

The Greenwoods House Limited - Epsom South Retirement Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: The Greenwoods House Limited

Premises audited: Epsom South Retirement Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 12 October 2023 End date: 13 October 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: 20

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

Epsom South Retirement Home provides rest home care for up to 27 residents. At the time of the audit there were 20 residents requiring rest home level of care.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Health New Zealand -Te Toka Tumai Auckland. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents and family/whānau, management, staff and the general practitioner.

The chief executive officer provides oversight of the facility, with the manager and assistant manager providing operational management. There is a clinical lead (registered nurse) who provides on-site support during the week and is on call out of hours.

There are quality systems and processes being implemented. The residents were very satisfied with all aspects of care provided. The general practitioner also commented on the high quality of care provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The two areas for improvement identified at the previous audit around the quality programme and medication management remain ongoing.

There were three shortfalls identified at this surveillance audit. These related to documentation of nursing notes; assessments and care planning; and infection prevention and control.

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.
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Cultural values and beliefs are understood and respected with the service providing a unique environment for residents who have high needs at times. There is a Māori health plan in place for the organisation, with policies and processes to ensure Te Tiriti O Waitangi is embedded and enacted. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Epsom South Retirement Home demonstrates their knowledge and understanding of resident’s rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident’s property and finances. Residents stated that a highlight for them was the respect shown to them by staff.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers’ Rights (the Code), and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Epsom South Retirement Home is one of four facilities owned by MA Healthcare Ltd. The service has a well-established leadership team that takes responsibility for governance, including clinical governance, which is appropriate to the size and complexity of the service provided. The 2023-2024 business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered to a standard that would improve outcomes for Māori and for people who do not 'fit' often with other services offered.

The service has a quality and risk management plan in place with all aspects of the programme tabled as part of a standardised agenda at monthly meetings. A clinical and quality manager has been appointed across the four services. There is a process for following the National Adverse Event Reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice.

A role specific orientation programme, regular staff education, training, and competencies are in place to support staff in delivering safe, quality care.

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 medium or high risk and/or unattained and of low risk.
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The registered nurse is responsible for each stage of service provision. The care plans are completed in partnership with residents. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

All staff responsible for administration of medication complete education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences, dietary and cultural requirements are identified at admission. There is a current food control plan.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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All equipment has been tested, tagged, or calibrated. The facility is inclusive of resident's cultures.

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 medium or high risk and/or unattained and of low risk.

All policies, procedures, the pandemic plan, and the infection control programme have been reviewed by the chief executive officer (registered nurse) and the clinical lead. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is documented, including the use of standardised surveillance definitions, and ethnicity data. There has been one outbreak (Covid-19) recorded since the last audit.

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 facility is committed to continuing an environment of no restraint use. Annual education takes place and staff have completed restraint competencies. On the day of audit, the service had no residents using restraint.

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	14	0	0	4	0	0
Criteria	0	44	0	0	5	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 plan is documented for the service, which Epsom South Retirement Home utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery, including the recognition of mana motuhake. At the time of the audit there were both Māori staff and residents. Two records were reviewed as part of the audit for residents who identified as Māori. Both identified their whakapapa and had detailed cultural assessments and plans that supported them as Māori to engage in the te ao Māori world. The service has included a cultural component to the whole care plan and to each section that requires comment on cultural considerations (eg, for mobility, physical health etc). One staff interviewed who identified as Māori described the commitment the organisation had to improving equity for Māori with practical interventions for Māori residents that included activities in the community, learning of te reo Māori for all staff, culturally appropriate food services, and creating an environment that welcomed Māori. This commitment was echoed by other staff interviewed.</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>	FA	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written by the chief executive officer in conjunction with a number of staff who identify as Pasifika. Pacific staff interviewed showed an understanding of Pasifika models of care and they explained that these underpinned the care provided for residents.</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>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families/whānau during entry to the service in the language that they speak (English, Māori, Pacific languages, Indian and others). The Code is also displayed in English and Māori. The following managers and staff were interviewed during the audit: the chief executive officer; manager; assistant manager; clinical and quality manager; clinical lead; two healthcare assistants (HCAs); the cook; activities coordinator; and cleaner. All were able to talk about the Code in relation to the services they provided. They stressed the importance of the Code for all residents and articulated how they would ensure that this was provided. Five residents and one family member interviewed stated that staff upheld the rights expressed in the Code.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Epsom South Retirement Home has policies to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are policies and protocols to respect resident's property, including an established process to manage and protect resident finances. The managers stated that they did not control or manage any resident's money.</p> <p>All staff are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff demonstrated an understanding of professional boundaries when</p>

