

Alexandra Care Limited - Alexandra Rest Home

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Alexandra Care Limited
Premises audited:	Alexandra Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 October 2023 End date: 6 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:	44

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 tātou 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

Alexandra Rest Home is certified to provide rest home level of care for up to 45 residents. On the days of the audit there were 44 residents.

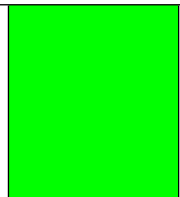
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the services contract with Te Whatu Ora Health New Zealand - Capital, Coast and Hutt Valley. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, staff, nurse practitioner and the care manager.

There has been a change in the facility manager since the last audit. The new facility manager is new to the management position and has experience in age care. They have a management background and oversees the day-to-day operations of the facility. The facility manager is supported by the care manager, registered nurses, the administrator, and experienced caregivers.

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


This certification audit identified improvements required the management of the medication management system.

Ō tātou 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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Alexandra Rest Home provides an environment that supports resident rights and safe care. Details relating to the Health and Disability Commissioner’s Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place. Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. Managers and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The 2023-2024 business plan includes specific and measurable goals that are regularly reviewed. The service is implementing a quality and risk management programme developed by an external contractor, Healthcare Compliance Solutions Ltd (HCSL), to align with the two other owned and operated aged care facilities. Data is collected in relation to any complaints, accidents, incidents, and infections. Progress is monitored via internal audits and the collation of clinical indicator data. Corrective actions are implemented where opportunities for improvements are identified. Quality data and results are shared in the monthly quality and

staff meetings and are also posted in the staffroom. A health and safety programme is being implemented. The administrator is the designated health and safety officer. Hazards are identified with appropriate interventions implemented. There is a staffing and rostering policy. Safe staffing levels were evident with a minimum of one registered nurse (RN) available on site seven days a week. A registered nurse is on call for cover when not available on site. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. An orientation programme is implemented, and a staff education/training programme is in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight 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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The entry to service is efficiently managed by the care manager and the registered nurses. Residents' needs are assessed, planned, and reviewed along with outcomes, and goals by the registered nurses. Service integration is demonstrated in the care plans reviewed and were evaluated at least six-monthly. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

Medication policies reflect legislative requirements and guidelines. Medication administration is the responsibility of the registered nurses and medication competent caregivers with the completion of annual education and medication competencies. The general practitioner reviews the medicine charts at least three-monthly.

Residents' food preferences and dietary requirements are identified at admission and all food and baking are prepared on site. A current food control plan is in place. Food is safely managed. Residents verified satisfaction with meals. The menu was reviewed by the dietitian in 2022.

All referrals, transfers and discharges are well planned and coordinated in partnership with resident and family/whānau.

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

Includes two 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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Alexandra House is an environment safe and fit for purpose. There is a current building warrant of fitness. The facility is designed and maintained in a manner that supports independence. All resident rooms have call bells which are within easy reach of residents.

Resident rooms are personalised and reflect cultural preferences. External areas are safe and well maintained, with shade and seating available. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are conveniently located. Systems and supplies are in place for essential, emergency and security services. Testing, tagging, and calibration is completed as required. Security checks are performed by staff and security lights are installed internally and externally throughout the facility. There is always a staff member on duty with a current first aid certificate.

Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system with timely response times.

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

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

Subsections applicable to this service fully attained.

The infection prevention and control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Staff demonstrated good understanding about the principles and practice around infection prevention and control; this is guided by relevant policies and supported through regular education. Te Whatu Ora provide external support and expertise. Infection control practices support tikanga guidelines.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on in a timely manner with staff. Internal benchmarking and comparison of data occurs with appropriate follow-up actions taken. Anti-microbial usage is monitored.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There have been two Covid-19 outbreaks since the last audit.

Here taratahi | Restraint and seclusion

Includes four 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 restraint coordinator is the care manager. At the time of the audit, there were no residents using restraint.

Alexandra Rest Home considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. Maintaining a restraint-free environment is included in the education and training plan.

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	26	0	1	0	0	0
Criteria	0	167	0	1	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.

