

Parata Anglican Charitable Trust Board - Parata Anglican Charitable Trust

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: Parata Anglican Charitable Trust Board

Premises audited: Parata Anglican Charitable Trust

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 12 July 2023 End date: 13 July 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: 21



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Parata Anglican Charitable Trust (Parata Home), located in Gore, is governed by the Anglican Charitable Trust Board. The service provides rest home level of care for up to 26 residents. On the day of the audit there were 21 residents.

This certification audit was conducted against the Health and Disability Standards 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 family, management, and staff.

The care manager is an experienced registered nurse and is supported clinically by a team of registered nurses. There are quality systems and processes implemented. Feedback from residents and families was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified the service meets the intent of the standard.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service are fully attained.

Parata Home provides an environment that supports resident rights and safe care. The service works to provide high-quality and effective services and care for all its residents. Staff demonstrated an understanding of residents' rights and obligations. There are Māori and Pacific health plans with a stated commitment to providing culturally appropriate and safe services. Staff are employed, where able, to represent the ethnicity of the group of residents.

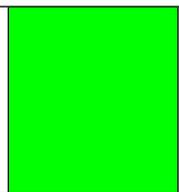
Residents receive services in a manner that considers their dignity, privacy, and independence. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family. There is evidence that residents and family are kept informed.

Residents and families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumer Rights' (the Code), and these are respected. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and principles of mana motuhake.

Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. There was no evidence of abuse, neglect, or discrimination. Open communication between staff, residents, and families/whānau is promoted and was confirmed to be effective. Family and legal representatives are involved in decision-making that complies with the law. The service works with other community health agencies.

The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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Services are planned, coordinated, and are appropriate to the needs of the residents. The annual business plan informs the annual quality plan. Service objectives are defined and regularly reviewed. Internal audits, and the collection/collation of data were all documented as taking place as scheduled, with a robust corrective action process implemented where applicable. Quality and risk performance is reported in board and staff meetings.

Health and safety processes are implemented, led by a health and safety officer/registered nurse. Health and safety is a regular agenda item at all meetings. Contractors and staff are orientated to health and safety processes.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme that covers relevant aspects of care and support.

The staffing policy aligns with contractual requirements and includes skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service are fully attained.

There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/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. Discharge and transfers are coordinated and planned.

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

The diversional therapist implements an interesting and varied activity programme which includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent care support staff are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

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

Subsections applicable to this service are fully attained.

All rooms are single occupancy, have ensuite and are personalised. Communal areas are accessible by residents with safe access to the outdoors, seating, and shade. Fixtures, fittings, and flooring are appropriate.

There are documented systems in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. Fire drills are held six monthly. There is a call bell system responded to in a timely manner. Appropriate security measures are implemented.

Staff have planned and implemented strategies for emergency management including Covid-19. Systems and supplies are in place for essential, emergency and security services. There is a building warrant of fitness which expires in April 2024.

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

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

Subsections applicable to this service are fully attained.

The infection prevention and control programme is implemented to meet the needs of the service and provides information and resources to inform the service providers. Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. Antimicrobial usage is monitored.

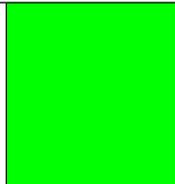
The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

Visitors wear masks when they visit as part of the service's Covid-19 management. Covid-19 response plans are in place and the service has access to personal protective equipment and supplies. There have been two Covid-19 outbreaks which were appropriately reported and effectively managed.

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. Further to this staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner.

Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Chemicals are stored securely throughout the facility.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility is restraint-free. It would be considered only as a last resort after all other options were explored.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	165	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Parata Home has embraced Māori culture, beliefs, traditions and te reo Māori, and is committed to respecting the self-determination, cultural values, and beliefs of their residents and family. The Māori health plan has been written by an external contractor with input from a Māori advisor. It acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The care manager liaises with a board member who has strong ties to the local marae. The Māori health plan confirms the service is committed to ensuring that the needs of Māori residents are met in a way that is culturally safe and acceptable to both the resident and their whānau/hapu/iwi.</p> <p>A recent initiative has been the construction and blessing of a kororia (Māori cloak) that is on display in the chapel. Cultural initiatives are scheduled to take place during Matariki. Te reo signage is on display throughout the facility.</p> <p>Parata Home can analyse health outcomes of Māori and non-Māori and actively strives to achieve equitable outcomes. If a trend demonstrated inequity, an action plan would be implemented. The</p>

