

Terrace View Lifecare Limited - Terrace View Retirement 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 The DAA Group Limited, 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: Terrace View Lifecare Limited

Premises audited: Terrace View Retirement Village

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

Dates of audit: Start date: 30 August 2023 End date: 31 August 2023

Proposed changes to current services (if any): None

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

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
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

Terrace View Retirement Village provides rest home and hospital level care for up to 64 residents. The service is operated by Terrace View Lifecare Limited and managed by the facility manager who has been in the role since 1 May 2023. This person, previously employed as the maintenance manager for 10 years, is supported by the clinical nurse manager who has been in the role for six months. They are supported by an external consultant who is a registered nurse. Support is also provided by the director.

This certification audit process against Ngā Paerewa NZS 8134:2021 included review of policies and procedures, review of residents' and staff files, observations, and interviews with the director, residents, family/whānau, facility manager, staff, external consultant, two general practitioners and a nurse practitioner.

Improvements are required to aspects of clinical assessments and gathering ethnicity data relating to surveillance.

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.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse.

The Māori health plan guides staff practice to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs, when required. Cultural and spiritual needs are identified and considered in daily service delivery. Principles of mana motuhake were evident in service delivery.

A Pacific plan with cultural guidelines is available to guide staff to deliver culturally safe services to Pacific peoples.

Residents and family/whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Family/whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Residents and family/whānau are informed about the complaints process at the time of admission. A complaints register is maintained and demonstrated complaints are resolved promptly and effectively.

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.

The management/governing body team assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance groups through cultural advice, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes and achieving equity for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and family/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

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.		Some subsections applicable to this service partially attained and of low risk.
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When people enter the service, a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident or family/whānau. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive assessments, and accommodate any new problems that might arise. Residents' care is evaluated on a regular and timely basis. Residents and family/whānau confirmed that care provided meets the needs of residents and family/whānau.

The planned activity programme promotes residents to maintain their links with the community and meets the health needs and aspirations of Māori and where applicable, whānau.

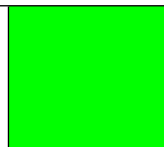
A safe medication management system was implemented. Medicines were safely stored. Staff who administer medicines had current medication administration competency.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food was safely managed.

Residents are referred or transferred to other health services as required. Discharges and transfers are managed in a safe manner.

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

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



Subsections applicable to this service fully attained.

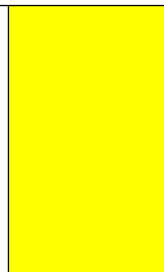
The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and an approved fire evacuation plan.

Electrical equipment has been tested as required. Calibration records were current. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells.

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.



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

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. An experienced and trained infection prevention nurse coordinator leads the programme. The outbreak management plan in place was regularly reviewed. Sufficient infection prevention resources, including personal protective equipment (PPE), were available and readily accessible to support the plan.

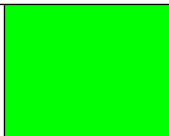
The infection prevention nurse coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection prevention. Staff, residents and family/whānau were familiar with the pandemic/infectious diseases response plan.

Health care-associated infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention of infection. Waste and hazardous substances are well managed. There are safe and effective 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.
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The service is a restraint-free environment. This is supported by the management team and policies and procedures. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval, monitoring process, with regular reviews is in place should any restraint be used.

Staff demonstrated a sound knowledge and understanding of providing least restrictive practices, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	2	0	0	0
Criteria	0	166	0	2	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Terrace View Retirement Village (Terrace View) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. A Māori health plan has been developed with input from cultural advisers and is available should any residents identify as Māori. It includes tikanga practices. Terrace View has links to establish and work in partnership with local marae to support culturally safe practices and wellbeing for residents who identify as Māori.</p> <p>Documentation evidenced that Terrace View is committed to creating employment opportunities for Māori through actively recruiting and retaining a Māori health workforce across all organisational roles.</p> <p>There were no staff and no residents who identified as Māori on the</p>

