

Presbyterian Support Southland - Vickery Court

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Presbyterian Support Southland
Premises audited:	Vickery Court
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 22 June 2023 End date: 23 June 2023
Proposed changes to current services (if any):	The service intends to discontinue certification for residential disability services.
Total beds occupied across all premises included in the audit on the first day of the audit:	75

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 Southland Vickery Court (PSS Vickery Court) provides rest home, hospital, and younger persons disability level of care for up to 88 residents. There were 75 residents on the days of audit.

This surveillance audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contracts 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, family/whānau, management, and staff.

The manager (RN) is responsible for the complex, and she is supported by a clinical manager who is a registered nurse with a current annual practising certificate. Residents and their family/whānau confirmed their satisfaction with the service during interview.

The service has addressed the two previous audit shortfalls around meeting minutes and medication fridge and room temperature monitoring.

No further shortfalls were identified as part of this surveillance audit.

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.

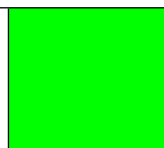


Subsections applicable to this service fully attained.

PSS Vickery Court provides an environment that supports resident rights and culturally safe care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

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

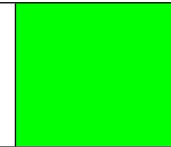


Subsections applicable to this service fully attained.

There is a PSS Charter and Strategic Plan 2021-2026 that documents the vision, values, and key service objectives. The service is implementing quality and risk management systems that include quality improvement projects. Internal audits and the collation, and benchmarking of clinical data were documented as taking place as scheduled, with corrective actions as indicated. Residents' meetings have been held and residents and families/whānau are surveyed annually. Human resources are managed in accordance with good employment practice. Staff receive appropriate services from suitably qualified staff. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. Residents and relatives reported that staffing levels are adequate to meet the needs of the residents.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.



Subsections applicable to this service fully attained.

Registered nurses are responsible for each stage of service provision. Care plans demonstrate service integration. There was evidence of resident and family/whānau input to care planning and reviews.

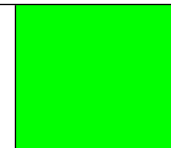
The activity programme offers a diverse range of activities and provides activities for both rest home and hospital residents. The programme incorporates the cultural requirements of the residents.

Medicines are safely managed and administered by staff who are competent to do so. Residents and their family/whānau are supported to understand their medications when required.

PSS Vickery Court provides in-house food services for the facility. Resident's individual, cultural and dietary needs were identified and accommodated.

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

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



Subsections applicable to this service fully attained.

The building has a current building warrant of fitness. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose.

The building is secure after hours, and staff complete security checks at night. Staff orientation and training includes fire and security training.

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.

PSS Vickery Court ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated, and reported to relevant staff and related health providers in a timely manner. The service has a robust pandemic policy. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been outbreaks since the previous audit, which have been well documented and reported appropriately.

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.

There are policies documented around restraint. At the time of the audit, the facility was restraint free. The restraint coordinator is the clinical manager. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.

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	22	0	0	0	0	0
Criteria	0	59	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan and policy is documented for the service. On interview, the manager confirmed that the organisation supports increasing Māori capacity by employing Māori applicants when they do apply for employment opportunities at PSS Vickery Court. At the time of the audit, there were residents and staff members who identify as Māori. Care workers interviewed confirmed that management were supportive of Māori staff and providing employment opportunities.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>The service has affiliations with Pacific community groups through staff connections to provide guidance and consultation around Pacific models of care. At the time of the audit, there were staff who identified as Pasifika. The organisation has a Pacific health plan in place based on the Ministry of Health Pacific Health and Disability Action Plan.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Māori independence (mana motuhake) is recognised by staff through the cultural training programmes. Māori cultural activities are individually tailored as per the resident's care plan, with family/whānau providing support as required. All residents are encouraged to determine their own pathway and journey with independence promoted for each individual. This was confirmed in interviews with two relatives (both hospital) and six residents (two rest home and four hospital).</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>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand this language. The staff noticeboards contain information on Māori tikanga practice. Interviews with 14 staff (four registered nurses (RN), five care workers, two activity coordinators, one health and safety coordinator, one cook and one maintenance person) confirmed their understanding of tikanga best practice, with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori and tāngata whaikaha participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents including Māori, as evidenced in care planning and policies. At the time of the audit, there</p>