		<p>service had no residents who identified as Māori at the time of the audit.</p> <p>The care manager stated that they are employing more Māori staff members when they apply for work opportunities. At the time of the audit, there were staff members who identify as Māori. Māori staff interviewed confirm they feel supported by the service and the service's commitment to Māori. Te reo Māori learning is supported.</p> <p>Residents and family are involved in providing input into the resident's care planning, their activities, and their dietary needs. The managers (care manager, and kitchen manager (cook) and seven staff interviewed (two caregivers, two registered nurses (RNs), one housekeeper, one maintenance, and one activities coordinator described how care is based on the resident's individual 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>A Pacific Peoples plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The guiding document for policy is Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025 and other Pasifika health and wellbeing plans published on the Ministry of Health website.</p> <p>On admission all residents state their ethnicity. There were no residents that identified as Pasifika. Family members of Pasifika residents will be encouraged to be present during the admission process, including completion of the initial care plan. Specific care plans are available for residents who identify as Samoan or Tongan. 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 care manager described how the equitable employment process ensures Pasifika staff who apply would be welcomed to increase the capacity and capability of the Pasifika workforce. There were no staff that</p>

		<p>identified as Pasifika at the time of the audit.</p> <p>Interviews with the care manager and staff confirmed the service puts people using the services and the local community at the heart of their services. The code of rights are accessible in the range of Pasifika languages.</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>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The care manager, and/or registered nurse discuss aspects of the Code with residents and their family on admission.</p> <p>The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the two-monthly resident meetings. Residents and family interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family.</p> <p>There are links to spiritual supports. Church services are held regularly. The service recognises Māori mana motuhake and this is reflected in the Parata Home Māori health plan. Eight residents and two family interviewed confirm that individual cultural beliefs and values are respected.</p> <p>Staff receive education in relation to the Code at orientation. This training is repeated annually through the education and training programme and includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</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>Caregivers and registered nurses interviewed described how they support residents to make informed, independent choices. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family members to be involved in their care and other forms of support. Residents also have control over and choice regarding activities they participate in and are encouraged and assisted to exercise freedom of choice, and their right to autonomous decision-making related to their health and wellbeing. It was observed that residents are treated with dignity and respect.</p> <p>The staff education and training plan reflects training that is responsive to the diverse needs of people across the service. The service promotes cultural safety through educating staff about te ao Māori and listening to tāngata whaikaha when planning services. Satisfaction surveys completed in November 2022 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families. Staff were observed to use person-centred and respectful language with residents.</p> <p>A sexuality and intimacy policy is in place with training as part of the orientation programme and education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no married couples in the facility.</p> <p>Residents and families interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' gender and sexuality are respected.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available for staff to access. Cultural awareness training is provided annually and</p>
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		covers Te Tiriti o Waitangi and tikanga Māori.
<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>	FA	<p>An abuse and neglect policy is being implemented. Parata Home policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days celebrate diversity in the workplace.</p> <p>A staff code of conduct is discussed during the employee's induction to the service with evidence of staff signing this document. This document addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged. Policy acknowledges institutional racism and seeks to abolish it through education and training.</p> <p>Staff complete education on orientation, and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds.</p> <p>Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing with the aim to improve outcomes for Māori.</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</p>	FA	<p>Information is provided to residents and family/whānau on admission. Three-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p>

<p>wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. 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>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms include a section to indicate if next of kin have been informed (or not) of an accident/incident. Ten accident/incident forms reviewed identified families are kept informed following consent by the resident (if able). This was also confirmed during interviews with families.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak 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 are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora- Southern specialist services. The delivery of care involves a multidisciplinary team approach and residents and families provide consent and are communicated with regarding services involved. The care manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and families interviewed confirm they know what is happening within the facility and felt informed through emails, and regular face to face communication.</p>
<p>Subsection 1.7: I am informed and able to make choices 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. Te Tiriti: High-quality services are provided that are easy to access</p>	<p>FA</p>	<p>There are policies around informed consent. Residents and families interviewed could describe what informed consent was and their rights around choice. There is an advance directive and shared goals of care process implemented. The policy includes reference to the End-of-Life Choice Act policy. Six resident files reviewed included informed consent forms signed by either the resident or</p>