		<p>day of the audit.</p> <p>Residents and family/whānau interviewed reported that staff respected their right to mana motuhake, and they felt culturally safe. Staff reported they include tikanga in their practice and are learning te reo Māori.</p> <p>The facility manager (FM) and an RN providing quality assurance (RNQA) reported, and documentation confirmed, that staff have attended cultural safety training.</p> <p>Staff reported they have attended Treaty of Waitangi training and are booked to attend further cultural safety training.</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>Terrace View works to ensure Pacific peoples' worldviews, cultural and spiritual beliefs are embraced. Staff reported at interview that they are guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan. For example, food preferences, care planning and attending church services.</p> <p>The RNQA and external consultant both reported that cultural needs assessments at admission would be completed by the registered nurse (RN) and the diversional therapist (DT) to identify any shortfalls.</p> <p>The Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan was sighted and is available for reference.</p>

		<p>Terrace View has a Pacific plan/cultural guidelines and standard operating procedures developed with input from the wider Pasifika community.</p> <p>They include Pacific models of care and guide staff to deliver culturally safe services to Pasifika people.</p> <p>There were no residents and no staff in Terrace View at the time of audit who identified as Pasifika.</p> <p>Terrace View has links to establish and work in partnership with Pacific communities and organisations to support culturally safe practices and wellbeing for Pacific peoples using the service.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff have received training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and ongoing annual training. This was verified in interviews and staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed around the facility. The Code was available in English, sign language and te reo Māori. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process.</p> <p>The service recognises Māori mana motuhake by involving residents and family/whānau where applicable, and in the assessment process which determines residents' wishes and support needs. A Māori health care plan was available for use where applicable. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p>
Subsection 1.4: I am treated with respect	FA	Residents are provided with an opportunity to share what is

<p>The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>important to them through the nursing admission assessment process and the diversional therapy assessment process. Information about individual values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics are identified during the admission process. These were documented in the residents' care plans sampled. Residents and family/whānau confirmed they were consulted on individual values and beliefs and staff respected these. Staff have received Te Tiriti o Waitangi training.</p> <p>The services provided demonstrated respect for residents' dignity, privacy, confidentiality, and preferred level of independence. Staff were observed respecting residents' personal areas and privacy during care delivery. Personal cares were provided behind closed doors. Shared bathrooms and toilets had clear signage when in use.</p> <p>Residents are supported to maintain as much independence as possible, for example carrying out their own their personal cares if able. Residents can freely attend to activities of choice in the community. Residents and family/whānau confirmed that services are provided in a manner that has regard for their dignity, privacy, sexuality, spirituality, independence, and choices.</p> <p>There were no residents who identified as Māori. The clinical nurse manager (CNM) stated that Māori residents will be supported to participate in te reo Māori when required. Tāngata whaikaha needs are responded to as assessed. Contact details for kaupapa Māori providers were available and accessible to staff.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff have received education on professional boundaries, code of conduct, discrimination, security, and abuse and neglect during the staff orientation period and annually through an online training portal. There was no evidence of discrimination or abuse observed during the audit. In interviews, staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, and exploitation. Residents confirmed that they are treated fairly.</p>

		Residents' property is labelled on admission. The CNM stated that any observed or reported racism, abuse or exploitation would be addressed promptly. Safeguards in place to protect residents from abuse revictimization, institutional and systemic racism include staff education, the complaints management process, residents' meetings, and satisfaction surveys. A strengths-based and holistic model of care Te Whare Tapa Whā, is utilised to ensure wellbeing outcomes for Māori.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and family/whānau can discuss any concerns about decision-making either during admission or whenever required. Residents and family/whānau stated they were kept well informed about any changes to care and any incidents in a timely manner. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures.</p> <p>Information provided to residents and family/whānau is mainly in the English language. Family/whānau may assist with interpretation where appropriate. Interpreter services are engaged if required. Written information, verbal discussions and non-verbal communication methods are utilised to improve communication with residents and their family/whānau. Open communication with residents and family/whānau is promoted through the open-door policy maintained by the facility manager (FM). Residents and family/whānau expressed satisfaction with communication from the FM and the clinical team's response to requests. A record of phone or email contact with family/whānau was maintained.</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</p>	FA	<p>Staff understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evident in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Advance directives in relation to treatment plans were completed. Staff were observed to</p>