		were residents who identified as Māori.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and family/whānau interviewed were able to describe informed consent and knew they had the right to make choices. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making when the resident receiving services wants them to be involved.</p> <p>Staff members who identify as Māori, and resident's whānau assist staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The manager maintains a record of all complaints, both verbal and written on an electronic complaint register. There have been four complaints received in 2023 year to date and five complaints made in 2022. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with relatives and residents confirmed they are provided with information on the complaints process. There have been no external complaints received.</p> <p>Complaints forms and a suggestion box are located in a visible location at the entrance to the facility. Families/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family/whānau meetings which are held three-monthly. Interviews with the manager, quality manager and clinical manager confirmed their understanding of the complaints process. The manager reported the complaints process works</p>

		equitably for Māori, support is available and there is an understanding that face to face meetings with whānau are preferred.
<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>Vickery Court is part of the Presbyterian Support Southland (PSS) organisation. The service is one of four aged care facilities governed by the PSS Trust Board. The service is certified to provide hospital (geriatric and medical), rest home and residential level care for up to 88 residents. All beds are dual purpose.</p> <p>On the days of audit there were 75 residents in total; 44 hospital residents, including three residents on a younger persons with a disability (YPD) contract, and one resident on respite care; and 31 rest home residents, including one resident on a YPD contract. The service intends to discontinue certification for residential disability services.</p> <p>The governance body (Trust Board) for PSS is a Charitable Trust comprising of seven trustees (at the time of the audit one of the trustees had resigned). There is a formal orientation programme for new Trustees. There is a Terms of Reference for the Trust Board and a position description for Trustees. There is a PSS Charter and Strategic Plan 2021-2026 that documents the vision, values, and key service objectives. A two-year business plan has been developed and approved by the Trust Board. The CEO and senior leadership team is responsible for delivery on the business plan objectives. Management reports on progress against the plan on a quarterly basis. The Trust Board have all undertaken Te Tiriti o Waitangi Training in 2021. Senior staff (including CEO) have received Te Tiriti o Waitangi training in March 2023. The cultural advisor who started in December 2022 has developed relationships with local iwi and is engaged with Māori Enliven residents and families/whānau as needed. The cultural advisor collaborates with the Trust Board and senior management in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service through resident meetings and satisfaction surveys, which provides the opportunity to identify barriers and improve health outcomes.</p>

	<p>The Trust Board has Ngāi Tahu representation on its membership. The Presbyterian Support New Zealand (PSNZ) Cultural Advisory group comprises Māori representatives from each region. The Trust Board has funded the position of Pastoral Care support to provide support to residents and families/whānau of Māori, non-Māori, and disability residents within the ARRC services. This helps ensure cultural needs are met as required, (eg, recent tangi was held, and development of whanau rooms). PSS actively identify and minimise barriers to accessing information and service for all residents within the service.</p> <p>A clinical governance committee (created by the Trust Board) meets two-monthly. The quality manager is responsible for the implementation of the business plan for all PSS sites and provides a regular report to the clinical governance committee that highlights areas of risk. The clinical governance committee approves the business plan and receives progress reports against it, including internal and external audit findings and results. Presbyterian Support Southland undertakes clinical benchmarking with Presbyterian Support Otago and South Canterbury on key clinical indicators. The clinical governance committee reviews the risks for the PSS Enliven (aged care) service at their monthly meetings, where this information is reported to the Board. The Trust Board provides strategic guidance and effective oversight to the senior leadership team.</p> <p>The manager is a RN and maintains an annual practising certificate. She has been in the role for one year and has previous experience in mental health nursing, in both inpatient and community settings. She is supported by a clinical manager who has been in the role since March 2021 and has been at PSS for eight years. They are supported by the PSS management team, including the quality manager (who was present on the day of the audit), a team of RNs (including a clinical coordinator), and long- standing experienced care workers. The management team reported a high turnover of RNs within the facility; however, they have been able to recruit into vacant positions. Care workers have remained stable within the facility.</p> <p>The manager and clinical manager have completed in excess of eight hour's professional development in the past year, including attending the Te Whatu Ora Health New Zealand– Southern aged care</p>
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		meetings and leadership training.
<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>	FA	<p>PSS Vickery Court is implementing a quality and risk management programme. These systems include performance monitoring and benchmarking through internal audits, satisfaction survey results and the collation of data are documented. Presbyterian Support Southland undertakes clinical benchmarking with Presbyterian Support Otago and South Canterbury, and other aged care facilities in New Zealand. Results are reported to the committee who in turn report to the Trust Board meeting. Quality and health and safety meetings are scheduled monthly. Meeting minutes reviewed reflected discussions around quality data (eg, falls, infections, use of restraint, and other adverse event data), internal audit results, complaints received (if any) and satisfaction survey results. The previous audit partial attainment (HDSS:2008 # 1.2.3.6) has been addressed.</p> <p>The 2023 resident and family/whānau satisfaction surveys have been completed. Results were positive which was confirmed during resident and family/whānau interviews. The overall satisfaction for the resident and family/whānau survey was at 86% and 92% respectively. A corrective action plan is being formulated around improving the activities programme, food service and care planning.</p> <p>A health and safety system is in place. PSS has a health and safety coordinator who oversees the organisational health and safety programme and facilitates monthly meetings at sites. A staff noticeboard keeps staff informed on health and safety. Hazard identification forms are loaded onto Beware (health and safety platform). An up-to-date hazard register was sighted. Health and safety is discussed at staff meetings. Electronic reports are completed for each accident/incident, with immediate action noted and any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Incident and accident data is collated monthly and analysed using VCare. Care staff have completed cultural competencies to ensure staff are equipped to provide high quality care for Māori.</p> <p>Discussions with the manager, quality manager and clinical manager evidenced awareness of their requirement to notify relevant authorities</p>

