

Presbyterian Support Otago Incorporated - Enliven CastleWood

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 Otago Incorporated

Premises audited: Enliven CastleWood

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 28 April 2023 End date: 28 April 2023

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 18

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Presbyterian Support Otago (PSO) Castlewood Rest Home is certified to provide rest home level of care for up to 24 residents. There were 18 residents on the day of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Te Whatu Ora Health New Zealand - Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, families, management, and staff.

The facility manager is a registered nurse who is appropriately qualified and experienced. She is supported by the PSO senior management team, a registered nurse, and a team of healthcare assistants and ancillary staff. There are quality systems and processes being implemented. Feedback from residents and family was very positive about the care and the services provided.

This certification audit identified that improvements are required in relation to the establishment of links with Māori organisations and staff cultural training.

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.

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

PSO Castlewood Rest Home provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The facility manager and staff listen to and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

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.

There is a documented and up-to-date strategic plan, which informs the quality plan and includes the organisation’s vision, mission, and values. One of the aims of this plan is to implement a bicultural strategy to ensure alignment with the Treaty of Waitangi. Goals are regularly reviewed.

The quality and risk management programmes include performance monitoring and benchmarking through internal audits and through the collection, collation, and benchmarking of clinical indicator data. Data is benchmarked with other PSO facilities and against other aged care facilities in New Zealand. Individual falls prevention strategies are in place for residents identified at risk of falls.

The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The education and training schedule lists all mandatory topics and competencies. Staff are provided with opportunities to attend in-services. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurse is responsible for each stage of service provision. The registered nurse assesses, plans and reviews residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly.

Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. The registered nurse and senior healthcare assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing


requirements and were reviewed at least three-monthly by the general practitioner. There are policies to facilitate self-administration of medication.

The activities coordinator provides and implement a varied activity programme. Residents maintain links with the community. The programme includes interaction with volunteers, themes, celebrations, and opportunities where te ao Māori is facilitated.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked at the sister facility and safely and hygienically transported. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Staff completed food safety training that includes cultural considerations, tapu and noa.

Transfers, discharges, and referrals are well coordinated with families` involvement. Documentation and communication evidence continuity of care is maintained.

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. Regular environmental audits ensure the service provides a safe and appropriate environment.

Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. External garden areas have suitable and safe pathways. All bedrooms are designated single occupancy. Rooms are personalised. There is suitable lighting, ventilation, and heating in all areas.

There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including the management of Covid-19. There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in first aid is always on duty.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. There is an outbreak management and pandemic plan. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There are sufficient supplies of personal protective equipment. There were no outbreaks since the last audit.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. 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.
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The restraint coordinator is the registered nurse. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. Maintaining a restraint-free environment is included as part of the education and training plan. There were no residents using restraint at the time of the audit.

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	2	0	0	0
Criteria	0	165	0	2	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>PA Low</p>	<p>A Presbyterian Support Otago (PSO) Māori Health Plan and associated cultural policies are documented for the service. The Treaty of Waitangi is central to the identity of PSO and their commitment to partnership. They seek to honour and give effect to the principles of partnership, protection and participation and seek to work with their iwi, Ngāi Tahu mana whenua, in ways that align to the dreams and aspirations for Ngāi Tahu. PSO Castlewood Rest Home is committed to providing services in a culturally appropriate manner and ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. Key relationships with Māori are in place through consultation with existing Māori staff and their whānau, with plans in place to secure formal links with Māori at an organisational level.</p> <p>The service had no residents who identified as Māori at the time of the audit.</p> <p>The service supports increasing Māori capacity by employing Māori applicants. PSO processes are regularly reviewed by human</p>

		<p>resources to support engagement and retention of a Māori workforce. At the time of the audit, there were Māori staff members. The PSO Māori workforce reported job satisfaction and engagement through PSO staff surveys. This survey has not been implemented at Castlewood yet, as this facility was recently purchased by PSO.</p> <p>Residents and families/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with five residents and four family members. The facility manager, and seven staff (PSO quality advisor, one maintenance, three healthcare assistants, one registered nurse (RN), one activities coordinator) described how the delivery of care is based on each resident's values and beliefs.</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>Plans are underway for the PSO organisation to development a Pacific health plan that will focus on achieving equity and efficient provision of care for Pasifika. This will include working collaboratively with Pacific communities for guidance.</p> <p>On admission all residents state their ethnicity. Advised that family members of Pacific residents will be encouraged to be present during the admission process, including completion of the initial care plan. There were no residents who identified as Pasifika. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The facility manager described how they encourage and support any staff that identifies as Pasifika, beginning at the employment process. There were staff that identified as Pasifika at the time of the audit. Pacific staff can support the service to ensure cultural safe care is provided.</p> <p>Interviews with five residents and four families identified that the service puts people using the services and the Alexandra community at the heart of their services.</p> <p>PSO has a number of staff from a variety of cultures, as the need to make linkages is identified, relevant staff are consulted to assist with identifying the appropriate linkages in the community. The director of</p>