<p>and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>gain consent for daily cares.</p> <p>Tikanga guidelines in relation to consent is practiced. Residents confirmed that they were provided with information and were involved in making decisions about their care. Where required, a nominated support person or enduring power of attorney (EPOA) for residents were involved. Residents are offered a support person through the advocacy services when required. Communication records verified inclusion of support people and family/whānau where applicable.</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>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box are at reception. The Code is available in te reo Māori and English.</p> <p>A review of the complaints register showed actions taken, through to an agreed resolution, are documented and completed within the required timeframes.</p> <p>Complainants had been informed of findings following investigation.</p> <p>There have been no complaints received from external sources since the previous audit. The facility manager (FM) is responsible for complaints management and follow-up.</p> <p>The FM and RNQA reported, and documentation evidenced that a translator/advocate who identified as Māori would be available to support people if needed.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body and management team assumes accountability for delivering a high-quality service through supporting meaningful representation of Māori and tāngata whaikaha and honouring Te Tiriti through advice from external Māori advisors.</p> <p>Terrace View ensures compliance with contractual, and regulatory requirements through sector communication and changes, training, Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora Waitaha Canterbury), legal advice, and colleagues.</p> <p>The director reported they have completed Te Tiriti o Waitangi training.</p> <p>The 2020-2024 business plan includes the strengths, weaknesses, opportunities and threat analysis, goals, mission statement, and future objectives. It was last reviewed during June 2023.</p> <p>The FM has been in the role for four months and was previously the maintenance person for 10 years. This person brings their own skills, expertise and knowledge to the role and has completed Te Tiriti o Waitangi training. The certificate was sighted. Support is provided by the clinical nurse manager (CNM), and the RNQA, an external consultant and the director.</p> <p>When the FM is absent, the CNM carries out all the required duties under delegated authority with support from the director.</p> <p>The management team demonstrated leadership and commitment to quality and risk management through, for example, the business plan, risk register, improving services, reporting, policy, processes</p>

		<p>and through feedback mechanisms, and purchasing equipment.</p> <p>The FM and director meet weekly and are in daily contact. A sample of reporting via email was sighted. The director and FM communicated that reporting is being developed into a more formal structure. The director reported that the FM provides adequate information to monitor performance.</p> <p>Management has processes in place and is focused on improving outcomes and achieving equity for Māori and people with disabilities. For example, through oversight of care planning and reviews, family/whānau meetings, feedback and communication with the resident and their family/whanau, and staff knowledge of the resident and their likes and dislikes, including cultural and spiritual needs. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>Terrace View identifies and works to address barriers to equitable service delivery through cultural needs assessments, training, access to interpreter services, and advice from external providers.</p> <p>Residents receiving services and whānau participate in the planning, implementation, monitoring, and evaluation of service delivery through the review of care plans, surveys and meetings. Evidence was sighted. Feedback to the staff from the recent resident, and family/whānau meeting minutes was sighted.</p> <p>The clinical governance group, led by the clinical nurse manager is guided by the clinical governance policy. The RNQA provides support. The group oversees clinical indicators including medication, complaints, compliments, unintentional weight loss, wounds pressure injuries, falls, and infections. Minutes of the clinical meetings were sighted.</p>
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		<p>The service holds contracts with Te Whatu Ora Waitaha Canterbury for aged-related residential care (ARRC), respite, rest home, hospital and long-term support chronic health conditions (LTSCHC). The FM advised there is also a contract with Manatū Hauora for young people with a disability (YPD).</p> <p>There are private paying residents, some of whom have Occupational Rights Agreements (ORA), residing in the apartments. The apartments are in wings immediately off the care facility areas. These apartments were not included in the audit.</p> <p>At the time of the audit 35 residents, 12 under hospital level care including one resident receiving palliative care (four with an ORA agreement) and 23 under the rest home contract including one resident receiving respite care (six with an ORA agreement), were receiving care.</p> <p>The facility contract allows for beds to be used flexibly, which provides a mix of rest home and hospital beds.</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>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls. The CNM is responsible for quality, with support from RNQA.</p> <p>Residents, family/whānau and staff contribute to quality improvement through meetings and surveys.</p> <p>The last resident's meal survey, and satisfaction survey were completed in July 2023. Results were positive, and evidence of the actions followed up by the FM were sighted. The staff survey is due to be completed by the end of November 2023.</p> <p>A selection of minutes following the quality, health and safety, and infection control meetings, head of department meetings, general</p>