		<p>in relation to essential notifications. There have been three Section 31 notifications completed since the last audit to notify HealthCERT for stage III and IV pressure injuries and the change in management. There have been three outbreaks with the public health authorities notified. Section 31 notifications were also completed for incidents related to RN staffing shortages; the roster reviewed at the time of the audit indicated that there were sufficient numbers of RNs on duty at all times.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</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>FA</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. The manager, and clinical manager work full time from Monday to Friday. They are supported by a clinical coordinator who works full time from Sunday to Thursday. The manager and clinical manager share the on-call after-hours duties. The management team are supported by a RN on each shift in the hospital and either an RN, enrolled nurse (EN) or senior care worker on the morning and afternoon shifts in the rest home. The service has been completing notifications for incidents related to RN staffing shortages; the roster reviewed at the time of the audit indicated that there were sufficient numbers of RNs on duty at all times. Staff working on the days of the audit were visible and attending to call bells in a timely manner, as confirmed by residents and family/whānau interviewed.</p> <p>There is a staff education and training plan in place for 2023 which includes Altura online training. The education and training schedule plan lists all mandatory topics and competencies. Staff are provided with opportunities to attend in-services and toolbox talks. Cultural safety and Te Tiriti o Waitangi staff training occurred in September 2022. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform and expertise of Māori staff creates opportunities for the workforce to learn about and address inequities. Staff training has included sessions on privacy/dignity and spirituality/counselling to ensure the needs of younger residents are met.</p>

		<p>The service supports and encourages care workers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 50 care workers, 72% have completed qualifications; 11 have completed their level four, 22 have completed their level three, and 3 have completed their level two qualification. Competencies are completed by staff, which are linked to the education and training programme. Competencies cover: manual handling and hoists; restraint minimisation; infection prevention and control; skin management; insulin; medication management; and observations. There are eight RNs (including the clinical manager and clinical coordinator), and two RNs are interRAI trained. Additional education for the nurses is available through Te Whatu Ora - Southern.</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 comprehensive human resource policies including recruitment, selection, orientation, and staff training and development. Six staff files reviewed included a signed employment contract, job description, police check, induction documentation, application form and reference checks. A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. Care workers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Information held about staff is kept secure, and confidential in an electronic database and/or in a paper-based file securely stored in the nurse managers office. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data and reporting it at a governance level.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access,</p>	<p>FA</p>	<p>The service maintains a record of entry and decline rates. The facility manager reported that the service has not declined entry to anyone</p>

<p>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>identifying as Māori and that they are aware of completing Māori specific data. There were residents who identified as Māori at the time of audit. PSS employs a cultural advisor who has increased linkages with Māori health services in Invercargill. Staff members who identify as Māori can access supports for residents who identify as Māori.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Six electronic resident files were reviewed; four hospital (including one resident on a younger persons disabled contract and one resident on respite care) and two rest home level care residents. A registered nurse had undertaken an initial assessment, risk assessments and developed an initial care plan in partnership with residents and family/whānau on admission.</p> <p>Registered nurse completes an initial assessment and care plan on admission to the service under the 'getting to know me' assessment tool. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes. The care plans on the electronic resident management system were resident focused and individualised. All long-term care plans reviewed identified all support needs, goals, and interventions to manage medical needs/risks. Other available information such as discharge summaries, medical and allied health notes, and consultation with residents, relatives or significant others are included in the resident electronic file. 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. Residents and family/whānau interviewed confirmed they were involved in care planning and decision making. The registered nurses interviewed describe working in partnership with the resident and family/whānau to develop initial and long-term care plans.</p>

