

Presbyterian Support Southland - Peacehaven Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Presbyterian Support Southland

Premises audited: Peacehaven Village

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

Dates of audit: Start date: 10 August 2023 End date: 11 August 2023

Proposed changes to current services (if any): At the time of the audit PSS Peacehaven are certified to provide rest home, hospital (medical and geriatric), dementia and psychogeriatric levels of care for up to 121 residents. This included rest home and hospital units with a capacity of 81 dual purpose beds and included one double room. The dementia unit has a 20-bed capacity, and the psychogeriatric (PG) unit has a 20-bed capacity. The service has requested through Ministry of Health to increase the

overall bed capacity from 121 to 124. Three larger double rooms have been verified as suitable for couples, increasing the overall 81 dual purpose rooms as being able to accommodate up to 84 dual-purpose beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 117

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

PSS Peacehaven is part of Presbyterian Support Southland and is located in Invercargill. The service is certified to provide rest home, hospital (medical and geriatric), dementia and psychogeriatric levels of care for up to 121 residents. At the time of the audit there were 117 residents in total.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora New Zealand - Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and with residents, family/whānau, management, staff, and a nurse practitioner. The facility manager (registered nurse) is appropriately qualified and experienced and is supported by two clinical managers.

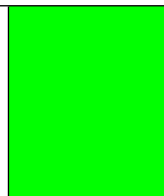
There are quality systems and processes being implemented. Feedback from residents and family/whānau were positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The certification audit meets the intent of the standard.

A continuous improvement was awarded around the reduction of hospital transfers and the resident dining experience.

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.

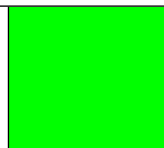


Subsections applicable to this service fully attained.

PSS Peacehaven provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health and wellbeing plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and 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 fully attained.

Presbyterian Support Southland has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager oversees the day-to-day operations of the facility. The quality improvement plan and organisational plan inform the site-specific operational objectives which are reviewed on a regular basis. PSS Peacehaven has an established quality and risk management system. Quality and risk performance is reported across

staff/quality meeting and to the senior leadership team. PSS Peacehaven collates clinical indicator data and benchmarking occurs. 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 covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Residents and family/whānau 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 fully attained.
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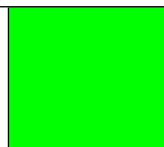
The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were developed and evaluated in the care plans reviewed. There is a strong multidisciplinary team focus. There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme. The organisation uses an electronic medicine management system for e-prescribing, and administration of medications.

The general practitioner or nurse practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so. All food and baking is prepared and cooked on site in the kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. There are additional snacks available 24/7. A current food control plan is

in place. The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Residents were complimentary of the food services. Residents are referred or transferred to other health services as required.

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.

There is a current building warrant of fitness. Reactive and preventative maintenance is carried out. Medical equipment and electrical appliances have been calibrated. Residents' rooms are personalised to resident taste and are of sufficient space to allow for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the rest home, hospital, dementia, and psychogeriatric areas that include lounge and dining areas and seating areas. External garden areas are easily accessible for residents using mobility aids with suitable pathways, seating and shade provided. The external areas in the dementia units are secure and provide areas of interest. Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly. Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty and on outings with a current first aid certificate. The building is secure at night to ensure the safety of residents and staff.

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines. Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on in a timely manner. Comparison of data occurs.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There have been outbreaks since the last audit. All were well managed and documented. There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Residents and family/whānau interviewed were complimentary of the cleaning and laundry services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The aim of the service and governing body is to eliminate restraint. The restraint policy includes objectives for eliminating restraint. Restraint policies and procedures are in place. Restraint is overseen by the restraint coordinator who is the registered nurse/clinical manager. The facility has no residents using restraint. Restraint is only considered as a last resort only after all other options were explored. Quality review of restraint use occurs monthly and is benchmarked.

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	2	166	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>A Māori Health and wellbeing plan is documented for the service. This policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Presbyterian Support Southland (PSS) Peacehaven is committed to respecting the self-determination, cultural values and beliefs of Māori residents and whānau and evidence is documented in the resident care plan and wellness map.</p> <p>The facility manager stated that they support increasing Māori capacity within the workforce and will employ more Māori staff members when they do apply for employment opportunities at PSS Peacehaven. At the time of the audit there were Māori staff members. PSS Peacehaven is committed to a culturally diverse workforce, as documented in the culturally responsive objectives of the PSS strategic plan 2021 - 2026, Māori Health and wellbeing plan and embedding Tepatikitiki o Kotahitanga overarching PSS policy. The plan includes partnering with Māori, and working in partnership with whānau to benefit Māori. There is a PSS cultural advisor assisting to maintain the established</p>

		<p>relationship with Te Kōhanga Reo o Kimihia Te Mātauranga o Ngā Tūpuna and Te Rau Aroha Marae at service level and established partnerships with Ngāi Tahu as consultation partners.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, activities, and their dietary needs.</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>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the PSS cultural safety for Pasifika Peoples and their Fanua policy. The principles/objectives of the policy is acknowledging Pacific people by maintaining respectful relationships, creating equitable access to services, valuing families and provide high quality healthcare. The policy recognises Pacific models of care and include Kakaha, Fonofale and Fanua model of care. On admission all residents state their ethnicity. The service currently has residents who identify as Pasifika.</p> <p>The facility manager interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected and documented in the Oranga Kaumatua wellness map. Family/whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>At the time of the audit, there were Pacific staff at PSS Peacehaven. PSS Peacehaven collaborates with their Pacific employees to ensure connectivity with Pacific churches and community groups within the region. Code of Rights are accessible in Tongan and Samoan when required. The culturally responsive objectives documented in the PSS strategic plan 2021-2026 recognise the capacity and capability of the Pacific workforce through promoting their diverse workforce.</p> <p>Interviews with 28 staff (nine healthcare assistants (HCA), three registered nurses (RN), four enrolled nurses (EN), one health and safety coordinator, one two cleaners, three laundry staff, three activities coordinators, one cook, one café assistant and two maintenance persons) and seven managers (one facility manager, two clinical managers, one clinical coordinator, one quality manager, one property and procurement manager, and one Director of Enliven) evidenced the</p>