		<p>meetings with all staff, clinical meetings, and registered nurses' meetings, evidenced comprehensive reporting.</p> <p>Quality improvement initiatives include a falls prevention programme to improve residents' safety.</p> <p>The 2023 internal audit schedule was sighted. Completed audits include Medimap, comprehensive internal audit, care plans and resident files, infection prevention and control, and pressure injuries. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The organisation uses the policies and templates developed by an external quality contractor. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The CNM and RNQA described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Documented risks included the environment, moving and handling, infection and waste, pandemic, and sharps. Staff reported at interview that they knew to report risks.</p> <p>Staff document adverse and near miss events. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Evidence was sighted that incidents are being disclosed with the designated next of kin. Whilst Terrace View is following the principles of the National Adverse Event Reporting Policy, it is not yet required to report externally in relation to this.</p> <p>The CNM understood and has complied with essential notification reporting requirements. Examples of Section 31 reporting relating to staff shortages were discussed and sighted.</p> <p>The change of FM notification was made in June 2023 and the change of CNM notification was made in March 2023. There haven't been any police investigations, coroner's inquests, or issues-based audits.</p>
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		<p>Staff are supported to deliver high-quality health care for Māori through, for example, training, including cultural safety training, cultural assessments, care planning, and communicating with the resident, and family/whānau. Staff reported they are learning te reo Māori.</p> <p>The provider benchmarks through the aged care industry averages against relevant health performance indicators, for example infections, and falls. The CNM and RNQA reported that results in both areas were above the average. Evidence was sighted of data gathered to inform the falls prevention programme. The IPC co-ordinator reported that person-centred infection prevention initiatives were being explored to mitigate further risk.</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>The CNM and RNQA described the staff roster. There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). A safe rostering tool is used. The facility adjusts staffing levels to meet the changing needs of residents.</p> <p>A review of two weekly rosters confirmed adequate staff cover had been provided, with staff replaced in any unplanned absence. Residents and family/whānau confirmed there were sufficient staff.</p> <p>The CNM and RNQA manager reported that if an RN is called to the retirement village in an emergency, there is always another RN in the hospital.</p> <p>There are staff who have worked in this care home for between seven and ten years.</p> <p>At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the hospital. The CNM and RNQA reported that bureau RNs are employed on</p>