		our Family Works service identifies as Pasifika and is available to provide guidance and linkages as required.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family. The facility manager, or RN discusses aspects of the Code with residents and their family/whānau on admission. Residents (or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment.</p> <p>Discussions relating to the Code are held during the resident 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. There are links to spiritual supports.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. A health and disability advocate is scheduled to speak with residents. Staff receive education in relation to the Code, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews 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</p>	FA	<p>Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and other forms of support. Residents also have control over and choice over activities they</p>

<p>a way that is inclusive and respects their identity and their experiences.</p>		<p>participate in.</p> <p>It was observed that residents are treated with dignity and respect. This was also confirmed during interviews with residents and families/whānau.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There was one married couple living at the facility. Intimate relationships are formed between residents, as evidenced in interviews with staff.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and families/whānau 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 spirituality policy is in place.</p> <p>Te reo Māori is used during a selection of activities, with plans underway to continue to promote te reo Māori.</p> <p>Te Tiriti o Waitangi and tikanga Māori online training has begun (link 2.2.7). The Māori health plan acknowledges te ao Māori; referencing the interconnectedness and interrelationship of all living & non-living things.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. PSO policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days celebrate diversity. A PSO code of conduct is discussed with staff during their induction to the service that addresses harassment, racism, and bullying. Staff acknowledge that they accept the PSO code of conduct.</p>

		<p>Staff are educated on how to value the older person, showing them respect and dignity. All residents and families/whānau 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>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/family/whānau on admission. Regular 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 alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Families/whānau interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. This was also evidenced on accident/incident reports.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who were unable to speak or understand English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The delivery of care includes a multidisciplinary team and residents</p>

		<p>and families/whānau provide consent and are communicated with in regard to the range of services available. Health professionals involved with the residents may include specialist services. The facility manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities 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 to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Five electronic resident files were reviewed and written general consents sighted for outings and photographs are signed as part of the admission process. Specific consent had been signed by resident and families/whānau for procedures such as influenza and COVID-19 vaccines and boosters. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain consent for entering rooms and supporting with personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of families/whānau in decision making where the person receiving services wants them to be involved.</p> <p>There is documented guidance on advance directives. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. There was documented evidence of discussion with the EPOA. Discussion with families/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the HCAs and registered nurses confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights, informed consent and EPOAs.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care, as evidenced in the residents' files reviewed.</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 families/whānau on entry to the service. The facility manager is responsible for maintaining the complaints register. No internal or external complaints have been received since the PSO purchased Castlewood Rest Home (purchase date 27 June 2022).</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints, and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Residents' meetings are another avenue to provide residents with the opportunity to voice their concerns. The facility manager and staff encourage residents and family/whānau to discuss any concerns. It is an equitable process for all cultures.</p> <p>Complaint forms and advocacy brochures are provided to all residents and their families/whānau. Residents/family are supported to involve an independent support person in the complaints process if they choose. The facility manager acknowledged the importance of face-to-face communication with all cultures and maintains an open-door policy.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>PSO Castlewood is located in Alexandra. It was purchased on 27 June 2022. They are certified to provide rest home level of care for up to 24 residents, although the facility manager stated that only 20 beds are actively in use. On the day of the audit, there were 18 residents living at Castlewood. All residents were on the age-related residential care contract (ARRC).</p> <p>Castlewood is one of nine Presbyterian Support Otago (PSO) aged residential care homes governed by a Board of eight representatives. The Board meets monthly with several sub-committees which includes ethics, governance, finance and audit, clinical governance, remuneration and retirement villages limited. Orientation and training are provided – Board members are encouraged to join the Institute of Directors and participate in associated trainings. Board members are</p>

