents and family/whānau interviewed were happy with the variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Staff (registered nurses, enrolled nurse, and medication competent healthcare assistants) 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. The registered nurses and caregivers interviewed could describe their role regarding medication administration. The service uses pre-packed 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. The effectiveness of 'as required' medications is recorded in the electronic medication system.</p> <p>Medications reviewed were appropriately stored in the medication trolley and medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening.</p>

		<p>All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each medication chart has a photo identification and allergy status recorded. There were no residents administering their own medication. There are no standing orders were in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurses described working in partnership with all residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. The registered nurses described how they work in partnership with all residents to ensure the appropriate support and advice is in place. Residents are involved in their three-monthly medical reviews and 6-monthly multi-disciplinary reviews. Any changes to medication are discussed with the resident and or family/whānau.</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>A qualified chef is the food team leader who oversees food services. All meals and baking are prepared and cooked on site. There is a second cook and a team of catering and kitchen assistants. All food services staff have completed online food safety training. The four-week winter/summer menu is reviewed by a registered dietitian. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies.</p> <p>The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The food is served from a bain-marie directly to the residents by the chef. A small number of residents receive their meals to their rooms; food going to rooms on trays is covered to keep the food warm. There is a coffee and tea making area available in the kitchenette in each unit for residents and family to use. There are also snacks and fruit platters</p>

		<p>available.</p> <p>There is a current food control plan in place and expires on 14 December 2023. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the monthly resident meetings which is attended by the kitchen manager when required. Resident preferences are considered when menus are reviewed. The food team leader stated they provided cultural meals on request. Residents are offered choices at each mealtime. Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents experiencing unintentional weight loss are seen by a dietitian and fortified smoothies and meals are provided. Healthcare assistants interviewed had a good understanding of tikanga guidelines related to food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved for all exits or discharges to and from the service. Residents and their family/whānau are advised of their options to access other health and disability services, social support or kaupapa Māori agencies when required.</p> <p>Transfer notes include advance directives, GP notes, summary of the care plan, and resident's profile, including next of kin. Discharge summaries are uploaded to the electronic resident's file. There is a comprehensive handover process between services.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness (expires 23 December 2023). The maintenance and gardening are contracted out. The visual inspection of indoors and outdoors evidence all is well maintained.</p> <p>There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (facility and residents), resident's equipment checks, call bell checks, calibration of medical equipment and weekly testing of hot water temperatures. Essential contractors/tradespeople are available as required. Maintenance and calibration of equipment have been completed in October 2022.</p> <p>Resident rooms are refurbished as they become vacant. The corridors are wide with handrails and promote safe mobility. Residents were observed moving freely around the areas with mobility aids. All outdoor areas have seating and shade. The facility is surrounded by landscaped grounds and there are also resident accessible raised garden beds. There is safe access to all communal areas including a walking track around the building.</p> <p>Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for their residents.</p> <p>There are a mix of ensuite, shared ensuite and shared communal bathrooms/showers within the facility which have signage to show when vacant or occupied. All rooms have hand basins. There are also separate visitor and staff toilet facilities. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate any equipment required.</p> <p>All rooms are single occupancy. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Residents and family/whānau are encouraged to personalise bedrooms as viewed on the day of audit. There is stair access to the staff room and meeting room upstairs.</p> <p>There is a big main lounge where group activities are held, and small</p>

		<p>lounges with TV and activity resources.</p> <p>The service has no current plans to undertake new building construction; however, PSC has a centralised process which engages Māori representatives through their cultural advisor to form focus groups and ensure that consideration of how designs and environments reflect the aspirations and identity of Māori is achieved should any construction occur in the future.</p> <p>All bedrooms and communal areas have ample natural light, ventilation, and thermostatically adjusted heating.</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>Emergency management policies, including the pandemic plan, outlines specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The plan includes procedures that guide staff to complete a safe and timely evacuation of the facility in the event of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness with the last drill taking place 17 November 2022. An emergency management plan provides clear instructions for emergency responses to earthquakes, flooding, fire, tsunami and loss of electricity, water, and sewerage. Civil defence supplies are stored in an identified cupboard. In the event of a power outage there is back-up power available, a petrol operated generator and gas cooking. A large hire generator is available from a nearby supplier which can be plugged directly into the facility's electrical system. There are adequate supplies in the event of a civil defence emergency, including a two 25000-litre water tank and 13 twenty-litre water storage containers to provide residents and staff with over the required 20 litres per day for per person for a minimum of 7 days. At least one person trained in first aid is available at all times.</p> <p>There are sensor mats in a selection of residents' rooms for monitoring those residents at risk of falling. Call bells are in resident rooms and communal areas (including toilets, showers), which are</p>