<p>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>their enduring power of attorney (EPOA).</p> <p>Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA.</p> <p>Admission agreements had been signed and sighted for all the files seen. Copies of EPOAs were available on residents' files.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussion with family members identified that the service actively involves them in decisions that affect their family/whānau lives.</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 family on entry to the service. Complaints forms are available at the entrance to the facility. The care manager maintains a record of all complaints, both verbal and written, in a complaint register. No complaints have been received since the previous audit. The staff interviewed could describe directing the complainant to the most senior person on duty. Residents and families advised that they are aware of the complaints procedure and how to access forms. The families interviewed stated they feel comfortable discussing concerns with the management.</p> <p>Discussions with residents and families confirmed they are provided with information on complaints and are aware complaints forms are available. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly where concerns can be raised. During interviews with family, they confirmed the managers are available to listen to concerns and act promptly on issues raised.</p> <p>Residents/family making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the</p>

		<p>complaints process. The care manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</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>Parata Anglican Charitable Trust board provides overarching governance to Parata Home. The service provides rest home level care for up to 26 residents. On the day of audit, there were 21 residents. All residents were under the age-related residential care services agreement (ARRC).</p> <p>A board member with links to Māori and the local marae was interviewed. Parata Anglican Charitable Trust is governed by a board of six directors. The health trust recruits for the board of directors when a vacancy becomes available as per their skill shortage criteria and checklist. The Board has an independent orientation process. The care manager liaises with board chairman regularly and submits a report directly to the board prior to each board meeting. The board meets monthly. The board member interviewed can demonstrate cultural competency expertise with plans in place for all board members to also undergo training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha.</p> <p>The 2023 business plan has clearly identified their mission, vision, and objectives. Objectives are regularly reviewed and signed off when achieved. The business plan and Māori health plan reflect a commitment to collaborate with Māori to address barriers to equitable service delivery for Māori. Work is underway to ensure that the business plan reflects the goal of improving outcomes for Māori and tāngata whaikaha people with disabilities.</p> <p>The annual quality and risk management programmes reflect evidence of regular compliance monitoring and risk reporting. Outcomes and corrective actions are shared and discussed in the board meetings, quality meetings and staff meetings.</p> <p>The facility is managed by a registered nurse who has been in the</p>

		<p>position since October 2021. They have experience as a clinical lead in aged care. The care manager is supported by two experienced registered nurses, one enrolled nurse, and a team of long-standing staff. Clinical governance is a shared nursing responsibility, led by the care manager.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Parata Home care manager and staff are collectively implementing their annual quality plan. Performance objectives are clearly defined. Quality activities cover performance monitoring through internal audits, satisfaction survey results and through the collection, collation, and analysis of clinical indicator data, staff training and development, and implementing quality initiatives. There are procedures to guide staff in managing clinical and non-clinical emergencies. 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 have been updated to meet the Ngā Paerewa Health and Disability Services Standard 2021. New policies or changes to policy are communicated and discussed with staff.</p> <p>Three- monthly quality meetings, and three-monthly staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural compliance, staffing, and education. Internal audits, meetings, and the collection/collation of data take place as scheduled. Corrective actions are documented where indicated to address service improvements with evidence of progress and sign off by the care manager when achieved. Meeting minutes are provided to staff who are unable to attend meetings. Corrective actions are discussed in staff meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The November 2022 resident and family satisfaction surveys indicate that both residents and family have high levels of satisfaction with the services being provided. Corrective actions are implemented to improve on any specific comments. Work is</p>