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 and associated cultural policies are documented for the service. Alexandra Rest Home are committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. At the time of the audit, the service had residents who identified as Māori.</p> <p>Key relationships with Māori are in place. Cultural advice is available through a variety of Māori agencies. The facility actively works with Whānau Care services. They also have links with the Downtown Community Ministry (DCM) who provide support and guidance for Māori residents. All residents are asked to participate twice a day in a group waiata (song). Song sheets are provided, and the words televised for all to see. Interviews with Māori residents and whānau confirmed that their cultural needs are being met by the service.</p> <p>All staff, managers and owners have completed cultural safety training, including Te Tiriti o Waitangi training. This training takes place during staff orientation and continues as a regular in-service topic. Te Tiriti o Waitangi training covers how the principles of partnership, protection and participation are enacted in the work with residents. Staff members’ cultural expertise is monitored through</p>

		<p>cultural competency assessments.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members through connections in the community and through Māori staff currently employed. Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. This was evidenced in interviews with four residents and two family/whānau. The care manager, and care staff (four caregivers and one activities coordinator) described how the delivery of care is based on each resident's values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture. The Pacific health plan has had input from the Pacific community and staff. The plan addresses equity of access, reflecting the needs of Pasifika, collaboration with spiritual leaders and operating in ways that are culturally safe. The service supports their Pacific residents' values and beliefs, which includes family and consultation with the Pacific community. Training in relation to the Pacific health plan has been provided to staff.</p> <p>On admission all residents state their ethnicity. There were residents that identified as Pasifika. Family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>The service actively encourages and supports any staff that identifies as Pasifika during the interview process. There were staff that identified as Pasifika at the time of the audit. The service has links via a staff member with the Newtown Congregational Church of Samoa.</p> <p>Interviews with management (one owner, one facility manager, one care manager) and staff (five care staff, one cook, one laundry, one housekeeper and one maintenance staff) confirmed the service puts people using the services and the local community at the heart of their</p>

		services.
<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's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager or care manager discuss aspects of the Code with residents and their family/whānau on admission. Residents or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment. Each resident room contains brochures on resident rights (eg, informed consent, privacy, complaints forms). These brochures are in a visible location adjacent to their door. Interviews with residents confirmed their understanding of their rights. Discussions relating to the Code are held during the six-monthly resident meetings.</p> <p>All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. There are links to spiritual supports. Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process, with contact details included on the complaints form. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in the Māori health plan and through interviewing one of the owners.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p>	FA	<p>Care staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care.</p>

<p>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>Residents also have control and choice over activities they participate in. It was observed that residents are treated with dignity and respect. Resident and family 2023 satisfaction survey results confirm that residents are treated with respect. This was also confirmed during interviews with residents and family/whānau. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Sexuality and intimacy are addressed in the resident's care plan and is provided as an annual education topic on Altura (online education platform).</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Seven residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Te reo Māori signage is evident throughout the facility and promoted Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori; referencing the interconnectedness and interrelationship of all living & non-living things.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Alexandra Rest Home policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities, and the celebration of cultural days acknowledge cultural diversity. A code of conduct is discussed with staff during their induction to the service and addresses the service's zero tolerance to harassment, racism, and bullying. This document is signed and held in their employee file. Staff are educated on how to value the older person, showing them respect and dignity. The residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job</p>

		<p>descriptions. Interviews with the care manager and staff confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</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>	<p>FA</p>	<p>Information is provided to residents/family/whānau on admission. Six-monthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any adverse event that occurs. Accident/incident forms have a section to indicate if family/whānau have been informed (or not). Family/whānau interviewed stated that they are kept informed when their family/whānau member's health status changes or if there has been an adverse event. This was also evidenced on the 15 accident incident forms reviewed. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated.</p> <p>At the time of the audit, there were no residents who were unable to speak or understand English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding the range of services available. Health professionals involved with the residents may include specialist services (eg, geriatric nurse specialist, mental health team). The care manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>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>FA</p>	<p>There are policies around informed consent and advance directives. Admission agreements, informed consents, resuscitation plans, advance directives, copies of enduring power of attorneys and activation letters, and welfare guardianship documentation were evidenced in the seven resident files reviewed. These forms had been signed appropriately by the resident or the activated power of attorney (EPOA) or welfare guardians. Consent forms for Covid-19 and influenza vaccinations were on file where appropriate. Residents and family/whānau interviewed described their understanding of informed consent and their rights regarding choice.</p> <p>The service follows best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making process where the person receiving the services wished to have them involved. Discussion with residents and family/whānau confirmed they are involved in the decision-making processes and the planning of care where required to (with an activated EPOA) or when the resident chooses to include them.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to all residents and family/whānau on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The facility manager maintains a complaints' register containing all appropriate documentation, including formal acknowledgement, investigation, and resolution records in accordance with guidelines set by the and Health and Disability Commissioner (HDC) and the organisation's own policy and procedures. There have no complaints made since the last audit in October 2022. Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility.</p> <p>Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held and are another avenue to provide residents with the opportunity to voice their concerns. The managers have an open-door policy and encourage residents and</p>