		<p>provided with an orientation to the role and the functions of PSO.</p> <p>At the time of the audit, the Board was seeking consultation with Māori to help identify and address barriers for Māori for equitable service delivery (link 1.1.5). Board members have a wide range of experience and can demonstrate expertise in Te Tiriti, health equity and cultural safety. Those with lived experiences (tāngata whaikaha) provide feedback around all aspects of the service through the (planned) annual satisfaction surveys and regular resident meetings. The management team and Board review this feedback. They identify barriers to equitable service delivery care to improve outcomes for all residents. The clinical governance advisory group (CGAG) reviews the clinical risks for the PSO aged care service at their bimonthly meetings and provides feedback directly to the Board. There are two Board members on the CGAG group who provide the link to and ensure discussion with the Board. Health equity is included as a standing item on Board and clinical governance group agendas.</p> <p>There is a documented business management and strategic plan, which informs the quality plan and includes the organisation's vision, mission, and values. The organisation philosophy and strategic plan reflect a resident/family/whānau-centred approach to all services. The strategic plan has a focus on improving equitable outcomes for Māori and addressing barriers for Māori. There has been a comprehensive feedback system and complaints process that is focused on continual service improvement within the home. Key objectives are identified and regularly reviewed by the Board at their monthly meetings, evidenced in the Board meeting minutes.</p> <p>The PSO clinical nurse advisor, PSO quality advisor, and facility manager were interviewed. The facility manager is a registered nurse (RN) who has been in her role since Castlewood was purchased by PSO. She is based at the sister location, PSO Ranui, which is a five-minute walk from Castlewood. She has many years of experience in managerial roles, mental health, and the public health sector, with eight years of experience with PSO (both as a clinical coordinator and her current facility manager role). The facility manager reported being on site approximately five hours per week and is always available by phone. They are supported by the Castlewood staff RN.</p>
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<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>PA Low</p>	<p>PSO Castlewood has established and implemented quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits and through the collection, collation, and benchmarking of clinical indicator data.</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 system is in place. Policies are regularly reviewed and are updated to meet the new 2021 Standard. New policies or changes to policy are communicated to staff.</p> <p>Internal audits, satisfaction survey results and the collation of data are documented and benchmarked with other PSO facilities. Clinical indicator data is also benchmarked against other aged care facilities in New Zealand. Quality/health and safety meetings are scheduled monthly (excluding January) and are combined with PSO Ranui. Meeting minutes reviewed reflect discussions around quality data (eg, clinical indicator data (eg, falls, infections, and other adverse event data), internal audit results, complaints received (if any), and satisfaction survey results. General meetings are held three-monthly. Meeting minutes are made available to those staff who are unable to attend. Quality improvements include building refurbishments (lighting has been updated; new carpet; clutter has been removed; upstairs has been cleared and turned into a breakout room for staff; and three temporary staff accommodation rooms are available upstairs).</p> <p>As part of the overall annual review of the quality programme, the service reviews the annual education and competency programme. Cultural safety and Te Tiriti training, with related competency, is made available to staff. At the time of audit, only three staff had completed this training with all staff scheduled to attend. Staff are encouraged to learn te reo Māori. E-learning sites and resources are made available for staff. The 2023 PSO resident and family satisfaction survey was underway at the time of the audit (Castlewood was purchased after the 2022 PSO satisfaction survey had been completed). Critical analysis of organisational practices is completed through benchmarking analysis and reporting at a PSO organisational level,</p>

		<p>annual reviews of the quality programme, updates to policy and procedures, education, and regular facility health checks.</p> <p>There is a health and safety system in place, with two health and safety representatives, including the maintenance officer, who was interviewed. Health and safety policies are implemented and monitored by the PSO health and safety committee. Manufacturer safety datasheets are up to date. There are regular manual handling training sessions for staff. A noticeboard keeps staff informed on health and safety. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in staff meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include offering employees an employee assistance programme. Staff have been provided with a separate staffroom to relax in. A social club is in place.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in 10 accident/incident reports reviewed (witnessed and unwitnessed falls, medication errors). Incident and accident data is collated monthly and analysed using V-care. Data is benchmarked against other aged care facilities. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Neurological observations are recorded for suspected head injuries and unwitnessed falls. Family/whānau are notified following adverse events. Opportunities to minimise future risks are identified by the facility manager who reviews every adverse event.</p> <p>Discussions with the facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications required since Castlewood was purchased by PSO.</p>
Subsection 2.3: Service management	FA	Policy describes safe staffing levels. The roster provides sufficient and