		<p>both audible and show on visual display panels located throughout the facility.</p> <p>The building is secure out of hours with a bell to summon assistance from staff. Staff perform a security round in the evening to lock the facility internally. Visitors and contractors sign in at entry to the building. Staff are easily identifiable.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring 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>FA</p>	<p>A registered nurse (clinical coordinator) oversees infection control and prevention across the service with support from the home manager. The job description outlines the responsibility of the role. The infection control programme and antimicrobial stewardship 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 electronic quality risk and incident reporting system. The infection control programme is reviewed annually by the PSC clinical nurse consultants and infection control committees. Infection control audits are conducted. Infection matters are raised at monthly senior team, clinical and staff meetings. Infection rates are presented at staff meetings and discussed at senior team, clinical and staff meetings. Infection control data is also reviewed by the nurse consultants and benchmarked against other PSC facilities and externally with other aged care groups. Infection control is part of the strategic and quality plans. The governing body receive reports on progress quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with IP and antimicrobial stewardship (AMS) on a monthly basis, including any significant infection events.</p> <p>All visitors, contractors and staff are screened for cold and flu like symptoms and if unwell are not permitted entry. Hand sanitisers are strategically placed around the facility. Residents and staff are offered influenza vaccinations and all residents and staff are 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.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control (IC) nurse is the clinical coordinator who has been in the role for the 12 months and is supported by the PSC nurse consultant. During Covid-19 lockdown there were regular zoom meetings with the local hospital and PSC support office 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 and COVID-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control nurse has completed a study day in infection control through the local hospital in addition to PSC annual peer support training. There is good external support from the GP, laboratory, and the PSC nurse consultants. There are outbreak kits readily available and a personal protective equipment cupboard and storeroom. There are supplies of extra PPE equipment as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the PSC nurse consultants in consultation with infection control nurses. Policies are available to staff. Healthcare assistants and nurses ensure that their interactions with residents are safe from the infection prevention standpoint through hand hygiene and the use of aseptic techniques.</p> <p>There are policies and procedures in place around reusable and single use equipment and items. All shared equipment is appropriately disinfected between use. The service's infection prevention and control policies acknowledge the importance of te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. Reusable medical equipment is cleaned and disinfected after use and prior to next use; this is monitored through the internal audit system. The infection control nurse has input into the procurement of medical supplies. Infection control input into any new buildings or significant changes occurs at national level and would involve the central office clinical team. The Māori Health plan includes the importance of ensuring culturally safe practices in infection prevention. The IPC nurse has</p>
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		<p>access to a Māori Health advisor as needed.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around COVID-19 and staff were informed of any changes by noticeboards, handovers, newsletters, and emails. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on COVID-19 policies and procedures through resident meetings, newsletters, and emails.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the senior team meeting and clinical focus group. 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 surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the PSC Cashmere Hospital infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection control surveillance is discussed at senior team clinical, and staff meetings. The service is incorporating ethnicity data into surveillance methods and data captured are easily extracted. Internal benchmarking is completed by the home manager and quarterly external benchmarking is completed by the clinical director.</p>

		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 information from Te Whatu Ora -Capital and Coast and Hutt Valley for any community concerns. There have been two COVID- 19 outbreaks since the last audit.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharp’s containers are available and meet the hazardous substances regulations for containers. Personal Protective Equipment, such as gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are three sluice rooms. Eye protection is available. Staff have completed chemical safety training.</p> <p>All laundry is processed is processed on site with clear clean and dirty area. Laundry is processed seven days a week. Internal audits monitor the effectiveness of the cleaning and laundry processes. The chemical provider monitors the effectiveness of chemicals and laundry procedures. The clinical coordinator and/or IPC is involved in cleaning and laundry audits. Audits reviewed evidence compliance.</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</p>	FA	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. The restraint policy confirms that restraint consideration and application must be done in partnership with whānau and residents, and the choice of device must be the least restrictive possible. The restraint coordinator described ways the service would work in partnership with Māori, to promote and ensure services are mana enhancing if restraint were being considered in the facility.</p>