	<p>The residents on the YPD contracts had interRAI assessments completed and holistic long-term care plans documented which evidenced resident input, resident's choices, and individualised goals. The resident on respite care had appropriate risk assessments and an initial care plan completed.</p> <p>The registered nurses (RN's) and the cultural advisor interviewed described how PSS Vickery Court supports all residents, including Māori residents and their whānau, to identify their own pae ora outcomes in their care and support plan. Cultural assessments and care plans were reviewed along with information based on Te Whare Tapa Whā associated processes to guide culturally appropriate care. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented. Registered nurses described the four cornerstones of Māori health 'Te Whare Tapa Whā' and stated care plans include the physical, spiritual, family, and mental health of the residents. For end of life care, the RNs utilise Te Ara Whakapiri care plans.</p> <p>Residents have the choice to remain with their own GP; however, there is a contracted local medical practice with three nurse practitioners (NP's) and a GP who provide medical services to residents. The GP or NP visits weekly and completes three-monthly reviews, admissions and sees all residents of concern. The NP stated she is notified via text and email in a timely manner for any residents with health concerns. The NP service is available after-hours 24/7. All GP or NP notes are entered into the electronic system. The NP commented positively on the care the residents received. Residents' electronic files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist and dietitian are available by referral. A podiatrist visits six-weekly. Other allied health professionals involved in care include hospice, clinical nurse specialists and medical specialists from Te Whatu Ora - Southern.</p> <p>Residents interviewed reported their needs were being met. Relatives are invited to attend GP/NP reviews; if they are unable to attend, they are updated of any changes. Family members interviewed stated their relative's needs were being appropriately met and stated they are</p>
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		<p>notified of all changes to health, as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required, a GP visit or referral to nurse specialist consultants occurs.</p> <p>There were ten residents (eight hospital and two rest home) with wounds, including three hospital level residents have facility-acquired stage III and stage IV pressure injuries. Incident reports and Section 31 notifications have been made to the Ministry of Health. The electronic wound care plan documents the wound management plan, assessments, and evaluations with supporting photographs. The GP/ NP and if required, the wound specialist, have input into chronic wound management. Registered nurses and care workers have completed wound assessment and management training.</p> <p>Care workers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit. A continence specialist can be accessed as required.</p> <p>Electronic monitoring charts included (but not limited to): weights; observations, included vital signs; turning schedules; food and fluid balance recordings; catheter changes; and intentional rounding. All monitoring charts were implemented according to the care plan interventions. Each incident involving a resident reflected a clinical assessment and follow up by an RN. Neurological observations are recorded for suspected head injuries and unwitnessed falls. Relatives are notified following adverse events. Routine care plan evaluations are completed six-monthly as scheduled, or before if there are changes in a resident's condition. Evaluation documentation reviewed record progress towards meeting goals.</p> <p>Care workers interviewed advised that a verbal handover occurs at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic programme. Tablets are readily available for staff to update monitoring charts and document progress notes on the electronic system.</p>
Subsection 3.3: Individualised activities	FA	The activity programme supports community initiatives that meet the

<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>health needs and aspirations of Māori and whānau. There are organised celebrations of Waitangi Day and Matariki; Māori language week was celebrated. There have been opportunities for residents to make and participate in poi and rakau (Māori singing sticks) activities. Celebration photographs were displayed showing staff participation in cultural activities around the facility, including staff who identify as Māori. During the interview, the activities assistants were able to discuss how the service supports Māori residents to meet their needs and aspirations.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely and securely. The internal audit schedule includes medication management six-monthly. Education around safe medication administration has been provided. A safe system for medicine management using an electronic system is used and observed on the day of audit.</p> <p>Twelve medication charts were reviewed and met prescribing requirements. Medication charts had photograph identification and allergy status notified. The GP or NP reviews the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately, with outcomes documented in progress notes. Two senior medication competent care workers were observed administering medications correctly on the day of audit. Residents and family/whanau interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. There were no residents self-administering medication on the days of audit.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. Standing orders are not in use at PSS Vickery Court. All over the counter vitamins or alternative therapies residents choose to use, are reviewed, and prescribed by the GP/NP.</p>