		service provides person centred care.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager (RN) supported by the enrolled nurse discuss aspects of the Code with residents and their family/whānau on admission. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the quarterly resident/family meetings. Residents and family/whānau 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 and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support documented in the policy. PSS Enliven employs a pastoral care coordinator that provides social, emotional, cultural, and spiritual support. The service recognises Māori mana motuhake and this is reflected in the Māori health and wellbeing plan, individual care planning process, goal setting and the completion of the Oranga Kaumatua wellness map. Church services are held weekly.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme, which includes (but 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</p>	FA	<p>Healthcare assistants interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice</p>

<p>in a way that is inclusive and respects their identity and their experiences.</p>		<p>over activities they participate in. PSS Peacehaven`s annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to Tāngata Whaikaha when planning or changing services. It was observed that residents are treated with dignity and respect. A review of the annual 2023 satisfaction survey results and interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff interviewed stated they respect each resident`s right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. There was a married couple sharing a double room at time of audit. Staff were observed to use person-centred and respectful language with residents. Eight residents (four hospital and four rest home) and nine family/whānau (two hospital, three rest home, two dementia and two psychogeriatric) 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' files and care plans identified resident`s preferred names.</p> <p>Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spiritual health policy is in place. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. The activities coordinator confirmed that the service is actively supporting Māori by identifying their needs and aspirations. This was evidenced in the care plan and wellness map of a Māori resident, whose care plan included the physical, spiritual, family/whānau, and psychological health of the resident.</p>
<p>Subsection 1.5: I am protected from abuse</p>	<p>FA</p>	<p>An abuse, neglect awareness policy is being implemented. PSS Peacehaven policies prevent any form of discrimination and</p>

<p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>acknowledge impact of institutional racism on Māori wellbeing. The overarching PSS Embedding Te Patikitiki o Kotahitanga policy include strategies to abolish institutional racism. Cultural days are completed to celebrate diversity. 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 document as part of their employment agreement. This bullying, harassment and discrimination policy is implemented. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff completed education on teamwork and time management training and the staff engagement survey in March 2022 provide evidence of feedback related to a positive work environment.</p> <p>Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with the facility manager, clinical managers, clinical coordinator, and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. PSS Peacehaven embed the principles of the Enliven model of care that is holistic, and recognise Te Whare Tapa Whā, which encompasses an individualised, strength-based approach to ensure the best wellbeing outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. 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>FA</p>	<p>Information is provided to residents/family/whānau on admission. There are quarterly resident meetings for the rest home and hospital units and quarterly family/whānau meetings for dementia and psychogeriatric units. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twenty accident/incident forms reviewed identified family/whānau were kept informed; this was also confirmed</p>

		<p>through the interviews with family/whānau.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora - Southern specialist services (e.g. physiotherapist, district nurse, speech language therapist, older persons mental health clinical nurse specialist, geriatrician, and dietitian). Effective communication occurs with family/whānau regarding residents with any complex needs.</p> <p>The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent to other providers involved in their care. The facility 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. Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes, including outbreaks within the service through emails and regular newsletters and resident meetings. Staff have completed annual education related to communication with residents with sensory and cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p>	<p>FA</p>	<p>There are policies around informed consent. Interviews confirmed informed consent processes were discussed with residents and family/whānau on admission. Eleven electronic resident files were reviewed. Written general consents sighted for photographs, social media, release of medical information and medical cares were included in the admission agreement and signed as part of the admission process. Specific consent had been signed by the resident or enduring power of attorney (EPOA) for procedures such as influenza and Covid-19 vaccines. Discussions with HCAs confirmed that they are familiar with the requirements to obtain informed consent for entering rooms</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>and personal care.</p> <p>The resident files reviewed all had appropriately signed admission agreements and consent forms. The dementia and psychogeriatric (PG) files reviewed had activated enduring power of attorney documents, assessments, and letters of mental incapacity on file. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. A shared goal of care and guidelines on advance directives are documented as part of informed consent policies. 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 general practitioner (GP) or nurse practitioner (NP) had made a medically indicated resuscitation decision.</p> <p>There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. The service follows relevant best practice tikanga guidelines when obtaining consent by considering the resident's cultural identity when planning care. 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. Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around Code of Rights and informed consent.</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, concerns and suggestion policy is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written by using a complaint register. This register is in held electronically. Nine complaints were received in 2021 and eight made in 2023 year to date. A sample of documentation reviewed including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). One complaint made through HDC in November 2021 remains open with further evidence provided to HDC on March</p>