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>appropriate cover for the effective delivery of care and support.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the staff interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews.</p> <p>The facility manager is based at Ranui, the second PSO aged care facility located in Alexandra (a five-minute walk from Castlewood). This individual spends on average five hours per week at Castlewood and is supported 32 hours a week by an RN. The facility manager is on call 24/7 Monday – Friday. Weekend call is shared between the RNs at Ranui and the RN at Castlewood. There is adequate healthcare assistant cover on the AM and PM shifts. One healthcare assistant vacancy for the night shift was being provided by agency staff.</p> <p>There is an annual education and training schedule being implemented. A minimum of one first aid trained staff is available 24/7 and on outings. Competencies cover handwashing; manual handling; medication management; chemical safety; and fire safety, with a fire drill held six-monthly. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information, which includes training in relation to Māori health outcomes and disparities, and health equity. At the time of the audit, most staff had not completed their mandatory cultural training (link 2.2.7).</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Nine healthcare assistants are employed. Two were RNs in their country of origin and three have completed a level three Careerforce qualification.</p> <p>The facility manager and staff RN have completed interRAI training. They participate in learning opportunities provided through Dunstan Hospital and hospice. Wellbeing support is provided to staff through the employee assistance programme, social programme, and is discussed in staff meetings.</p>
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<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. Five staff files reviewed (one RN, three healthcare assistants, one activities coordinator) evidenced implementation of the recruitment process, and employment contracts. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals. Staff have a performance appraisal completed annually.</p> <p>Following the purchase of Castlewood by PSO, all staff completed an orientation programme to PSO policies and procedures. The PSO organisation has implemented a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The orientation programme is designed to provide a culturally safe environment for all residents, including Māori residents.</p> <p>Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff through the employee assistance programme.</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 both hard copy and electronically. Hard copy resident information is stored securely for a minimum of 10 years. Electronic information is backed up using cloud-based technology. All electronic information is individually password protected.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information</p>

		<p>recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed during 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 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>FA</p>	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families/whānau and residents prior to admission or on entry to the service. Seven admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>Families/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager is available to answer any questions regarding the admission process and a waiting list is managed. The registered nurse advised that the service openly communicates with potential residents and families during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission for individual residents and can do an analysis in the electronic system.</p> <p>The service also recently started to analyse ethnicity data from their prospective residents list by creating a prospects data report, and the analysis of same for the purposes of identifying entry and decline rates for Māori.</p> <p>The service has an established relationship through their facility manager with Te Korowai Hou Ora to benefit Māori individuals and</p>

		whānau.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>There are policies documented including (but not limited to): admission policy; personal cares policy; and the documentation policy to guide staff around admission processes, required documentation, including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review. There are a suite of policies around clinical aspects of care, including (but not limited to): continence; nutrition; behaviour that causes concern; pain; skin care; wound management; fall prevention and management; pressure injury prevention; and death and dying. The model of care is based on the 'Valuing Lives' and Eden philosophy that give tāngata whaikaha choice and control over their supports. The clinical policies guide clinical staff in best practice to support early identification of deteriorating health.</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, 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 ('Getting to know me' section). Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments formulate the long-term care plan.</p> <p>Five resident files were reviewed. The registered nurse is responsible for conducting all assessments and for the development of care plans. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. The registered nurse had undertaken an initial assessment, risk assessments and developed an initial care plan for all residents on admission. 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. Long-term care plans documented the needs and supports on the electronic system under sections 'Getting to know me', 'Interactive me', 'Supporting me', and 'Healthy me'.</p>