		interviewed.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Staff and management interviewed have a good understanding of the organisational process to ensure informed consent for all residents. Information related to consent is available in English and te reo Māori. Interviews with a family member and five residents confirmed their choices regarding decisions around their wellbeing were respected.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Complaints can be handed to the assistant manager, clinical lead, or to any member or staff who would escalate this to management. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori and English. Information can be accessed in Pacific and other languages if requested.</p> <p>A complaints register is maintained. There were no complaints made in 2022, and 10 in 2023 year to date. All complaints in 2023 were reviewed by the auditor and considered low level complaints that were addressed immediately and resolved to the satisfaction of the complainants. There have been no external complaints.</p> <p>Documentation including follow-up letters and resolution, demonstrates</p>

		<p>that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and those interviewed confirmed that any concerns or issues they had, were addressed promptly.</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>Epsom South Retirement Home is one of four facilities owned by MA Healthcare Ltd. The chief executive officer is one of the directors along with a financial partner. The two partners govern the four services. The service provides care for up to 27 residents. On the day of the audit there were 20 residents in total. There were five residents under a younger person with a disability (YPD contract), five under a long-term support-chronic health care (LTS-CHC) contract and all others were under the age-related residential care (ARRC) agreement.</p> <p>Epsom South Retirement Home has a well-established organisational structure. The service has two directors – one is the chief executive officer (registered nurse) and other has financial oversight. The directors meet at least monthly to discuss risk, service delivery, and future endeavours. The chief executive officer (registered nurse) provides strategic oversight of the four sites, with the assistant manager providing operational management for Epsom South Retirement Home. The clinical lead (registered nurse), manager and the assistant manager report to the chief executive officer who is on site during the week. A clinical and quality manager has been appointed in 2023 across all four services.</p> <p>A business plan and a quality and risk management plan are in place. The business plan identifies scope, direction, and annual goals of the service. The structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated quarterly and annually. There is a leadership commitment to collaborate with Māori and tāngata whaikaha daily during service delivery and externally when required. The service provided aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall goal is to deliver a high-quality service to residents in the service who are often marginalised and for whom services in the past have not responded in an equitable manner.</p>

		<p>The service has a manager who has been in the role for three years. They provide operational oversight for this and one other service in close proximity. The assistant manager has been in the post for one year and has 19 years overseas experience in respiratory therapy. They provide day to day oversight and leadership for Epsom South Retirement Home. They have a background in administration, business management, and has recently commenced studies to become a registered nurse. The assistant manager is supported by the managing director, and registered nurse.</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>PA Moderate</p>	<p>Epsom South Retirement Home continues to implement the quality and risk management programme. Leadership for quality and risk is now provided by the newly appointed clinical and quality manager who has a Bachelor of Psychology and Physiology and who is enrolled in a Post Graduate Diploma in Public Health.</p> <p>The quality and risk management systems includes expected performance monitoring through internal audits and through the collection of clinical indicator data. There is a quality and risk management plan that is reviewed quarterly and annually. Monthly combined staff meetings, and monthly management meetings are set up to provide an avenue for discussions in relation to quality data; reports from audits completed as per schedule; health and safety; cultural safety; infection control/pandemic strategies; complaints received; staffing; and education. There was insufficient evidence in staff meeting minutes reviewed of discussion around data, use of trend analysis, or of learnings used to improve services (link 5.4.4). The shortfall identified at the previous audit (HDSS:2008 #1.2.3.8) remains.</p> <p>There are quarterly resident and family/whānau meetings. Three of the five residents interviewed stated that the meetings were useful (most of the time), and they stated it was one way of giving feedback. All stated that they felt they could talk to any of the managers at any time with managers being available, approachable and solution focused when feedback was given. Family/whānau are also encouraged to give feedback via phone and email with any communication documented in the resident's individual record. The family member interviewed stated that their family member was the happiest in this facility than in any other they</p>