		<p>2023; the service are awaiting a further response from HDC. This complaint was included in the previous certification audit. One HDC complaint received in April 2022 has been investigated and was closed off by HDC in June 2022. One HDC complaint recently received in July 2023 is currently being investigated by the Director of Enliven and the response is due to HDC on 23 August 2023.</p> <p>Manatū Hauora requested follow up against aspects of a complaint that included communication, staffing, entry to services, care planning and cleanliness of the environment. There were no issues identified. There were no identified issues in respect of this complaint.</p> <p>The complaints logged can be classified into themes with a risk severity rating, and available in the complaint register. The quality manager interviewed stated a comprehensive investigation, root cause analysis, follow up, and replies to the complainant are provided when complaints are received. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted). Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. There were numerous compliments documented.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process.</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</p>	<p>FA</p>	<p>Presbyterian Support Southland (PSS) is one of seven regions managed by Presbyterian Support. PSS Peacehaven 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 rest home, hospital (medical and geriatric), dementia and psychogeriatric levels of care for up to 121 residents. At the time of the audit, the rest home and hospital wings have a dual bed capacity of 81 beds. The dementia unit has a 20-bed capacity, and the psychogeriatric (PG) unit has a 20-bed capacity. The service has requested through Ministry of Health to increase the overall bed capacity from 121 to 124, increasing the 81 dual purpose beds to</p>

<p>sensitive to the cultural diversity of communities we serve.</p>	<p>84 so that the service can accommodate couples in three of their larger double rooms.</p> <p>At the time of the audit, there were 117 residents in total: 27 rest home level residents; 51 hospital level residents; 19 residents in the secure dementia wing; and 20 residents in the secure psychogeriatric (PG) wing. One hospital level resident was under an ACC contract; two hospital and one rest home level residents were on long term services - chronic health conditions (LTS-CHC) contracts; and one rest home level resident was on a younger person with a disability (YPD) contract.</p> <p>The Director of Enliven (interviewed) confirmed no change to the governance structure and is as follows: The governance body (Trust Board) for PSS is a Charitable Trust comprising of seven trustees. The Trust Board provides strategic guidance and effective oversight to the senior leadership team. 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. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The CEO and senior leadership team are responsible for delivery on the strategic 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 and health & safety training in August 2023. The Board Chair completed cultural training as part of a national PSS Hui.</p> <p>A full-time Pou Tohu Ahurea (cultural advisor) has been employed to guide the organisation on this Haerenga (journey) and develop relationships with local iwi, key partners and is engaged with Māori Enliven residents and families/whānau as needed. While this position is in its infancy for Enliven (commenced January 12 ,2023), the service is well underway with planning and supporting the Enliven (ARC) service's cultural journey. The organisation philosophy and strategic plan reflect a resident/family-centred approach to all services. The Trust Board has Ngai Tahu representation on its membership. The Presbyterian Support New Zealand (PSNZ) Cultural Advisory group comprises of Māori representatives from each region. There is also a</p>
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	<p>pastoral care coordinator that enables the workforce to provide support to residents and whānau of Māori, non-Māori, and disability residents within the ARRC services. This helps ensure cultural needs are met as required, (eg, recent tangi held on sites and development of whānau rooms).</p> <p>A clinical governance committee (created by the Trust Board) meets two-monthly and reviews reports monthly. Its membership is from the Board and externally with clinical expertise from a GP and two external nurse practitioners who were added to the committee to extend clinical support. The quality improvement plan is reviewed three-yearly (with updates provided quarterly). The risk management plan is reviewed two yearly. The quality manager is responsible for the implementation of the quality improvement plan for all PSS sites and provides a regular report to the clinical governance committee that highlights areas of risk. Presbyterian Support Southland undertakes clinical benchmarking with Presbyterian Support Otago, South Canterbury, and Presbyterian Support Central on key clinical indicators. The clinical governance committee reviews the risks for the PSS Enliven (aged care) service at their bi-monthly meetings where this information is reported to the Board. The strategic plan and specific goals documented as part of the quality improvement plan related to PSS Peacehaven are measurable goals that are reviewed quarterly. Site specific goals relates to clinical effectiveness, risk management is overseen and reported on by the quality manager.</p> <p>There is a national whenua policy documented that guides the collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. Trustees regularly visit PSS sites to ensure engagement with residents and family/whānau. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident and family/whānau meetings. Feedback is collated, reviewed, and used by the senior management team of Enliven to identify barriers to care to improve outcomes for all residents.</p> <p>There is a PSS Charter and Strategic Plan 2021-2026 that documents the vision, values, and key service objectives. The strategic plan reflects a leadership commitment to collaborate with whānau to participate in planning, monitoring and evaluation of the service</p>
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		<p>delivery.</p> <p>The facility manager at Peacehaven is a RN who has been in her role for three years. She was previously a clinical manager and has a background in aged care. The facility manager works alongside the PSS quality manager. Two clinical managers/RNs are employed; one works in the rest home and hospital wings, and one works in the dementia and PG wings. There is a clinical coordinator, who supports the clinical manager in the rest home and hospital wings.</p> <p>The facility manager has completed the required eight hours of professional development activities related to managing an aged care facility. The facility manager completed professional development training, including leadership programme and cultural competency.</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>PSS Peacehaven is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and the collection of clinical indicator data, including skin tears; falls; challenging behaviours; pressure injuries; medication errors; polypharmacy; infections; and antibiotic usage. Data collated is used to identify any areas that require improvement. Monthly internal and quarterly external benchmarking of quality data, including ethnicity trends, provide a critical analysis to organisational practice and to improve health equity. Results are shared with staff across a range of meetings at all facilities. Benchmarking results are reported to clinical governance committee monthly. Quality data, graphs and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Corrective actions are discussed at the quality/staff meetings to ensure any outstanding matters are addressed with sign-off when completed. The service has been awarded a continuous improvement around the reduction of resident transfers to hospital.</p> <p>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. Policies are available and accessible to all staff on the</p>