		<p>underway to increase the survey return rate for the next upcoming survey.</p> <p>Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>Reports are completed for each incident/accident. Immediate actions are documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears). Incident and accident data is collated monthly and analysed. Each event involving a resident, triggers a clinical assessment and the timely follow up by a registered nurse. Individual falls prevention strategies are in place for residents identified at risk of falls. Registered nurses collaborate with caregivers to evaluate interventions for individual residents at risk of falling. Neurological observations reviewed were consistently recorded for unwitnessed falls and/or suspected injuries to the head. Family are notified following incidents, evidenced on the accident/incident forms and during family interviews. Opportunities to minimise future risks are identified by the registered nurses and are discussed in staff handovers.</p> <p>A health and safety system is in place. The health and safety officer, (interviewed), has completed external health and safety training. There are regular moving and handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There have been no serious staff injuries since the last audit. Hazard identification forms and an up-to-date hazard register were sighted (last reviewed 1 April 2023). Each hazard is risk rated with controls put into place. Health and safety is a regular agenda item in quality and staff meetings. The board are kept informed regarding any serious event (e.g., severity assessment code (SAC) one or two).</p> <p>Discussions with the care manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications required since the previous audit. There have been two Covid 19 exposure outbreaks. These were appropriately notified.</p>
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<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>Interviews with staff confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirmed their care requirements are attended to in a timely manner.</p> <p>The care manager is onsite a minimum of four days a week and can work up to full time hours. This person is supported by two registered nurses and one enrolled nurse.</p> <p>A RN is on the premises from 8:00 a.m.– 4:00 p.m. a minimum of 12 days over a 14-day roster. An experienced caregiver is always rostered when an RN is not onsite. All RNs and the EN share the on-call roster.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training and a Māori cultural competency. External training opportunities for care staff include training through Te Whatu Ora and hospice. All RNs have completed interRAI training.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes, disparities, and health equity. Staff confirmed that they are provided with resources during their online cultural training. This learning platform and the expertise of Māori staff creates opportunities for the workforce to learn about and address inequities. Staff are expected to answer competency assessment questions that address health equity, Te Tiriti O Waitangi, and the meaning of mana motuhake.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-one caregivers are employed. They are supported to transition through the NZQA Careerforce certificate for health and wellbeing. Two caregivers hold a NZQA level four qualification with two currently working towards this, five staff hold a NZQA level three qualification and two hold a NZQA level two qualification.</p> <p>A competency assessment policy is being implemented. Staff complete competency assessments as part of their orientation and following each in-service (e.g., fire safety, hand hygiene, moving and</p>
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		<p>handling, falls prevention, communication, personal cares, restraint, challenging behaviours, infection control). Annual medication competencies are completed by suitable qualified staff (e.g., RNs, EN, senior caregivers). All RNs are encouraged to attend in-service training and Covid-19 preparedness.</p> <p>Training, and support are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, and emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training and hazard reporting. Staff wellness is encouraged through participation in health and wellbeing activities. Contractors are orientated to health and safety by the health and safety officer and/or maintenance staff. A first aid trained staff member is on duty 24/7.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the care manager's office in a locked filing cabinet. Seven staff files were reviewed (five caregivers, one staff RN, one cook) evidenced implementation of the recruitment process, employment contracts, and completed orientation. Each staff member receives a copy of the code of conduct. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. There is an appraisal policy. Appraisals are completed annually and were up to date.</p> <p>An orientation programme provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up</p>

		action taken are documented. Wellbeing support is provided to staff.
<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>	FA	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Any signatures that are documented include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There is an entry and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission or on entry to the service. The information in the welcome pack for Parata Rest is being developed in te reo Māori.</p> <p>Five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The care manager and RN are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with prospective residents and</p>

		<p>family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents, this is documented on the resident file and the care manager collates the data for reporting to the staff and governance. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates that is ethnicity focussed. The analysis of ethnicity data is documented in the monthly facility manager report to the board.</p> <p>Links are established between a board member who identifies with the local marae Te Whānau o Hokonui marae, which supports cultural liaison, and the ability to consult on matters in order to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five files (all ARRC contracts) were reviewed for this audit. The care manager (CM) and the registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments, and a family/whānau meeting where the long-term care plans are reviewed. This is documented in the progress notes.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. Although there are no Māori residents currently, the RNs interviewed could explain how they would support Māori residents and their whānau. The service utilises a person-centred model of care.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files had interRAI assessments, and care plan evaluations and were completed within the required timeframes. Evaluations stated progress against the set goals. Care plans have been updated when</p>

	<p>there were changes in health condition and identified needs. The long-term care plan includes sections on mobility, hygiene, continence, dietary needs, sleep, communication, medication, skin care and pressure injury prevention, mood, and behaviours, social and cultural, intimacy and sexuality, and pain. The care plan aligns with the service's model of person-centred care.</p> <p>The GP who assesses residents within five working days of admission. The GP reviews each resident at least three-monthly. Residents can retain their own GP if they choose to. The GP practice provides a limited on-call service. The CM shares after-hours calls on a roster with the other RNs, providing advice and support and are available to be on site. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service uses a physiotherapist as necessary. A podiatrist visits eight-weekly and a dietitian, speech language therapist, continence advisor and wound care specialist nurse are available as required.</p> <p>Caregivers and RNs interviewed described 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 daily in the progress notes by CGs and RNs. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters a RN initiates a review with a GP. Family/whānau were notified of all changes to health including infections, accident/incidents, GP visits, medication changes. Wound assessments, and wound management plans photos and wound measurements were reviewed. A paper based wound register is maintained. There was one resident with one wound which is a burst bruise.</p> <p>Registered nurses and CGs interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is one activities coordinator who is working on completing their diversional therapy qualification and has a current first aid certificate. Activities are provided Monday to Friday with weekend activities such as entertainment and movies/television in the lounge facilitated by the CGs. The programme is planned monthly and includes themed cultural events including those associated with residents and staff. A monthly calendar is delivered to each individual resident.</p> <p>The service facilitates opportunities to participate in te reo Māori with Māori language on planners, participation in Māori language week, and Matariki. Matariki activities included experiencing kai – food, whitebait and paua, sky watching to see the star cluster, visits from the marae to talk about Matariki and what it means.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who are unable to actively participate in communal activities (as observed during audit).</p> <p>Entertainment and outings are scheduled weekly. There are weekly interdenominational services.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family connections. A social and cultural plan is developed and reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include quizzes, board gaming, celebration of gay pride, exercises, hand pampering,</p>