		<p>had been in. The resident/relative satisfaction survey completed in February 2022 showed a high level of satisfaction in all areas (91.33% of the 15 residents stating that they were satisfied) and 77% of the 13 respondents stating that they were satisfied in August 2023. A corrective action plan was put in place to address issues raised in 2023. One family member responded to questionnaires sent out in 2023 and they were happy with the service provided.</p> <p>Epsom South Retirement Home has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff. A health and safety system is in place. Hazard identification forms are completed in hard copy, and an up-to-date hazard register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings, and via memos.</p> <p>Entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, as evidenced in 15 accident/incident forms reviewed. Results are stated as being discussed in the monthly meetings and at handover.</p> <p>Discussions with the managers, including the chief executive officer and the clinical lead, evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications completed to notify HealthCERT since the previous audit. There has been one outbreak of Covid-19 since the previous 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</p>	<p>FA</p>	<p>There is a policy in place that describes safe staffing levels. The roster provides sufficient and appropriate cover for the effective delivery of care and support.</p> <p>Interviews with staff confirmed that their workload is manageable, and that management are very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. There is a clinical lead (registered nurse) who provides on-site support during the week (25 hours) and is on call out of hours. When not on site at Epsom South Retirement Home, the clinical lead is at a sister site in close</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>proximity to the service for the rest of the week and is able to respond at any time. The chief executive officer is a registered nurse and is also hands on when required.</p> <p>There is an annual education and training schedule implemented for 2023. The education and training schedule lists compulsory training, which includes cultural safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Te Whatu Ora- Te Toka Tumai Auckland.</p> <p>All staff are required to complete annual competencies for: restraint; moving and handling; personal protective equipment (PPE); medication; handwashing; insulin administration; and cultural competencies.</p> <p>All new staff are required to complete competency assessments as part of their orientation. Additional RN specific competencies include the interRAI assessment competency. The clinical lead is trained in interRAI.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Five staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All staff employed for more than one year had a current appraisal on file. A register of practising certificates is maintained for all health professionals.</p> <p>The service has an 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 programme supports all staff to provide a culturally safe environment. Staff interviewed reported that the orientation process prepared new staff for their role and could be extended if required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	<p>PA Moderate</p>	<p>Five resident files were reviewed. The clinical lead is responsible for conducting all assessments and for the development of care plans. There</p>

<p>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>is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact records.</p> <p>The service completes a nursing assessment and an initial support plan within 24 hours of admission. The interRAI assessments for the residents on ARRC contract were all completed in a timely manner. The residents on the LTS-CHC and YPD contracts are not required to have interRAI assessments completed. These residents have appropriate risk assessments completed, which form the basis of the long-term care plan. The care plans reviewed contained generalised interventions relating to residents' health needs and in some cases, specific interventions.</p> <p>Evaluations of care plans were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. Short-term care plans were utilised for infections and other short-term issues.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with a GP from a local general practice who sees each resident at least three-monthly and provides out of hours cover. The GP interviewed confirmed that the clinical lead escalated any concerns in a timely manner through emails, texts or phone calls. The GP also confirmed that staff followed direction and instructions when given. Specialist referrals are initiated as needed. The facility utilises other health professionals as required. There is a contracted dietitian. The wound care and other specialist nurses are available as required through Te Whatu Ora - Te Toka Tumai Auckland.</p> <p>HcAs interviewed could describe a verbal and written handover at the beginning of each duty that maintained a continuity of service delivery. Progress notes are written on every shift and as necessary by HcAs. The clinical lead further adds to the progress notes if there are any incidents or changes in health status; however, does not record notes regularly for all residents on at least a weekly basis.</p> <p>The family member interviewed reported the needs and expectations regarding their family/whānau were being met. When a resident's condition alters, the RN reviews the resident, or there is a review initiated with the GP. Family was notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any</p>
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		<p>changes to health status.</p> <p>There were no residents in the service with wounds; however, a process to assess and care for wounds was able to be described by the clinical lead. The clinical lead has the ability to take photos and wound measurements when required. Staff and management interviewed confirmed there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available.</p> <p>Caregivers and the RN complete monitoring charts, including bowel chart; blood pressure; weight; blood sugar levels etc.</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>PA Moderate</p>	<p>The facility uses pharmacy generated packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in a medication room and locked trolley. The medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops in use have been dated on opening. Fridge temperatures are recorded and were within acceptable ranges.</p> <p>Ten medication charts were reviewed. The medication charts reviewed identified that resident medications had been reviewed at least three-monthly, have photo identification and allergy status identified. No standing orders are used at the service. There were no residents self-administering medication; however, the service does have robust policies and processes to ensure safe management of self-administration should this be required.</p> <p>There are policies documented around safe medicine management that meet legislative requirements. The clinical lead and HCAs who administer medications have annual medication competencies and education around safe medication practices.</p> <p>Two medication rounds were observed during the audit and at both times, the HCAs demonstrated that they followed policies and procedures related to administration and good practice. While this corrective action identified in HDSS:2008 #1.3.12.1 at the previous audit has been addressed, there are issues relating to medication management and</p>