	<p>intranet. Staff are informed of policy changes through meetings and notices. Staff completed cultural competency and training to ensure a high-quality service and cultural safe services are provided for Māori. The kaimahi (resident) and Kaumātua/whānau (relative/family) satisfaction surveys for PSS Peacehaven has been completed for 2023 and evidenced an overall satisfaction of 86% for residents and 92% for relatives/families. Corrective actions were implemented around pastoral care, cultural needs, care planning and food service.</p> <p>A health and safety system and risk management system is in place. There is a national health and safety governance committee that meets quarterly and health and safety committees/representatives at each site that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety governance committee. Staff incident, hazards and risk information is collated at facility level, and reported to national level by the PSS health and safety coordinator (interviewed). A consolidated report and analysis of all facilities are then provided to the governance body. Environmental internal audits are completed. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff rehabilitation and return to work is supported by PSS and managed by external agencies.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in 20 accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviour, pressure injury and skin tears). Results are discussed in the quality /staff meetings and at handover. The system escalates alerts to senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Presbyterian Support facilities and other aged care provider groups.</p> <p>Discussions with the facility manager and quality manager evidenced awareness of their requirement to notify relevant authorities in relation</p>
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		<p>to essential notifications. There have been six Section 31 notifications required to be completed since the last audit. These included one stage III pressure injury and one resident fracture in 2023 and two absconding residents, one coroner's inquest and resident chronic wounds in 2022. There have been three Covid-19, one respiratory and one gastroenteritis outbreaks reported to Public Health since the last audit.</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>There is staffing requirements policy and procedure that describes rostering and staffing rations in an event of residents' acuity change and outbreak management. Presbyterian Support Southland policy includes the rationale for staff rostering and skill mix. Rosters reviewed evidenced that every effort is undertaken to ensure staff are replaced when sick. The facility manager and two clinical managers (one rest home/hospital and one dementia/psychogeriatric) each work 40 hours per week. There is a clinical coordinator/RN who assists the clinical manager in the rest home/hospital wings.</p> <p>There are two RNs rostered on the AM & PM shift & one on the night shift in the Robertson & Elliott dual-purpose units. There is an RN rostered on the AM, PM & night shifts in PG unit and an EN on the AM & PM shifts in the dementia unit.</p> <p>The facility manager, clinical managers and clinical coordinator share the on call every fortnight for any emergency issues or clinical support. The roster is overseen by the administrator and facility manager to ensure staffing is covered in each wing. There are sufficient care staff on duty at all times to provide safe services to meet the needs of the residents. There are separate staff dedicated to activities, kitchen, cleaning, and laundry. Grounds and full-time maintenance staff are rostered separately.</p> <p>The quality manager oversees the education attendance and training schedule. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff last attended cultural awareness training at their orientation in September 2022. Training statistics and staff education reports are completed monthly by</p>

	<p>PSS Enliven support office to ensure staff training is monitored effectively. Learning content provide staff 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 creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 65 HCAs employed. Sixteen HCAs have a level 4, twenty-nine have a level 3, and six have a level 2 NZQA qualification. There are 15 HCAs working in the dementia and PG units and all have completed their required NZQA dementia standards to work in both the dementia and PG units. There are online training and education resources available on the intranet. An Enliven training policy is being implemented. All staff are required to complete competency assessments as part of their orientation.</p> <p>Additional RN/EN specific competencies include syringe driver and interRAI assessment competency. There were 14 RNs (including the two clinical managers and clinical coordinator) and seven ENs. At the time of the audit, eight of the RNs were interRAI trained. All RN and ENs are encouraged to attend PSS Enliven study days in service training, online Altura training and training opportunities through Te Whatu Ora - Southern. All HCAs are required to complete annual competencies including (but not limited to) restraint, moving and handling, and handwashing. A selection of HCAs completed medication administration competencies and second checker competencies. A record of completion is maintained on staff file.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Employee Assistance Programme (EAP) are available to staff. The workplace union delegates, staff and management all collaborate to ensure a positive workplace culture.</p> <p>PSS Enliven service (including PSS Peacehaven) faced a number of challenging years' operating the care home with significantly reduced registered nursing staff; this resulted in the service employing a mixture of interim solutions, collaboration with training entities and having a committed team to overcome the nursing staff shortfalls. As a result of a reduced registered nursing staff, the team were required to make</p>
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		<p>changes to how it operated to minimise any impact on staff and residents.</p> <p>In January 2022, Enliven identified that some of the care staff were overseas qualified RNs. Enliven partnered with Otago Polytechnic to make it easier for those staff members to become New Zealand qualified RNs. Otago Polytechnic runs the Competence Assessment Programme (CAP) which international RNs are required to complete in order to gain their New Zealand registration. Otago Polytechnic staff worked with the Southern Institute of Technology (SIT) to run the course in Southland via a virtual platform. Southern Institute of Technology also agreed to provide a clinical tutor to support the RNs six-week placement in an Enliven care home.</p> <p>PSS Enliven supported its international RNs to make the transition into work in New Zealand as easy as possible, including providing welcome settlement packs and temporary accommodation. PSS Enliven had applied to Immigration NZ and were granted Accredited Employer Status so they could invite employees to apply for an accredited employee work visa (AEWV). As a result of the measures introduced and as well as a dedicated nationwide RN recruitment campaign, this has meant PSS Enliven service is now in a stronger position. The recruitment of RNs enable Enliven facilities, which had been required to close areas, have now opened to their full capacity due to the successes in recruiting. The PSS Director of Enliven received an award at the Southern Nursing Excellence Awards for the innovative solutions that were introduced to address the nursing shortage in the Southland aged care sector.</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>FA</p>	<p>There are recruitment policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are held secure. Twelve staff files reviewed (two clinical managers, one clinical coordinator, one RN, six HCAs, one EN and one activities coordinator) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all</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>health professionals (eg, RN, EN GP/NP, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal schedule. All staff had an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RN/EN and HCAs 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. There is a staff debrief and psychological first aid policy which include follow up of any staff incident/accident, evidence of debriefing, support for employee rehabilitation and safe return to work documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>There is a clinical records management policy. 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 password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents past paper-based documents are securely stored and uploaded to the system. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager is the privacy manager for the service, with support from the quality manager. There is a confidential process followed when sharing health information. National Health Index Registration is not required.</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</p>	<p>FA</p>	<p>There is a pre-entry for Enliven admission policy and flowchart and a declined admission policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to</p>