		<p>happy hour, mobile library.</p> <p>Resident meetings are held three monthly. Residents can provide feedback on activities at the meetings and six-monthly reviews. Residents and family interviewed stated the activity programme is meaningful and that the activities coordinator makes activities such as exercises “fun”.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management that meet legislative requirements. All clinical staff (RNs, and medication competent CGs) who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and CGs interviewed could describe their role regarding medication administration. The service currently has packaged medication for regular and ‘as required’ medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication storage cupboard and locked trolley. The medication fridge and room temperatures are monitored daily, and the temperatures were within acceptable ranges. Controlled medications are checked weekly. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. There were no residents self-medicating. Medication competent CGs or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and families are updated around medication changes,</p>

		<p>including the reason for changing medications and side effects. This is documented in the progress notes. When there are residents who identify as Māori the RNs and care manager described a process to work in partnership to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in evidence, expiring in March 2024. The four-weekly menu has been reviewed by a dietician in November 2022.</p> <p>There is a food services manual available in the kitchen. The kitchen manager (cook) receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The cook/kitchen hand completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the dining room residents were observed enjoying their meals. Staff were observed serving residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and family interviewed were very complimentary</p>

		regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys. The 2022 survey results included feedback on the food service with a 100% of respondents satisfied/very satisfied.
<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 are coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident change, transfer, or termination policy and procedures are documented to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The care manager and RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. Residents are encouraged to bring their own possessions including those with cultural or spiritual significance into the home and can personalise their room.</p> <p>There are handrails in ensuite and communal bathrooms. The hallways are wide and include ample room for the placement of armchairs and smaller communal areas for residents to sit in. The large well-appointed dining room adjacent to the kitchen servery. All resident rooms and communal areas provide sufficient room to enable safe use of resident equipment. Activities take place in the large communal lounge and in smaller lounges. There are sufficient communal toilets situated in close proximity to communal areas.</p> <p>All electrical equipment and other machinery are included as part of the annual maintenance and verification checks.</p>

		<p>The building is appropriately heated and ventilated. There is underfloor heating and heat pumps throughout the facility. The temperature in each room can be individually managed by a heat pump. There is plenty of natural light in the rooms.</p> <p>The service is not currently engaged in construction. If this was to happen the board member and the care manager described how they would utilise their links with their kaumātua and local iwi to ensure the 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>	FA	<p>There are comprehensive policies and procedures documented and available to staff around the management of an emergency and civil defence disaster. A current fire evacuation plan is in place. Fire drills are routinely held six monthly. All staff complete fire and emergency training during orientation to the service and this is included in the education planner as ongoing education. There is a dedicated yellow bin with all emergency equipment including civil defence supplies. Stock is checked regularly for expiry.</p> <p>There is a minimum of one staff available 24/7 with a current first aid certificate. There are adequate supplies of water and food to meet current requirements.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. All staff carry pagers to alert care staff to who requires assistance. Residents were observed to have their call bells within reach. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secure in the evening and staff perform security checks throughout the night.</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</p>	FA	<p>The care manager is the infection prevention control coordinator and oversees the infection control programme. The job description outlines the responsibility of the role. The infection prevention control programme: content and detail, is appropriate for the size,</p>

<p>IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>complexity and degree of risk associated with the service.</p> <p>Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the governance team. There is documentation regarding the May 2022 outbreak which was reported to the chairman of the board and Te Whatu Ora - Southern. Infection rates are presented and discussed at quality and staff meetings and presented in a CM report to the Board. Infection prevention and control are part of the business and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora – Southern. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection prevention control coordinator, the Board, the GP, and the public health team.</p> <p>Visitors are asked not to visit if unwell. All visitors and contractors are required to wear masks.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid-19 vaccinations (logs sighted), with staff and residents offered vaccinations.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention control coordinator has been in the role since 2021. During Covid-19 lockdown there were regular meetings with Te Whatu Ora - Southern which provided a forum for discussion and support relating to the Covid-19 response framework for aged residential care services. The service has a Covid-19 response plan including easily accessible resources for the preparation and planning for a further outbreak.</p> <p>The infection prevention control coordinator has completed external infection control training with Te Whatu Ora – Southern. There is good external support from the GP, laboratory, and microbiologist. There are outbreak kits readily available and a personal protective</p>