		administration to documentation of effectiveness of 'as required' medication and to labelling of medications when in the fridge.
<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	The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs. Food preferences, dietary needs, intolerances and allergies are all assessed and documented. The food control plan expires 12 July 2024. The menu was reviewed by a registered dietitian within the last two years. Residents on the whole enjoyed the meals and stated that their cultural needs were catered for as much as possible.
<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	There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.
<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>	FA	The buildings, plant, and equipment appeared to be fit for use relevant to the health and disability services being provided. The current building warrant of fitness expires 29 September 2024. All equipment has been tagged, tested, and calibrated annually as scheduled. Hot water temperatures are tested regularly, with corrective actions carried out for any temperatures outside the accepted range. Essential services are on call 24 hours a day. The environment is inclusive of peoples' cultures and

<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>supports cultural practices.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is an infection, prevention, and antimicrobial programme and procedure that includes the pandemic plan. This links to the overarching quality programme and staff state that they review, evaluate, and report annually (link 2.2.2).</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes standard precautions; isolation procedures; hand washing competencies; and donning and doffing of personal protective equipment (PPE).</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Moderate</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control programme is reviewed annually and endorsed by the CEO. Monthly infection control data is presented at the monthly staff meetings, and to the chief executive officer via monthly management meetings.</p> <p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register. Surveillance of all infections (including organisms) are monitored and analysed for trends, monthly and annually. Staff are informed of infection surveillance data through meeting minutes and notices. Residents and family/whānau are informed of infections, and this is recorded in the progress notes.</p> <p>The clinical lead stated that infections are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections</p>

		<p>(HAI). Action plans were not completed for any infection rates of concern.</p> <p>Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There has been one outbreak of Covid-19 since the previous audit.</p> <p>The service captures ethnicity data and incorporates this into surveillance methods and data captured around infections.</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>Epsom South Retirement Home is committed to not using any restraint. This is actively monitored by the clinical lead and assistant manager. There are currently no restraints in use. Restraint use (if any) would be reported to the chief executive officer and management team immediately.</p> <p>The designated restraint coordinator is the clinical lead who ensures staff have annual training around least restrictive practices, safe use of restraint, alternative cultural-specific interventions, and de-escalation techniques. Restraint is also part of the orientation package. Staff complete annual restraint competencies.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>Staff meetings are held monthly, and these have a set agenda that includes all aspects of the quality and risk programme. There was insufficient evidence in staff meeting minutes reviewed of discussion around data or of learnings from discussion used to improve services. Managers and staff interviewed could give examples of use of data to improve services in some instances. There were a higher number of complaints in 2023 compared with 2022; however, discussion was not evidenced as documented in meeting minutes. There was an increased number of infections in 2023; however, there was no discussion of improvements made as a result of analysing trends</p>	<p>There was insufficient evidence in staff meeting minutes reviewed of discussion around data, use of trend analysis, or of learnings from discussion used to improve services.</p>	<p>Ensure meeting minutes evidence improvements made to services as a result of discussion and use of corrective action planning.</p> <p>60 days</p>