<p>the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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>admission or on entry to the service.</p> <p>Eleven admission agreements reviewed align with all contractual 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 facility manager (RN) is available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and 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. The service has a process to combine collection of ethnicity data from all residents, and the analysis of this for the purposes of identifying entry and decline rates that is ethnicity focussed. The analysis of ethnicity data is extracted from the electronic resident management system and analysed at head office.</p> <p>PSS Peacehaven has linkages with Māori health providers and a local marae. The cultural advisor is available to consult on matters in order to benefit Māori individuals and whānau. There are Māori staff employed who would also be available to support residents 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p>	<p>FA</p>	<p>A total of eleven files sampled identified that initial assessments and initial care plans were resident centred, and these were completed in a timely manner. The files reviewed included four hospital level of care, including one resident on a long-term support- chronic health contract (LTC-CHC) and one resident on an ACC contract; three psychogeriatric level of care; two dementia level care residents; and two rest home, including one resident on a YPD contract.</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>The two clinical managers, clinical coordinator or the RN complete an initial assessment and care plan on admission to the service under the banner of getting to know me assessment tool. This includes relevant risk assessment, including (but not limited to): Waterlow skin; falls risk; continence; behaviours of concern; detailed pain; pressure injury; and nutritional assessments. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments (including the residents on LTS-CHC, ACC and YPD contracts) were completed within the stated timeframes of the contract and care plans had been evaluated within the required six-month timeframe. Evaluations stated progress against the set goals. The care plans on the electronic resident management system were resident focused and individualised. Care plans have been updated when there were changes in health condition and identified needs. 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 resident/family/whānau or significant others are included in the resident electronic file. The care plan is holistic and aligns with the organisational model of shared goals of care. Resident, family/whānau/EPOA, and multidisciplinary team involvement is encouraged in the plan of care.</p> <p>The resident's GP or the contracted nurse practitioner (NP) completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. The NP service involves three NPs who visit twice weekly or more often if required. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. A multidisciplinary team (MDT) meeting including the NP, clinical managers, clinical coordinator, RN's and when indicated, mental health services for older people team, and hospice staff, is held twice weekly and is completed for all residents at least six-monthly. Implementation of the MDT meetings has resulted in improved outcomes for residents and reduction in hospital transfer rates. There is a contracted podiatrist who visits the service six-weekly, and a contracted physiotherapist who completes assessments of residents on admission and provides follow up as required. A physio assistant is employed five days a week, including weekends, and provides physio support and manual handling</p>
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	<p>training for staff. On interview, the NP was positive about the RN communication and care provided to residents.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in the electronic progress notes. 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. Strategies to manage barriers are documented as evidenced, including the provision of in-house dentistry services, enabling those with mobility restrictions and dementia to receive appropriate care.</p> <p>For end-of-life care they use Te Ara Whakapiri. The Māori health plan includes provision of equitable outcomes for Māori health. The staff confirmed they understood the process to support residents and whānau. There were residents who identify as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. The use of karakia prior to residents' meals was evidenced on the days of audit.</p> <p>Handover was observed and evidenced that sufficient and appropriate information is shared between the staff. Staff interviewed stated that they were updated daily regarding each resident's condition. Interventions are resident focussed and provide detail to guide staff in the management of each resident's care. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>Any incident involving a resident reflected a clinical assessment and a timely follow up by a RN. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical coordinator and clinical manager in consultation with the RNs, and HCAs.</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.</p>	<p>FA</p>	<p>There are three activity coordinators (one for the dementia/ PG unit and two for the dual-purpose unit) who are assisted by the physio assistants who provide exercise programmes five days a week. Both activities coordinators in the dual-purpose unit are enrolled and actively</p>