		<p>Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included in the resident electronic file.</p> <p>Evaluations were completed six-monthly or sooner for a change in health condition and included documented progress towards care goals. All the files sampled had an interRAI completed at the time this was required.</p> <p>There was evidence of resident and families` involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes and family/next of kin contact forms.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP practice neighbours on the premises of the facility. The GP completes three-monthly reviews, admissions and sees all residents of concern. The GP stated they are notified in a timely manner for any residents with health concerns between the hours of 8 am to 6 pm. There is also an after-hours service.</p> <p>All GP notes are integrated into the electronic system. The GP commented positively on the care the residents receive. Allied health interventions were documented and integrated into care plans. The service contracts with a physiotherapist eight hours a month. A podiatrist visits regularly for foot care.</p> <p>Specialist services including mental health, dietitian and continence specialist nurse are available as required through Te Whatu Ora - Southern. Families are invited to attend GP reviews, if they are unable to attend, they are updated of any changes.</p> <p>There were two residents with wounds, including an abrasion and surgical wound. The electronic wound care plan documents a wound assessment with supporting photographs, the wound management plan, and evaluations. An electronic wound register is maintained. The RN confirmed on interview that they have attended wound management training.</p> <p>The care plans on the electronic resident management system were resident focused and individualised. Care plans include allied health</p>
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		<p>and external service provider involvement. When a resident's condition alters, the registered nurse initiates a review and if required, a GP visit.</p> <p>The short-term care plans integrate current infections, wounds, or recent falls to reflect resident care needs. Short-term needs are added to the long-term care plan when appropriate and removed when resolved.</p> <p>HCA's interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written electronically every shift and as necessary by HCA's and at least weekly by the RN. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs were being met. Families/whānau interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes.</p> <p>HCA's interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Monitoring charts included (but not limited to) weight, vital signs, blood glucose levels, fluid balance recordings, and all monitoring charts were implemented according to the care plan interventions. Neurological observations were completed for unwitnessed falls with or without head injuries.</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</p>	<p>FA</p>	<p>The activities coordinator works across five days. There are 32 hours per week allocated for activities.</p> <p>The overall programme has integrated activities that is appropriate for the cohort of residents. The activities programmes are displayed and includes: exercises; bowls; baking; word games; board games; household activities of resident's choice; knitting and craft; church services; specific men's group activities; van outings; housie; quizzes;</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>and seasonal celebrations. The programme allows for flexibility and resident choice of activity. There are plentiful resources. Community visitors include entertainers, volunteers, and church services.</p> <p>The activities coordinator encourage participation and understanding on the relevance of Matariki and Te Tiriti o Waitangi. Matariki is celebrated with the use of te reo Māori music and group and one-on-one discussions on the importance of Matariki to Māori.</p> <p>The service has a system of ensuring that all rooms that have been vacated by deceased residents, are blessed by a volunteer from the local presbyterian church. The activities programme includes the use of te reo Māori for the current month name on the activity's planner. Residents can participate if they choose to engage when te ao Māori are facilitated. There is an entertainer that includes waiata and poi in their performance.</p> <p>There is a lounge and seating areas where group or quieter activities can occur. One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who choose not to be involved in group activities. The residents interviewed confirm they enjoy attending the activities and enjoy contributing to the programme.</p> <p>There are seven volunteers who assist with morning tea, music, happy hour, housie, one-to-one visits and outings with activities staff. All volunteers have been orientated to residents' rights, privacy, and confidentiality.</p> <p>A resident social profile (getting to know me) and activity assessment informs the activities plan. Individual activities plans were seen in resident files reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through resident meetings. A resident survey is scheduled for later in the year. The residents and families/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>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. The RN and medication competent HCAs who administer medications have been assessed for competency on</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>an annual basis. Education around safe medication administration has been provided.</p> <p>The RN was observed to be safely administering medications. The RN and HCAs interviewed could describe their role regarding medication administration. The service currently uses robotic rolls for regular medication and 'as required' medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolley and medication room, including a medication cupboard. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. There were two self-medicating resident whose ability to self-medicate had been assessed appropriately, with secure medication storage available. 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 families/whānau are updated around medication changes, including the reason for changing medications and side effects. The RN described how they will work in partnership with Māori residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>There is a food control plan that was verified and expires on 15 July 2023. A food services manager oversees the food services. All meals and baking are prepared and cooked at the sister facility (PSO Ranui) by qualified chefs/cooks who are supported by morning, and afternoon kitchenhands. All food services staff have completed food safety training. The four-week winter/summer menu is reviewed by the organisational registered dietitian. The organisation can incorporate individual Māori residents’ cultural values and beliefs into menu development and food service provision when required.</p> <p>The kitchen at PSO Ranui receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods.</p> <p>The food is transported in a hygienically manner to PSO Castlewood in a hotbox and put in a bain marie when received at Castlewood. Records sighted evidence food temperatures are documented before transport and when received at PSO Castlewood. There is a fully functional kitchen at PSO Castlewood where the food is plated and served by the HCAs.</p> <p>The kitchen at PSO Castlewood is situated adjacent to the dining room and near the entrance and main lounge. Residents may choose to have meals in their room. HCAs have completed food safety training in line with the requirements of tapu and noa. There are snacks available, including fruit and sandwiches 24/7.</p> <p>The kitchen at PSO Ranui was visited and visual inspection evidence 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. Decanted dry goods evidence the date of decanting. All dry goods had been decanted within the previous six months. The fridge temperatures were recorded at the kitchen at PSO Castlewood, and all decanted food were appropriately labelled.</p> <p>Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were</p>