		<p>family/whānau to discuss any concerns. This was observed during the audit. The complaints process is linked to the quality and risk management system. Staff meeting minutes cover discussions relating to any complaints lodged. The complaints procedure is provided to all residents and family/whānau on entry to the service.</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>Alexandra Rest Home is in Newtown, Wellington and provides rest home level of care for up to 45 residents. At the time of the audit, there were 44 residents; two residents were on a young person with a disability (YPD) contract, three were on a long-term support -chronic health conditions (LTS-CHC) contract, and two residents were on respite care. The remaining residents were under the age-related residential care (ARRC) contract.</p> <p>The current owners purchased the facility in November 2022 and are based in Wellington. Both owners are non-clinical. They have an established and implemented organisational structure in place. They own and operate two other aged care facilities. The director of the company is the sole owner; his wife helps out as the operations manager. The director meets with the facility manager and clinical manager (from the sister facility) monthly for a quality/governance meeting. There is clinical governance input from a clinical manager from a nearby sister facility. The director visits the facility weekly.</p> <p>As part of the transition plan, the new owners appointed a facility manager in May 2023 to fill the role of the previous owners. A job description for this position was sighted. The facility manager started in May 2023, and has a diploma in health and wellbeing and aged care management experience. The facility manager reports to one of the owners, the director of the company, and is supported by a care manager who has been in the role since 2013. The owners visit the site on a weekly basis. Both actively engage with residents and staff, as evidenced through observations and interviews.</p> <p>The managers interviewed confirmed that they have undertaken cultural training and can demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. The identification of barriers with implemented strategies are identified in the business plan and Māori</p>

		<p>health plan. Collaboration with staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care.</p> <p>The business plan 2023-2024 is in place and includes goals and objectives. Goals included maintaining a reputation for quality of care, good occupancy, and quality training/care planning to focus on Māori and Pacific peoples centred service. These goals are regularly reviewed, evidenced in the monthly quality meetings and monthly staff meeting minutes. Clinical governance is the responsibility of the care manager and two staff RNs. This includes (but is not limited to) the review of clinical risk.</p> <p>The facility manager and care manager have completed more than eight hours of training related to managing an aged care facility and include NZACA leadership training, infection control, cultural, and restraint training.</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>	FA	<p>The service is implementing a quality and risk management programme developed by an external contractor. The quality system includes performance monitoring, internal audits, resident satisfaction, staff retention and the collection, collation, and benchmarking of clinical indicator data. The analysis of data indicates a health equity approach to care of the residents. Results from internal audits, clinical indicator data, surveys and corrective actions identified and implemented are shared in the monthly quality and staff meetings. Quality data and trends are posted in the staffroom. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are developed and reviewed by the external contractor and the management team and have been updated to meet the Ngā Paerewa Health and Disability Services Standard 2021. New policies or changes to policy are communicated to staff, evidenced in meeting minutes. Resident and family surveys have been completed in February and August 2023. Overall, the satisfaction was of a high level. There were no corrective actions required. Family communication is primarily through email communication due to low</p>