<p>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>engaged in apprenticeship training.</p> <p>The 'This is me' section of the care plans include social and cultural profiles, the resident's past, and present interests, likes and dislikes, career, and family connections. This is completed within 10 days of admission in consultation with residents and their family/whanau. A social and cultural plan is developed within 21 days and reviewed six-monthly. The care plan reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. A monthly calendar is delivered to all residents and displayed on noticeboards. The weekly activities programme is enlarged and displayed on noticeboards available to all residents. Daily activities were noted on noticeboards to remind residents and staff. The planned programme includes themed cultural events.</p> <p>The activity programme is delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who do not wish to actively participate in communal activities. A variety of individual and small group activities were observed occurring at various times throughout the day of audit. There is access to interdenominational church services and links with community groups.</p> <p>The activities are varied and appropriate for people assessed as requiring rest home, dementia, PG, and hospital level of care. Activity progress notes are documented at least monthly. Activity attendance checklists were documented daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents and included opportunities for one-on-one time for residents unable or reluctant to engage in group activities. The service promotes access to EPOA/family/whānau and friends. There are regular outings and drives, for all residents (as appropriate). Activities staff have appropriate competencies and first aid qualifications to provide safety on outings. Resident meetings (quarterly) provide a forum for feedback relating to activities.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with kapa</p>
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		<p>haka groups, and by celebrating religious and cultural festivals, and Māori language week. The service has visited the Te Rau Aroha Marae at Bluff and enjoyed celebrating Matariki recently with craft, storytelling, and photographs against a star background. Daily Karakia with residents is said before meals. Te reo Māori is introduced in daily language. The activity programme includes collection of kai from the sea/garden and residents have enjoyed participating in a hangi experience.</p> <p>Activities in the dementia and PG units are available between Tuesday to Saturday from 1pm to 6pm; there is a monthly programme documented which is adaptable and changes depending on the resident's preferences on the day and weather. Activities include baking, crafts, pet therapy, exercises, walks in the gardens, church service, group games. One on one activities include reminiscing using the memory boards and the 'getting to know me' assessment tool.</p> <p>Family/whānau can attend resident meetings. There is an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Resident and relative surveys also provide feedback on the activity programme and resident satisfaction survey evidence overall satisfaction with the activities provided. Residents and family/whānau interviewed stated the activity programme is meaningful.</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>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management was in use. The system documentation described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP or NP has completed three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications, including over the counter medications and supplements. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Effectiveness of PRN medications were being consistently documented in the electronic system and in progress notes.</p>

		<p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. Medications were stored appropriately in each of the five medication rooms. Expired medicines were being returned to the pharmacy appropriately. Monitoring of medicine fridge and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly (records were sighted). There were no standing orders in use.</p> <p>Registered nurses were observed administering medications safely and correctly. Medications were stored safely and securely in the trollies; treatment room and medication cupboards were all locked.</p> <p>There was one resident self-administering medications in the dual-purpose unit. The resident has a competency signed by the NP with regular reviews and medications were safely stored in a locked drawer.</p> <p>The service continues to build on the previous continuous improvement around the reduction of polypharmacy using STOPP and START screening tools. These tools have established criteria to assist prescribers decide which medicines may be inappropriate by balancing the benefits and risks from medicine use and review individual residents. There has been a focus around reducing 'levodopa' medication in the dementia and PG units, and pre-emptive prescribing to control potential symptoms for residents to reduce the need for transfers to the hospital, especially around end-of-life cares.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. The clinical coordinator reported that when requested by Māori residents or family/whānau, appropriate support for treatment and advice is always provided. Medications are also discussed in the six-month reviews with residents and/or family/whānau.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p>	<p>FA</p>	<p>All meals and a selection of café food is prepared and cooked on site in a large well equipped commercial kitchen. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in evidence, expiring 26 March 2024. All staff working</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>in the kitchen have completed food safety training. A contracted dietitian reviewed the winter menu in April 2023. The meal services for the organisation, including the café, is overseen by a chef manager based at Peacehaven. There are two cooks, a cook assist, a kitchen assistant and two kitchen hands rostered each day shift.</p> <p>There is a documented policy on nutrition and hydration and a food service's manual available in the kitchen. The cook receives resident dietary information from the RN's, clinical coordinator, and clinical manager. The chef manager is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods), or of any residents with weight loss. The chef manager (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. Specific Māori cultural meals have been provided when requested. A hangi meal was provided earlier in the year and received positive feedback. Supplements are provided to residents with identified weight loss issues. Residents have access to nutritious snacks. The chef manager, kitchen staff and healthcare assistants interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa.</p> <p>The kitchen staff complete a daily diary which includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. All foods were date labelled in the pantry, chiller, and freezers. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained and signed as completed each day.</p> <p>Food is served from the kitchen to a bain-marie in the adjacent independent dining area. Residents in this dual-purpose area have an interactive experience, including with the implementation of a buffet service promoting choice for lunch and tea meals. All other meals are plated in the kitchen and delivered on dedicated trollies to each area. Meals are directly served to residents in their rooms or in the dining room. Staff were observed assisting residents with meals in the dining areas and modified utensils and lip plates are available for residents to maintain independence with eating. The service has been awarded a</p>
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		<p>continuous improvement rating for their buffet initiative.</p> <p>There is a dining room in the PG unit and a large open plan lounge dining room in the dementia unit. There are nutritious snacks available in both units 24/7.</p> <p>The residents and families/whānau interviewed were very complimentary regarding the food service, the variety, volume, and choice of meals provided. They can offer feedback on a one-to-one basis with the chef at the resident meetings, through resident surveys and daily when foods are served by the cooks.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There are policies documented to guide staff around the transfer and discharge processes to ensure a safe and smooth transition. Residents and their family/whānau were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers is completed. There is evidence of referrals for re-assessment for change in level of care. The service utilises the 'yellow envelope' Te Whatu Ora transfer documentation system to ensure all transfer documentation and medications accompany the resident. A verbal handover to the receiving service is completed.</p> <p>Interviews with the clinical managers and RNs and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</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-</p>	FA	<p>PSS Peacehaven have a current building warrant of fitness, which expires on 1 February 2024. There is a property and procurement manager for the PSS organisation. There were two full-time maintenance officers who oversee the maintenance for PSS Peacehaven and also the Walmsley site. Hot water temperatures are checked monthly and when temperatures have gone above 45 degrees</p>