		<p>average four times a week.</p> <p>An afterhours on-call system is in place with three RNs sharing on-call 24/7.</p> <p>The CNM and RNQA described the recruitment process, which includes referee checks, police vetting, and validation of qualifications and practicing certificates (APCs) where required.</p> <p>The staff competency policy guides the service to ensure competencies are assessed and support equitable service delivery. A sample of competencies, for example, first aid, hand hygiene, manual handling, medication, insulin, syringe driver, and interRai, confirmed the training.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. The RNQA and staff reported that staff hold levels between level two and four New Zealand Qualification Authority (NZQA) education qualifications. The RNQA is an assessor and plans to continue ensuring staff are undertaking the NZQA qualifications as needed.</p> <p>Four of the seven registered nurses are interRAI trained.</p> <p>Training is provided either face-to-face or on-line and included elder abuse, the aging process, challenging behaviour, chemicals, cultural safety, fire safety, first aid, hand hygiene, infection prevention, incident reporting, manual handling, medication, palliative care, pressure injuries, restraint and de-escalation, Treaty of Waitangi, and Te Tiriti o Waitangi.</p>
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		<p>Documentation evidenced that meetings are held with the resident and their family/whānau to discuss and sign care plans. Residents' meetings are held and are an opportunity for people to discuss and express aspects of the service. Staff meeting minutes evidenced feedback to the staff.</p> <p>The CNM and RNQA reported that the provider is collecting ethnicity data through communication with family/whānau. Terrace View has begun to collect their own training resources and build on their own knowledge by learning te reo Māori.</p> <p>The provider has engaged an external consultant to develop a comprehensive training presentation in conjunction with cultural advisors which was sighted.</p> <p>Where health equity expertise is not available, external agencies are contracted. For example, training is provided by Te Whatu Ora Waitaha Canterbury palliative care staff.</p> <p>The RNQA reported that staff conversations include the importance of equity. Evidence sighted confirmed Terrace View has implemented signage in te reo Māori, and email greetings.</p> <p>Staff reported feeling well supported and safe in the workplace through, for example, access to external support, flu vaccines, and snacks and meals provided.</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>FA</p>	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of seven staff records reviewed confirmed the organisation's policies are being consistently implemented. Position descriptions</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. 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>were documented and sighted in the files reviewed.</p> <p>Current annual practising certificates were sighted for the seven RNs, five pharmacists, dietitian, 13 general practitioners, physiotherapist, diversional therapist, podiatrist and two nurse practitioners. All were current.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. New staff described their orientation and are buddied with an experienced staff member for up to two weeks.</p> <p>Orientation includes Code of Health and Disability Services Consumers' Rights (the Code), complaints, cleaning agents, fire evacuation, health and safety, infection control, de-escalation, moving and handling, and the policy manual.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Staff have either completed the review or are booked. Completed reviews were sighted.</p> <p>Paper-based/electronic-based staff files are kept locked and confidential. Ethnicity data is recorded and used in line with health information standards.</p> <p>Staff reported incident reports are discussed at staff meetings. They have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing.</p>
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<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>The residents' files were electronic, and there were some documents that were paper based. All staff make entries in the progress notes. The RNs complete care plans electronically. All necessary demographic, personal, clinical and health information was fully completed. Clinical notes were current and integrated with the general practitioner and allied health service provider notes. This included interRAI assessment information entered into the electronic database.</p> <p>The resident care records were legible with the name and designation of the person making the entry identifiable. The electronic medication management system in use records prescriptions and administration times.</p> <p>Residents' and staff files were held securely for the required period before being destroyed. No personal or private residents' information was on public display during the audit. Staff have individual passwords to access the electronic systems.</p> <p>All residents have a National Health Index (NHI) number on admission.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Enquiries are managed by the FM and the clinical team to assess suitability for entry according to the levels of care provided. The entry criteria are clearly communicated to the general public, whānau, and where appropriate, to local communities and referral agencies. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Residents receiving services had their level of care assessed and confirmed by the local Needs Assessment and Coordination agency (NASC).</p> <p>The entry to services policy and procedure is documented and has clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Entry to services and decline records are maintained. Routine analysis of</p>

		<p>entry and decline rates including specific rates for Māori is completed. The service has established links with Māori organisations and the local Marae to benefit Māori residents and whānau when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>The registered nurses (RNs) complete nursing admission assessments, care plans and care evaluation. The service uses assessment tools that include consideration of residents' lived experiences, oral health, cultural needs, values, and beliefs. Cultural assessments were completed by staff who have completed appropriate cultural safety training. A range of clinical assessments, including interRAI, referral information, observation, and the Needs Assessment and Service Coordination assessments (NASC) served as a basis for care planning. However, some of the initial interRAI assessments and long-term care plans were not completed within three weeks of admission in the files sampled (refer to 3.2.1).</p> <p>Te Whare Tapa Whā model of care is used to ensure tikanga and kaupapa Māori perspectives permeate the assessment process when required. The care planning process supports residents who identify as Māori and whānau to identify their own pae ora. The service supports use of Māori healing methodologies, such as karakia, mirimiri and rongoā. Staff understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision were identified in the Māori health plan. The CNM reported that the barriers will be monitored and prevented as required.</p> <p>Residents and family/whānau or EPOAs where appropriate, were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores had supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>The care plans sampled reflected identified residents' strengths,</p>