		<p>visitor numbers.</p> <p>A health and safety system is being implemented. The administrator is the health and safety officer and has attended health and safety training. There are regular manual handling training sessions for staff. Hazard identification forms and an up-to-date hazard register are in place. Hazards are classified by their risk and priority. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed at the quality and staff meetings. In the event of a staff accident or incident, a debrief process is discussed. Accident/incident reports are completed for adverse events, evidenced in 12 accident/incident forms reviewed (witnessed and unwitnessed falls, absconding). Incident and accident data is collated monthly and analysed.</p> <p>Staff's cultural competency is assessed to ensure a high-quality service is provided for Māori. Training in relation to Māori and the Treaty of Waitangi, and associated competencies have been implemented.</p> <p>Discussions with the facility manager and care manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT in relation to a pressure injury, and a missing person. Te Whatu Ora Health New Zealand-Capital, Coast and Hutt Valley and Public Health authorities were notified in relation to two Covid-19 outbreaks in 2023.</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>A service provision policy describes safe staffing levels. The roster provides sufficient and appropriate cover for the effective delivery of care and support. Interviews with residents and families/whānau confirm that staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the staff interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. The facility manager and care manager are available (full time) from Monday to Friday. The care manager is supported by one RN.</p> <p>Safe staffing levels were evident with a minimum of one RN available</p>

		<p>on site seven days a week. The on-call roster is shared between the care manger and RN for cover when not available on site. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff. Existing staff support include wellbeing initiatives, birthday recognition and the provision of support to promote health care and staff wellbeing. Staff interviewed report a positive supportive work environment.</p> <p>There is an annual education and training schedule being implemented. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information, which includes training in relation to Māori health outcomes and disparities, and health equity. The education and training schedule reflects staff attending mandatory topics (presented through an online training programme). Education is completed in three-hour blocks (three times per year) and includes video presentations, group discussions and competency assessments. Staff are rostered to attend with over 80% attendance rates. In addition to online training, training is provided in relation to Te Tiriti o Waitangi, fire safety, medication management (including competency assessment, and chemical safety).</p> <p>The service invests in staff health equity expertise and sharing of high-quality Māori health information through its cultural training programmes and cultural competency assessments. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of fourteen caregivers, four have achieved their level three qualification and seven their level four qualification. There is a minimum of one first aid trained staff available 24/7. One RN and the care manager have completed interRAI training. RN training opportunities are provided through Te Whatu Ora – Health NZ, hospice, and the nurse practitioner (who regularly visits the facility). Staff wellbeing programmes include offering employees counselling services, maintaining an ‘open-door’ relationship with managers, and celebrating holidays as a group. Staff commented that they celebrate the cultural diversity of staff and residents through food and dress. Staff interviews confirmed that they feel supported by the managers. Staff turnover is reported as low. Two of the three caregivers interviewed have worked at Alexandra Rest Home for over 20 years.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held securely. Six staff files reviewed (one care manager, three caregivers, one activity coordinator and one kitchen assistant) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for health professionals (RN, general practitioner, nurse practitioner, pharmacy, and podiatrist).</p> <p>All staff undergo their initial appraisal following three months of employment. This is followed by annual performance appraisals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and are repeated annually. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained. Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy. Archived records are stored securely on site for a minimum of 10 years. Electronic information is backed up using cloud-based technology. All electronic information is individually password protected. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also</p>

		developed during this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There is an entry and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. The admission agreement aligns with all contractual requirements. Exclusions from the service are included in the revised admission agreement and in the information pack. Seven admission agreements were reviewed and aligned with the service agreements.</p> <p>The residents interviewed stated that they received the information pack and sufficient information prior to, and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The care manager is available to answer any questions regarding the admission process. The service communicates with potential residents and family/whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Ethnicity information is collected at the time of inquiry from individual residents and analysed to identify entry and decline rates that are ethnicity focuses. This is recorded on the admission form, on the lifestyle profile and in an admission and decline register. There are established links with local Māori health practitioners and Māori health organisations, as confirmed by the care manager to improve health outcomes for Māori residents.</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</p>	FA	<p>Policies were in place to guide staff around admission processes. The required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review of care plans were all in place. Registered</p>