<p>centred and culturally safe for Māori and whānau. 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>Celsius, there were corrective actions completed. Correction actions were sighted at the time of the audit with involvement and resolution from a contracted plumber. Essential contractors such as plumbers and electricians, are available on-call as needed. There is an annual maintenance plan that includes (but not limited to) electrical testing and tagging; resident's equipment checks; call bell checks; and calibration of medical equipment. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Up to date records were sited.</p> <p>Residents were observed to mobilise safely within all areas of the facility. There are sufficient seating areas throughout the units, with a variety of large and smaller lounge areas. The resident rooms have space to provide cares and are suitable for disability access and manoeuvring of mobility aids. Healthcare assistants interviewed confirmed there was adequate equipment to carry out the cares according to the resident needs and as identified in the care plans. There are three units 'upstairs' Kalimos, Robertson and Elliot (all dual-purpose). The Iona units (dementia and psychogeriatric) are on the ground floor. All have a nurses' station centrally placed in the wing. Lounge and seating areas are in each area. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The gardens are well maintained with safe paving, outdoor shaded seating, lawn, and gardens. All communal areas both in and out of the building are easily accessible for residents using mobility aids. The secure outdoor areas off the dementia and psychogeriatric units are suitable for residents who wander with good outdoor/indoor flow. The dementia unit has several areas designed so that space and seating arrangement provide for individual and group activities. There are quiet, low stimulus areas that provide privacy when required, including individual rooms. The service has a ventilation system in place to improve the air quality and odour in the dementia areas. The building is appropriately heated and ventilated. There is sufficient natural light in the resident rooms. The facility and grounds are non-smoking. The facility manager and quality manager described utilising their links with their cultural advisor, to ensure the designs and environments reflect the aspirations and identity of Māori.</p> <p>During the audit, three large double rooms were verified as suitable for</p>
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		<p>couples; there were call bells next to the beds, enough space for equipment and privacy curtains were in place.</p> <p>All resident rooms throughout the facility are single rooms with individual or shared ensuites. In addition, there are communal mobility bathrooms of sufficient size for mobility aids and shower beds. Visitor toilet facilities are available. There are public toilets near the entrance to the facility. There is a mobility lift between floors. There are easy clean flooring and fixtures, and handrails are appropriately placed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated 2 February 2021. A fire evacuation drill has been completed on 23 March 2023 and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals. In the event of a power outage, a generator can be obtained. Alternate cooking supplies are available; a BBQ and gas hobbs in the kitchen.</p> <p>There are adequate supplies in the event of a civil defence emergency, including adequate water storage (10,000 litre water tank). Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available 24/7. There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells within reach. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours and staff complete security checks at night. Security cameras are located at entry points into the complex and any activity can be monitored on the display screen. The Iona units (dementia and PG) are secured with a keypad locking system.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control and antimicrobial stewardship (AMS) programmes is led by the clinical coordinator (RN) with oversight from the clinical governance committee. Infection prevention and control and antimicrobial stewardship policies and procedures have been recently reviewed and are appropriate for the service. The infection control programme and policies and procedures link to the quality improvement plan and are reviewed and reported regularly to the senior leadership team and Board.</p> <p>The infection control coordinator provides a monthly report to the facility manager, who includes this in reporting to the quality manager. The report is discussed at all facility meetings. Details of the inclusion of infection prevention within the infection surveillance and clinical outcomes reports are noted within the quality and risk programme. This includes reports on significant infection events. The Board and senior leadership team are all made fully aware of any outbreaks or significant events.</p> <p>Expertise and advice are sought from the NP, Te Whatu Ora - Southern infection control team, experts from the public health team and the microbiologist as and when required.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control coordinator (clinical coordinator) oversees and coordinates the implementation of the infection control programme for PSS Peacehaven. The infection control coordinator role, responsibilities and reporting requirements are defined in the infection control officer's job description. The infection control coordinator has completed online education on infection prevention and control.</p> <p>There is a defined and documented organisational infection control programme implemented that was developed with input from external infection control services. The infection control programme was approved by the clinical governance committee and is linked to the organisation wide risk programme. The infection control programme was current. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted</p>

	<p>best practice. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and management of outbreaks plan in place is reviewed at regular intervals. Sufficient infection control resources, including personal protective equipment (PPE), were available and sighted on the days of the audit. Infection control resources were readily accessible to support the pandemic response plan if required. The infection control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The infection control coordinator liaises with the quality manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Te What Ora- Southern. The infection control coordinator would be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility through the quality committee.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection guide for staff documented in the infection control isolation and precautions policy (reviewed). Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and same applies for white and coloured pillowcases. These are some</p>
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		<p>of the culturally safe infection control practices observed, and thus acknowledge the spirit of Te Tiriti. The infection control coordinator, quality manager and facility manager reported that residents who identify as Māori will be consulted on infection control requirements as needed. The cultural advisor is available to provide advice as required. In interviews, staff understood these requirements.</p> <p>The service has printed off educational resources in te reo Māori and Pacific languages.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the clinical governance committee. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The NP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment are maintained. The annual infection control and AMS review and the infection control and hand washing audit include the antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects. Benchmarking results reviewed evidence PSS Peacehaven was on or below the benchmark for antimicrobial and antifungal uses with periods of up to seven months consistently below benchmark. The NPs are proactive in reducing the use of antimicrobials and antifungals; they are currently trialling other medications to reduce the instances of urinary tract infections.</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>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. Infections being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions</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>are used. HAIs are monitored through documentation and care planning and residents and family/whānau are informed of the progress. The quality manager is extracting ethnicity data in the surveillance of healthcare-associated infections at regional level for the use of benchmarking activities. Benchmarking is completed internally and externally.</p> <p>Infection prevention audits are completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>There have been three outbreaks reported of Covid-19, one respiratory and one gastroenteritis since the last audit. All were appropriately reported, documented, and well managed.</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>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. The sluice rooms each have a sanitiser with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p>