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		<p>stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide feedback on the meals through the resident meetings. Resident preferences are considered with menu reviews. 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. This is recorded in the electronic resident management system and is graphed. The long-term care plan section for nutritional needs included a section on food and fluid texture requirements and any swallowing difficulties are recorded on the care plan. These sections were completed in the five resident files reviewed.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with 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/whānau were involved for all exits or discharges to and from the service. Discharge notes and summaries are uploaded to the electronic system and integrated into the care plan. The service works in partnership with all residents and families/whānau to ensure all have access to other health and disability services and social support or kaupapa Māori agencies where appropriate.</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</p>	FA	<p>The building holds a current warrant of fitness which expires 30 May 2023. There have been improvements made to overall lighting and flooring in some ensuites and communal bathrooms since the last audit. The environment is inclusive of peoples' cultures and supports cultural practices. The maintenance person works up to 32 hours a week (Monday to Friday) and shares their time between PSO Castlewood and PSO Ranui. There is a maintenance request book for repair or maintenance requests, located in the nurse's station. This is checked daily and signed off when repairs have been completed.</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>There is an annual preventative maintenance plan documented that include regular environmental audits. Hot water temperatures are checked and are consistently documented at 45 degrees. Essential contractors/tradespeople are available 24 hours as required. Electrical compliance of electrical equipment was last checked in April 2023. Medical equipment, and scales were calibrated and checked in October 2022.</p> <p>The maintenance role includes maintenance of the gardens and grounds. The corridors are suitable for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home residents.</p> <p>Eleven resident rooms have ensuites with privacy locks and all other rooms have hand basins. There are communal bathrooms/showers located close to the resident rooms within the facility, with privacy signage. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There are sufficient communal toilets situated in the vicinity of the lounge and dining room. A toilet near the main lounge is available for visitors and there is a separate toilet for staff.</p> <p>All bedrooms are designated single occupancy. One married couple was occupying two single rooms.</p> <p>There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Healthcare assistants interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit.</p> <p>The dining room is adjacent to the kitchen and open plan, with doors that open out to a garden with outdoor seating and shade. There is a main lounge and a smaller annex area off the main lounge. There is safe access to the courtyards and gardens. All communal areas are easily accessible for residents with mobility aids with ramp access. All bedrooms and communal areas have sufficient natural light and</p>
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		<p>ventilation.</p> <p>There is electric wall heating in resident rooms, corridors and bathrooms and heat pumps in communal areas. The service is not planning any major refurbishments or building projects; however, the service is open to consider how designs and environments reflect the aspirations and identity of Māori.</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 that include a pandemic plan outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>The fire evacuation plan 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 most recent drill taking place on 6 December 2022. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are in place. In the event of a power outage, gas cooking is available. There are adequate supplies in the event of a civil defence emergency, including bottled water and a 5000 L water tank on site. Information around emergency procedures is provided for residents and families in the admission information provided.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in proximity to their current position. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secured after hours. Staff complete regular security checks at night, supported by an external (drive-by) night security service.</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>The infection control programme including antimicrobial stewardship, outbreak management plan, pandemic plan, its content, and detail, is appropriate for the size, complexity and degree of risk associated with the service. A registered nurse and facility manager oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection prevention control nurse (IPC) has support from the PSO infection prevention continuous quality improvement group. The group has representation from each facility and includes the clinical nurse advisor who provides support as the infection prevention coordinator across the group.</p> <p>Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually as part of the quality plan.</p> <p>Infection surveillance data is collated monthly and is included in the homes benchmarking data. Infection matters are raised at every staff meeting, including general staff, RN, health and safety, and quality meetings. Infection rates are presented at staff meetings and discussed at quality meetings and CGAG meetings. The CEO receives reports on progress of 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 AMS on a monthly basis, and any significant infection events. Infection control audits are conducted.</p> <p>The service has access to an infection prevention team from Te Whatu Ora Southern and Public Health South.</p> <p>Visiting hours are open; however, visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and all residents are fully vaccinated against COVID-19. There were no residents with COVID-19 infections on the days of audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles,</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>responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed on a regular basis in consultation with the infection control coordinators. Policies are available to staff via the intranet.</p> <p>There are policies and procedures in place around reusable and single use equipment. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Cleaning, infection control, and environmental audits are completed to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through hand hygiene, and sterile single use wound packs for wound management and catheterisations. The clinical nurse advisor and the infection prevention coordinator have input into the procurement of good quality PPE, medical and wound care products. Expiry dates are regularly checked.</p> <p>The designated infection control (IC) coordinator has been in the role for seven months and is supported by the PSO clinical advisor. The infection prevention coordinator has completed external training, including attendance at zoom workshops held by Te Whatu Ora Southern. There is good external support from the GP, laboratory, and the PSO clinical nurse advisor.</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. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on COVID-19 policies and procedures through resident meetings, newsletters, and email.</p> <p>The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and visitors. The organisation can source educational resources in te reo Māori information around infection control for future Māori residents. The registered nurse and facility manager explains how they will ensure participation in partnership with Māori for the protection of culturally safe practice in IP and acknowledge the spirit of Te Tiriti. The facility manager explains the PSO clinical advisor, and the registered nurse were consulted when PSO purchased the facility; many environmental</p>
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		changes have been made since the time of purchase.
<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 quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at quality meetings.</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 infection control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, staff meetings and clinical governance group. The service is incorporating ethnicity data into surveillance methods and data captured around infections and this is included in the meeting minutes. Meeting minutes and graphs are displayed in the staffroom 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 Southern for any community concerns.</p> <p>There have been no outbreaks since the last audit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</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. Safety data sheets and product sheets are available.</p>