	<p>equipment cupboard. There are supplies of extra personal protective equipment (PPE) as required. The infection prevention control coordinator has input into the procurement of good quality PPE, medical and wound care products. Consumables are checked for expiry dates.</p> <p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight and training and education of staff. Policies and procedures are reviewed annually by the care manager. Policies are available to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities with flowing soap, paper towels and hand sanitisers.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service's infection control policies acknowledge importance of te reo Māori information around infection control for Māori residents and encourage culturally safe practices acknowledging the spirit of Te Tiriti o Waitangi. Infection prevention control practices include laundry and cleaning practices that reflect Māori participation when required and consultation in infection prevention to promote culturally safe practice. All staff received training in cleaning protocols and procedures related to the cleaning of reusable medical equipment and high touch areas.</p> <p>The infection prevention control policy states that the service is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. Staff have completed handwashing and personal protective equipment competencies.</p> <p>Resident education occurs as part of the daily cares and bi-monthly meetings. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p>
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		There was no construction, installation, or maintenance in progress at the time of the audit. There is a communication pathway to include infection prevention control advice when required.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an antibiotic use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Compliance on antibiotic and antimicrobial use are evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes. The analysis of prescribing patterns and summaries are presented and discussed at quality meeting and discussed with the GP. Infection rates are analysed for antimicrobial use and the CM reports to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme. 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 database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs internally and monitors infections rates in comparison to previous months. Infection control surveillance is discussed at the three-monthly quality meetings and the three-monthly staff meetings.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control coordinator use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal</p>

		<p>infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Te Whatu Ora - Southern for any community concerns. Ethnicity data is collected on the electronic surveillance form submissions and analysed by the care manager. The data will then be used to inform future strategic planning and service delivery.</p> <p>There have been two Covid-19 outbreaks May/June 2022 and May/June 2023. The outbreak was documented with evidence of comprehensive management, regular outbreak meetings and comprehensive debrief meetings. The infection prevention and control coordinator interviewed described the daily update and debrief meetings that occurred. The service completed a review after the outbreak to prevent, prepare for and respond to future infectious disease outbreaks. The infection prevention and control coordinator confirmed that the screening process, cohorting of residents and care delivery within a constrained workforce proved to be challenging but successful. Staff confirmed that during the Covid-19 outbreak had sufficient resources including PPE were adequate.</p> <p>Currently, visitors are controlled through a screening process and health declaration at entry. Visitors are required to sign in at the door and wear masks when moving around the facility.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</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>FA</p>	<p>The service implements a waste and hazardous management policy that conforms to legislative and local council requirements. Policies include but are not limited to considerations of staff orientation and education; incident/accident and hazards reporting; use of personal protective equipment (PPE); and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, laundry, and cleaning storerooms. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough protective equipment provided, such as aprons, gloves, and masks.</p>

		<p>Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was routinely used wherever appropriate.</p> <p>Cleaning services are provided seven days a week. There are sluices located in each area with aprons, goggles, and gloves available. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked storerooms for the safe and hygienic storage of cleaning equipment and chemicals. Housekeepers are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately labelled. Chemicals are stored securely, and a spill kit is available.</p> <p>The safe and hygienic collection and transport of laundry items was witnessed. All laundry inclusive of resident's clothing is done on site. On the day of interview, the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of these items. Residents' clothing is labelled and personally delivered from the laundry to their rooms. The effectiveness of the cleaning and laundry processes are monitored through the internal audit system with oversight from the infection control coordinator. Residents and family confirmed satisfaction with housekeeping and laundry services during interviews, and in satisfaction surveys.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process, as described in the restraint policy and procedures meets the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. An experienced RN is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator described the service's commitment to restraint minimisation. They are conversant with restraint policies and procedures. The facility has been restraint free</p>

		<p>in 2023. Restraint minimisation training for staff begins during their orientation and is repeated annually.</p> <p>The reporting process to the board includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. The restraint policy ensures resident, family approval would be sought if restraint was being considered. Any impact on family would also be considered.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.