		<p>There is a laundry on site. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. The washing machines and dryers are checked and serviced regularly.</p> <p>There is a separate small laundry in the dementia unit which was previously an unutilised bathroom. This is used for personal laundry and facecloths. All sheets are laundered in the main laundry. There are dedicated laundry staff in both areas who cover each day of the week. There are separate hand washing facilities and PPE supplies, including aprons, gloves, and eye wear in the laundry. All chemicals are closed system in the laundries and are not accessible for residents.</p> <p>There are dedicated cleaning staff in the dual purpose, dementia, and PG units. All chemicals are locked in a separate locked cleaning cupboard. The cleaning trolley has chemical data sheets and cleaning schedules documented which were maintained. The cleaning trollies were observed to be kept close and within eye line of the cleaner. All cleaning and laundry staff have completed chemical training via the online training modules. All areas of the facility were clean, cleaning schedules were maintained and there were no odours. If there are spillages after hours, all staff can access the cleaning cupboard to address this.</p> <p>The laundry assistants and cleaners interviewed were knowledgeable around infection control practices and outbreak management. The internal audit schedule includes laundry and cleaning processes; this is monitored by the infection control coordinator and reported through the quality system.</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</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and procedure. The hospital and rest home clinical manager is the restraint coordinator and provides support and oversight for restraint management in the facility. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. An interview with the restraint</p>

<p>practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>coordinator described the organisation's commitment to restraint elimination. Restraint links to the PSS strategic plan 2021 to 2026 through the quality programme. There were no residents using restraints on the days of the audit. Restraint training for staff begins during their orientation and continues annually. Challenging behaviour is reported on adverse event forms and behaviour monitoring forms. Training around dementia, challenging behaviour and restraint is included in the annual education plan. The reporting process includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. If used, there is a documented process describing restraint assessment, consent, monitoring, and evaluation. Family/whānau approval would be sought should any resident be unable to consent to the use of restraint. Any impact on family/whānau would also be considered. The senior leadership team and Board would be informed of any restraint use in the facility.</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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	CI	<p>PSS Peacehaven commenced a project to ascertain the impact of the nurse practitioner (NP) service was having on resident’s care, in particular prompt medical care and in turn reduction in emergency transfers, especially out of hours. The portfolio manager from Te Whatu Ora expressed concerns that ED was bed blocked often by Aged Care residents and believed that there were unnecessarily high transfers occurring. Initial findings of the project included identifying the highest day of transfer was between Thursday and Saturday between 10am -6pm. Reasons for transferring residents to ED have in the past often been grouped into constipation, dehydration, and urinary tract infection (UTI). In previous years there was peaks of admissions as many as 13 in a month.</p>	<p>With the implementation of twice weekly GP/NP clinics which has reduced any delays in having residents seen in a timely fashion. Multidisciplinary team meetings are well established and includes Hospice & Mental Health of Older Person adding another layer of monitoring resident changes in a timely fashion. Usage of the identify, situation, background, assessmnt, and recommendation (ISBAR) assessment tool informs NP/GP of current status of resident and ensures a full assessment is completed prior to any consideration of a transfer to ED. Advance care planning, shared goals of care and clinical order articulating scope of treatment (COAST) instructions are also reviewed before any transfer was considered.</p> <p>Trends show a decline in numbers of transfers have occurred gradually since 2020, and this is reflected</p>

			<p>in a 30% reduction in ambulance costs. In 2022/2023 admission rates were below five in any month. This is reflective of good assessment by the RNs and involvement of NP. Externally acquired pressure injuries resulting from an acute admission are negligible. Care home managers and the NP report that there has been a reduced need to transfer residents acutely to a public hospital since the implementation of the NP service. Of the ED presentations for residents from Peacehaven 70% were admitted; 15% were assessed in ED only; 15% were not admitted and were transferred back to facility. Evidencing good assessment and transfer only if deemed absolutely last option, providing a far better outcome for residents.</p>
<p>Criterion 3.5.3 Service providers shall ensure people's dining experience and environment is safe and pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.</p>	<p>CI</p>	<p>The organisation family/whanau survey responses over the preceding three years and discussion with residents identified an opportunity to improve choices at meal times. Peacehaven implemented a project with the aim of establishing a meal environment that is safe, easily accessible, fit for purpose, and encourages resident independence by providing support when required, and promoting nutritious, delicious appealing meals that cater to a variety of needs and likes, giving residents an opportunity to choose.</p>	<p>A bain-marie was positioned in the dining room allowing residents who are able to view the food and can choose what and how much they would like to eat. Residents can also choose to remain seated at the table and have meals of their choice served to them. Kitchen staff serve the meal under the resident's direction and care staff assist the resident to return to the table and transport the meal. Lunch meals consist of the main menu meal option, and an alternative. Tea menus are placed on each individual table allowing time to consider. A magic box option is provided where residents can choose from a selection of pickles, cheeses, and cold meats. The outcome of this initiative has been an increase in the number of residents preferring to eat in the dining room, an increase in social interaction and improved communication between the residents, care staff and kitchen staff. On interview residents spoke positively of enjoying the aroma and choices available, with several mentioning their enjoyment of the magic box option.</p>

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End of the report.