	<p>goals and aspirations aligned with their values and beliefs. Care plans were individualised and included wellbeing and health needs of residents. Where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Identified family/whānau goals and aspirations were addressed in the care plan where applicable.</p> <p>Residents have their own general practitioners (GP) who provide medical services. Medical admission assessments were not always completed by the GPs within two to five working days of an admission (refer to 3.2.1). Routine medical reviews were completed three-monthly and more frequently as determined by the resident's condition where required. On-call services are provided as required.</p> <p>Service integration with other health providers including specialist services and allied health professionals was evident in residents' records. Changes in residents' health were escalated to the GPs. Timely referrals to relevant specialist services as indicated were evident in the residents' files sampled. Residents were transferred to acute services when required and discharges were managed effectively. The GPs expressed satisfaction with the care provided, the nursing team's assessment skills and communication from the nursing team.</p> <p>Residents' care was evaluated on each shift in the progress notes. Any changes noted were reported to the RNs, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. InterRAI-triggered outcomes were addressed in the care plans reviewed. Short-term care plans were completed for acute conditions, and these were reviewed and closed off when the condition has resolved. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as family/whānau goals and aspirations where applicable. Where progress was different from expected, changes were made to the care plan in consultation with residents and family/whānau where applicable.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs,</p>
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		<p>goals, and aspirations. Appropriate equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. Residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is led by a registered diversional therapist who is supported by an activities assistant. A monthly activities programme is completed and posted on notice boards around the facility. Residents' activity needs, interests, abilities, and social requirements were assessed as part of the admission process. The diversional therapy care plans were completed using the information collected. The activities programme was reviewed regularly in residents' meetings to help formulate an activities programme that is meaningful to the residents. Resident's activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review, and when there is a significant change in the resident's ability. This was evident in the records sampled.</p> <p>Activities on the programme reflected residents' goals, ordinary patterns of life, strength, skills, interests, identity and included normal community activities. Residents are supported to access community events and activities where possible. Individual, group activities and regular events are offered. The activities on the programme include shopping trips, exercises, housie, word games, happy hour, art, craft, music, external entertainers, walks and birthday celebrations. Opportunities facilitated for Māori to participate in te ao Māori are national events celebrated including Waitangi Day and Matariki. Some residents can go out to visit family/whānau and friends in the community independently or with family/whānau support. Family/whānau can visit residents in the facility as desired. Visitors were observed visiting residents on the days of the audit.</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 implemented medicine management system is appropriate for the scope and size of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The service uses an electronic medication management system. A health care assistant (HCA) was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had a current medication administration competency.</p> <p>Medicines were prescribed by the GP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines, and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently recorded on the medicine charts sampled. Over-the-counter medication and supplements were documented where applicable. Standing orders were not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended ranges. Residents and their family/whānau are supported to understand their medications when required. This was observed during the audit days. The GPs stated that when requested by Māori, appropriate support and advice for Māori treatment can be accessed.</p> <p>There were no residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this would be managed in a safe manner when required. Comprehensive analysis of medication errors was completed, and corrective actions implemented as required. Regular medication</p>
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		audits were completed with corrective action plans implemented as required.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service is provided by an external contractor. Food is prepared on site and is in line with recognised nutritional guidelines for older people. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The dietary forms identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Diet preference forms are completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans.</p> <p>Kitchen staff have received food safety training. The menu follows summer and winter patterns in a six weekly cycle and was reviewed by a qualified dietitian on 17 May 2023. Meals are served in the two dining rooms and residents who chose not to go to the dining room for meals, have meals delivered to their rooms. Residents expressed that they are offered an alternative if they do not want what is on the menu. The cook stated that food options culturally specific to te ao Māori would be provided on request. Residents expressed that culturally specific food options were provided.</p> <p>The food control plan in use was issued on 1 January 2023 and will expire on 30 January 2024. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Residents expressed satisfaction with the variety of the meals provided.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau or EPOA. Residents' family/whānau reported being kept well informed during the transfer of their relative. The CNM reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed and the residents' progress notes.</p> <p>The CNM stated that residents will be supported to access kaupapa Māori agencies where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness is publicly displayed. It expires on 12 February 2024. Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they meet legislative requirements. The FM described the maintenance schedule.</p> <p>Residents confirmed they know the processes they should follow if any repair or maintenance is required, any requests are appropriately actioned and that they are happy with the environment.</p> <p>Equipment tagging and testing was current as confirmed in records, interviews with the FM, and observation. Current calibrations of biomedical records were sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids, and wheelchairs. The FM reported and evidence confirmed that a wheelchair is available when needed for outings to appointments.</p>