<p>hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>Sharps containers are available and meet the hazardous substances regulations for containers. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There was appropriate personal protective clothing readily available. Staff were observed to be wearing gloves and aprons as they carried out their duties on the days of audit. There is a sluice tub located within the laundry, with personal protective equipment available, including a face visor.</p> <p>All laundry is processed on site by HCAs. The laundry has a defined clean/dirty flow. The HCAs have received appropriate training in handling of linen and monitoring of the washing cycles.</p> <p>Cleaning and laundry services are monitored through the internal auditing system and the chemical provider, who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The cleaners' trolleys were always attended and are stored in a locked cupboard when not in use. All chemicals on the cleaner's trolley were labelled. A cleaner is employed three days a week. HCAs assist to complete cleaning duties.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The aim of the service and the governing body is to eliminate restraint. There were no restraints in use at the time of the audit. The restraint policy and strategic plan include objectives for maintaining a restraint-free environment. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. Restraint is included as part of the orientation for staff and is completed through in-service training. Monthly reports to the Board include incidents of restraint use (if any) and behaviours that challenge. Progress to maintaining a restraint-free environment is reported through quarterly benchmarking analysis reports. The designated restraint coordinator is the facility manager.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.5</p> <p>My service provider shall work in partnership with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning, and support for Māori.</p>	PA Low	PSO is actively seeking formal links with Māori organisations (eg, Te Rūnanga o Maeraki).	At the time of the audit, links to reflect partnerships with the local iwi and Māori organisations were underway.	<p>Ensure links are established with iwi and other Māori organisations both within and beyond the health sector that reflect work in partnership.</p> <p>90 days</p>
<p>Criterion 2.2.7</p> <p>Service providers shall ensure their health care and support workers can deliver highquality health care for Māori.</p>	PA Low	A cultural safety programme has been developed in relation to cultural safety, te reo Māori, and Te Tiriti. At the time of the audit, only three of twelve staff had attended this training.	Three of twelve staff have completed cultural training in relation to cultural safety, te reo Māori, and Te Tiriti.	<p>Ensure staff attend training in relation to cultural safety, te reo Māori, and Te Tiriti in ensure high quality of care is delivered to Māori.</p> <p>90 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.