<p>restraint in the context of aiming for elimination.</p>		<p>The designated restraint coordinator is the home manager. At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the staff meetings. The restraint coordinator interviewed described the focus on maintaining a restraint free environment. Efforts to continue to maintain a restraint-free environment is reported through monthly reporting to the senior team.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme. The restraint policy and organisational plan both identify the organisations approach to eliminating restraint. Reports to governance include restraint use. Restraint use is benchmarked and link to operational goals of reducing and eliminating restraint.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>The service submitted Section 31 notices dated 1 June 2022, and again on 30 January 2023 (sighted) stating “Cashmere Hospital still has no nurses to provide 24/7 RN cover”. The service also stated that the “Shift coordinators have oversight of the home under the direction and delegation of RN when the home manager/ clinical Coordinator/ RN is not on site. The systems and processes will remain in place until such a time that Enliven is able to recruit into the vacant RN positions. At such a time another detailed Section 31 will be sent advising of the changes.”</p> <p>The service also provided evidence that this approach was supported by the</p>	<p>The service has two hospital level residents and does not have 24/7 RN cover.</p>	<p>Ensure you meet the requirements of the ARCC contract for providing 24/7 registered nurse cover for more than one hospital resident.</p> <p>90 days</p>

		<p>Health of Older Persons at Te Whatu Ora (then Capital and Coast DHB), and HealthCERT were informed.</p> <p>Correspondence from Te Whatu Ora stated; "I was aware there are two low acuity hospital level care residents in situ at the time of transition and the risks are mitigated with experienced level 4 HCA's with RN on call oversight". These arrangements were discussed in conjunction with the family/whanau and residents.</p> <p>Capital and Coast DHB (as it was then) felt satisfied that staffing cover for those existing clients were managed with plans in place to mitigate risks.</p>		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing</p>	<p>PA Moderate</p>	<p>Initial risk assessment tools are completed at admission and integrated into the initial care plan. InterRAI assessments are completed within 21 days of admission and at the time of development of the long-term care plan. Long term care plans for four of six files reviewed did not always identify the key assessed risks. Care plans reviewed include choice and preferences. Cultural, spiritual and lifestyle needs are identified and addressed.</p>	<p>(i) Cardiorespiratory interventions were not addressed where triggered in the interRAI for one complex rest home resident and one hospital level resident.</p> <p>(ii) Interventions to support mood was not addressed for two rest home residents.</p> <p>(iii) One rest home resident did not have any recorded interventions to manage a change in mobility (including the management of an arm brace) and pain management strategies.</p> <p>(iv) Interventions that includes behaviour triggers and de-escalation /techniques were not addressed in the long-term care</p>	<p>(i)-(iv) Ensure care plans include interventions to support all assessed needs.</p> <p>60 days</p>

<p>practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>			<p>plan for one rest home resident.</p>	
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and</p>	<p>PA Low</p>	<p>There is a critical incident response and protocol policy that provide guidelines for the management of witnessed and unwitnessed falls and the requirements of neurological observations. There is active involvement of the resident and family/whānau in the planning of care. Healthcare assistants and the registered nurses complete monitoring charts including bowel chart, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour on the electronic record as required. Neurological observations and toileting charts were not always completed as required.</p>	<p>(ii) Neurological observations following two unwitnessed falls (no injury) for the same rest home resident were not completed as per policy protocol.</p> <p>(iii) Two hourly toileting charts as requested by the GP for one rest home resident were not implemented.</p>	<p>(i)-(ii) Ensure monitoring charts are completed per policy and when required.</p> <p>90 days</p>

<p>promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>				
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Moderate</p>	<p>The service provider meets the evaluation timeframes set by the ARRC agreement. There is multidisciplinary input as appropriate. Care and support plans evaluations record the progress towards the individual goals. Acute changes in healthcare are documented in a short-term care plan and updated on the long-term care plan when it persists for more than three weeks. One of six files reviewed did not evidence reassessment of risks and changes to the care plans when needs change.</p>	<p>(i) There were no evidence of pain assessments, mobility reassessments and sleep assessment for one rest home resident returning from hospital following a diagnosis of a pathological humerus fracture with pain and intermittent sleep patterns that contributed to anxiety. (ii) The same resident care plan was not updated to reflect the management of the arm brace, pain strategies and insomnia.</p>	<p>(i) Ensure to complete reassessment of key risks when a resident care needs change. (ii) Ensure to update the care plan when care needs change. 60 days</p>

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.