		<p>Spaces were culturally inclusive and suited the needs of the resident groups. Evidence was sighted of personal cultural and spiritual items.</p> <p>Communal areas are available for residents to engage in activities. Residents were observed participating in activities.</p> <p>The dining and lounge areas, a large media room, a library, and a number of smaller lounge or sitting areas are spacious and enable easy access for residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>Each resident has their own ensuite. The number of toilet and shared accessible bathroom facilities for visitors and staff are adequate. Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to promote resident's independence.</p> <p>Residents and family/whānau reported the adequacy of bedrooms. Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. Staff reported that they respect the resident's spiritual and cultural requirements.</p> <p>Heating is provided by underfloor heating and by heat pumps in communal areas. The temperature can be adjusted. Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance.</p>
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		Documentation evidenced and the FM reported that Terrace View is committed to consulting with local Māori advisors, residents and family/whānau in the design of any new buildings.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The current fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 2 April 2014. Fire extinguishers, call boxes, floor plans, sprinklers alarms, exit signs, and fire action notices were sighted. A trial evacuation takes place six-monthly with a copy sent to FENZ, the most recent being on 14 June 2023. The record was sighted.</p> <p>A flip chart was sighted and provides guidance for staff on responding to civil emergency and disaster events. Disaster and civil defence plans and policies direct the facility in their preparation for disasters and describe the procedures to be followed.</p> <p>Emergency evacuation plans are displayed and known to staff. The service's emergency plan meets the needs of people with disabilities in an emergency.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff are trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attend regular fire drills. Staff reported attending fire safety training and records confirmed this.</p> <p>The CNM reported and evidence confirmed that at least one staff member on shift has a current first aid certificate. Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p>

		<p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, clinical supplies and gas BBQ were sighted. Three 1600 litre water storage tanks are located within the complex which meets the National Emergency Management Agency recommendations for the region. The water is circulated through the tanks into the facility. There is a generator on site. Emergency lighting is regularly tested.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times by the computerised access control system and swipe card readers allow for access outside of these hours, or to restricted areas. All access is controlled and recorded by the access control system and reports can be generated if required. Windows are locked at a predetermined time. Residents are informed of the emergency and security arrangements at entry. Residents and family/whānau were familiar with emergency and security arrangements. There were a number of doors around the facility leading to outdoor garden areas and walkways.</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. 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 prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly.</p> <p>The current business plan includes a goal to ensure continuous improvement through reduction of infections where this is possible.</p>

		<p>The infection control co-ordinator reported that expertise advice is sought following a defined process. Specialist support can be accessed through Te Whatu Ora Waitaha Canterbury, the medical laboratory, external consultants, and the attending GPs.</p> <p>An infection control component is included in monthly staff meetings.</p> <p>The adverse event reporting policy documents the pathway for the reporting of issues and significant events to the CNM, FM and director.</p> <p>The Pandemic Plan has been tested through the outbreak of COVID-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The nominated infection prevention nurse coordinator (IPNC) coordinates the implementation of the infection prevention (IP) programme. The infection prevention nurse's role, responsibilities and reporting requirements are defined in the IPNC job description. The IPNC has completed external education on infection prevention in August 2023 and has access to shared clinical records and diagnostic results of residents.</p> <p>The IP programme implemented is clearly defined and documented in policies and procedures. The IP programme was approved by the owner/director and is linked to the quality improvement programme. The IP programme is reviewed annually. It was last reviewed on 29 August 2023.</p> <p>The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflect the requirements of the infection prevention standards and include appropriate referencing. The pandemic/outbreak management plan in place is reviewed at regular intervals. There were sufficient IP resources including</p>