		<p>There are two medication rooms. The fridge and room temperatures are recorded and maintained within the acceptable temperature range. The previous audit partial attainment (HDSS:2008 # 1.3.12.1) has been addressed. Eye drops had prescription labels and evidenced date of opening.</p> <p>The RNs and management described working in partnership with all residents and families/whānau to ensure the appropriate support is in place, advice is timely and easily accessed and treatment and access to medications are prioritised to achieve better health outcomes. The service supports younger persons with disabilities to access medication by providing support people where required.</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>Kitchen staff and care staff interviewed understood tikanga Māori practices in line with tapu and noa requirements.</p> <p>Residents' nutritional requirements are assessed on admission to the service, in consultation with the residents and their family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements.</p> <p>The Māori health plan in place includes cultural values, beliefs, and protocols around food. The kitchen manager/chef stated that menu options culturally specific to te ao Māori are offered to Māori residents when required, giving examples of culturally specific food that might be offered. The village manager and the kitchen manager/chef gave examples of how they meet Māori resident's cultural food needs. Family/whānau are welcome to bring culturally specific food for their relatives. Residents and family/whānau members interviewed indicated satisfaction with the food services.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. The residents and their families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social</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>support or Kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current building warrant of fitness which expires on 1 Feb 2024. There is a maintenance person who works full time to complete maintenance requirements. Maintenance requests are logged through a communication book and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. This plan comes from Presbyterian Support Southland head office.</p> <p>Essential contractors such as plumbers and electricians are available 24/7 as required. Testing and tagging of electrical equipment and checking and calibration of medical equipment, hoists and scales has been completed. The service currently has no plans for building or major refurbishments; however, the management team interviewed were aware of their obligation to seek input from Māori to ensure their aspirations are reflected in the design.</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>There is an approved evacuation plan in place dated 2 February 2021. Fire evacuations are held six-monthly.</p> <p>The building is secure after hours, and staff complete security checks at night. Staff orientation and training includes fire and security training.</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>There are policies and procedures available related to pandemic management, the use and management of personal protective equipment (PPE), Covid-19 and outbreak management. Education around outbreak management is included as part of annual training and updates as needed. There is a plentiful supply of PPE on site and additional stores available from support office.</p> <p>The organisation has information in te reo Māori around infection control for Māori residents. The organisation promotes culturally safe practices, acknowledging the spirit of Te Tiriti through the Māori health plan. The staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</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>	<p>FA</p>	<p>All infections are recorded electronically. Surveillance data includes ethnicity and is collated and analysed to identify any significant trends or common possible causative factors monthly and action plans are implemented. There are standardised surveillance definitions used. An infection report is documented monthly by the clinical manager/infection control coordinator. Infection rates are reported to the quality manager in a monthly report. Data is then further analysed and benchmarked against other Presbyterian Support services. Quarterly benchmarking is implemented and includes a large number of aged care providers throughout NZ. A report is sent to the director of Enliven clinical governance team. Benchmarking results are discussed at bimonthly meetings. Proposed corrective actions and improvements are included in the commentary in the reports and reviewed and discussed at the meetings. Meeting minutes and graphs are displayed for staff.</p> <p>The CM reported that culturally safe processes for communication will be provided when required. Residents and families/whānau interviewed expressed satisfaction with the communication provided. The cultural advisor is available to support Māori residents.</p> <p>There have been three Covid-19 outbreaks (April, July 2022, and April</p>

		2023). Document review showed that the service followed its pandemic plan. Families/whānau were kept informed by telephone or email. Visiting was restricted.
<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>	FA	<p>The restraint policy confirms that the organisation is working to actively minimise the use of restraint. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident, while using the least restrictive practice. At the time of the audit, there were no residents using restraints. The designated restraint coordinator (clinical manager) was interviewed and confirmed the organisation's commitment to restraint minimisation and implementation across the organisation.</p> <p>The use of restraint is monitored in the monthly quality, clinical and staff meetings. The restraint policies ensures residents and family/whānau are involved in restraint implementation and reviews. The management team interviewed confirmed restraint data is analysed the same as other quality data collated, with a corrective action plan documented (where required). Restraint minimisation training is included as part of the annual mandatory training plan. Restraint training and competencies are completed at orientation and competencies are completed annually.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.