		or discussions around why these had occurred and what plan would be put in place. The shortfall identified at the previous audit (HDSS:2008 # 1.2.3.8) remains.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p>	<p>PA</p> <p>Moderate</p>	<p>The clinical lead completes the assessment and care plan in partnership with residents (and family/whānau if involved). The assessments include specialised assessments, including those for the likelihood of falls, dietary needs, mobility, memory, the Bathel Index to establish involvement in activities of daily living, cultural needs, continence, and the Braden skin assessment.</p> <p>The care plans documented have generalised (and some specific) interventions documented; however, not all interventions detailed all of the resident's required needs.</p>	<p>i). Two residents whose records were reviewed, did not have safety plans documented for challenging behaviours.</p> <p>ii). Two resident files for residents with diabetes did not document: a). Signs and symptoms of hyper glycaemia or hypoglycaemia; b). Expected ranges of blood sugar levels; c). Interventions of how to manage if the blood sugar readings were out of the expected ranges; and d). Management of a diabetic emergency.</p>	<p>i). & ii). Ensure all resident care plans have interventions documented to manage all resident individual needs.</p> <p>90 days</p>

<p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds</p>	<p>PA Moderate</p>	<p>Healthcare assistants document progress notes for each resident at the end of each shift. Notes were sighted with these consistently documented in the five records reviewed. The clinical lead mostly documents in an individual record when there is a change in state; however, RN progress notes are not always documented according to policy or best practice. The clinical lead ensures that care plans are reviewed six-monthly or as changes occur. Review of the care plan is completed in partnership with the resident.</p>	<p>i). The progress notes do not record that the clinical lead has observed or talked with the resident in the interim. ii). Two resident files did not evidence documentation in the notes of significant incidents. One resident for example, had two incidents documented on incident forms (for a fall, and an admission to hospital via ambulance), with the clinical lead documenting the issues to the GP and the management team in emails, but with no documentation in the resident record itself. iii). One resident who had been admitted in mid-2023 had initial documentation by the clinical lead, but no records documented by the clinical lead after that.</p>	<p>i)- iii). Ensure that the clinical lead (registered nurse) documents comprehensive progress notes according to policy and best practice. 60 days</p>

by initiating changes to the care or support plan.				
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The service uses an electronic system to record administration of medication. Staff observed giving medication on the days of audit confirmed that policy was followed. Medication is kept securely with temperatures of the fridge and medication room monitored to ensure these are as per policy. As required medication is prescribed correctly; however, the effectiveness of medication when given was not documented in two resident records reviewed.</p>	<p>The effectiveness of 'as required' medication when given is not documented in two resident records sighted.</p>	<p>Document the effectiveness of 'as required' medication when given.</p> <p>60 days</p>
<p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	<p>PA Moderate</p>	<p>Data around infections is collected and well documented with graphs depicting types of infections monthly. There were 11 infections documented in 2021 and 74 recorded in 2022 (January to December with review of the annual programme completed in January 2023). While 25 of these were attributable to the Covid-19 outbreak, there were also 25 urinary tract infections; other small clusters of skin infections; and isolated 'other' infections eg, eye infections. The data for 2023 was reviewed and appears to project a similar number of infections for 2023, noting that analysis for each month is</p>	<p>Corrective action planning is not in place when clusters of infection or a large number of infections is identified. Note that quarterly and trend analysis would help staff and managers to identify issues and could contribute to interventions put in place to decrease numbers and types of infections.</p>	<p>Implement corrective action plans to improve infection rates and outcomes for residents.</p> <p>90 days</p>

		documented; however, there was no evidence that the data had been discussed with a corrective action plan put in place to reduce infections and to improve health and wellbeing for residents. Quarterly analysis and trend analysis is not taking place (link 2.2.2).		
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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.