		<p>personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan. The IPNC has input into other related clinical policies that impact on health care-associated infection (HAI) risk. Staff have received education in IP at orientation and through ongoing annual education sessions. Education with residents was on individual basis when an infection was identified and group education in residents' meetings.</p> <p>The IPNC is involved in the procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora. The facility manager stated that the IPNC will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility, though this has not been required so far.</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 policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery 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.</p> <p>Culturally safe practice in IP that acknowledge the spirit of Te Tiriti were observed in practice. In interviews, staff understood these requirements. Educational resources in te reo Māori were available.</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</p>	<p>FA</p>	<p>The antimicrobial stewardship (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 owner/director. The AMS policy in place aims to promote effective treatment and prevent the development of</p>

<p>and easy to access, and messages are clear and relevant. 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>		<p>antibiotic resistance. The prescriber has the overall responsibility for prescribing antimicrobials. Antimicrobials prescribed were documented in the infection reports and evaluation of antimicrobials used was completed monthly.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>PA Low</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. The health care-associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, wounds and multi-resistant organisms. Surveillance records did not include ethnicity data.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff are informed of infection rates and regular audit outcomes at staff meetings and through compiled reports as confirmed in interviews with staff. New infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and family/whānau were advised of infections identified in a culturally safe manner. This was verified in interviews with residents and family/whānau. A COVID-19 infection outbreak reported since the previous audit was managed effectively with appropriate notification completed.</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. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely in the chemical room. Material data safety sheets were displayed in the chemical storage cupboards in the laundry. Cleaning products were in labelled bottles. Household staff ensure that the trolley is safely stored when not in use. There was sufficient personal protective equipment (PPE) available which includes masks, gloves, face shields and aprons. Staff understood the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The facility was observed to be clean on the days of the audit.</p>

		<p>The household staff and HCAs have attended training appropriate to their roles. Regular internal audits to monitor environmental cleanliness were completed. The IPNC has oversight of the facility testing and monitoring programme for the built environment. These did not reveal any significant issues.</p> <p>Laundry is completed onsite. There is a clear separation of clean laundry and dirty laundry areas. The effectiveness of laundry processes is monitored by the internal audit programme. Residents' surveys and residents confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. This is documented in the restraint policy. The FM and staff confirmed commitment to this.</p> <p>At the time of audit, no residents were using a restraint. The CNM reported that a restraint would be used as a last resort when all alternatives have been explored.</p> <p>The CNM is the restraint coordinator providing support and oversight for any restraint management. Their position description was sighted. There are clear lines of accountability.</p> <p>The restraint approval group, made up of the attending medical practitioner, registered nurse, clinical nurse manager and the activities co-ordinator, are responsible for the approval of the use of any restraints and the restraint processes.</p> <p>Processes are in place to report the overall use of restraint, including aggregated data, the type and frequency of restraint being monitored and analysed, should any be used.</p> <p>Orientation and ongoing education included restraint and management of challenging behaviours. Staff confirmed they have</p>

		received training. Policies and procedures meet the requirements of the standard.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>The RNs complete the interRAI assessments and long-term care plans in consultation with residents and their family/whānau with the resident’s consent or EPOAs, where applicable. Some initial interRAI assessments and long-term care plans were not completed within three weeks of an admission. Care for these residents was guided by the nursing assessments completed on admission. Staff regularly document in the residents’ progress notes and any identified health concerns were escalated to the RNs or the GP and investigations and follow up were completed. The service has recently completed an internal audit that identified the same shortfalls in relation to initial interRAI assessments, medical admission assessments and long-term care plans. A corrective action plan has been implemented to address the shortfall and work</p>	<p>Five out of six residents’ files sampled for review did not have initial interRAI assessments, medical admission assessments and long-term care plans completed in a timely manner.</p>	<p>Ensure all assessments are completed in the timeframes required by the aged related residential care contract</p> <p>180 days</p>

		is in progress. Interviewed residents, family/whānau and observations verified that residents were receiving appropriate care to meet their needs.		
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	<p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities are described and documented using standardised surveillance definitions. Reported infections are recorded on the infection data collection form. Resident's name, type of infection, date of infection, treatment, and evaluation were the items recorded on the infection data collection form. Resident's ethnicity was not recorded.</p>	<p>Infection surveillance did not include ethnicity data.</p>	<p>Ensure infection surveillance includes ethnicity data to meet the criterion.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.