<p>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>nurses are responsible for completing the admission assessments, care planning and evaluation. The initial nursing assessments and initial care plans sampled were developed within 24 hours of admission in consultation with the residents and family/whānau, where appropriate with resident's consent. Risk assessments are conducted on admission relating to falls, pressure injury, continence, and nutrition. A cultural assessment has been implemented.</p> <p>Seven resident files were reviewed, including one on a long-term support- chronic health contract (LTS-CHC), one resident on a younger person with a disability (YPD) and one resident on respite.</p> <p>InterRAI assessments were completed within 21 days of admission in the files that required these. The long-term care plans were developed within three weeks of an admission. Clinical assessments, including interRAI, referral information, and observation provided the basis for care planning. Residents' and family/whānau representatives of choice or EPOAs were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>The long-term care plan is holistic, and identifies residents' strengths, goals and aspirations aligned with their values and beliefs. The care plans document strategies to maintain and promote the residents' independence and activities of daily living.</p> <p>The residents were assessed by the contracted general practitioner (GP) or the nurse practitioner (NP) within five working days of admission. The NP reviews the residents at least three-monthly or earlier if required. The GP and the NP provide medical oversight when required. After hours and weekend on-call cover is provided by the NP. The NP, who is new to the role, was interviewed and was very positive regarding the communication with the care manager and RNs and the quality of the care provided at Alexandra House. The care manager and senior RNs provide after-hours calls and advice. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has access to a physiotherapist when required. A podiatrist visits regularly and a dietitian, speech language therapist and specialist nurses are</p>
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		<p>available as required.</p> <p>Staff are guided by Alexandra House’s Māori health plan and cultural safety policy, and they confirmed their understanding of the processes to support residents and whānau to include residents pae ora outcomes in their care plans. Residents who identified as Māori confirmed satisfaction with the processes in place. Cultural information for residents who identified as Māori included the person’s iwi, information relating to the whānau and other important aspects for the resident. The care plans sampled evidenced partnership and participation of tāngata whaikaha and whānau in planning their care and making decisions over their support. Barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified, and strategies to manage these were documented. Alexandra House staff confirmed they understood the process to support residents and whānau.</p> <p>Caregivers and the care manager interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. This was sighted on the day of the audit. Residents’ care was evaluated on each shift and reported in the progress notes by the caregivers. Any changes noted were reported to the care manager or RN, as confirmed in the records sampled. The long-term care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, such as weight loss and challenging behaviours. Short-term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents’ degree of progress towards their agreed goals and aspirations. The progress notes and incident forms reviewed provided evidence that family were notified of changes to health, including infections, wounds, accident/incidents, GP or NP visits and any changes to health status. This was confirmed through the interview of family members. Where there was a significant change in the resident’s condition, an interRAI reassessment was completed and a referral made to the needs assessment service coordination (NASC) team for reassessment of level of care.</p> <p>There is a wound register with two current wounds (one surgical wound and one chronic wound that has been referred to vascular</p>
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		<p>outpatients). A Section 31 was completed for a previously unstageable pressure injury, which has since healed. Documentation for wound assessments, management and evaluations were fully documented as per policy. There is access to wound specialist nurses from Te Whatu Ora- Capital, Coast and Hutt Valley. The care manager (interviewed) and visual checks confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Care staff complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; and toileting regime. Monitoring charts were completed as scheduled and were completed as instructed in the care plans. There is a range of equipment and resources were available. Incident reports reviewed evidenced timely follow up and investigation by an RN.</p> <p>The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes. Residents interviewed were complimentary of the care received and reported their needs and expectations were being met.</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>	FA	<p>The full-time activities coordinator has been recently employed in the role and is enrolling in diversional therapy course training. The activities programme is provided five days per week. Residents are provided with a weekly activities programme and copies are also posted on noticeboards around the facility. Caregivers and the activities coordinator remind residents about the daily activities on the schedule. The activities coordinator maintains daily activities attendance records.</p> <p>Residents and family/whānau provide information to assist the activity coordinator to plan for the residents' activity needs, interests, abilities, and social requirements. There is an individualised activity plan and these are reviewed at least six-monthly in line with interRAI and care plan reviews. The activities programme includes exercises; van trips;</p>

		<p>puzzles; walks; happy hour; kapa haka performances from local schools; and birthday celebrations. Monthly themes and international days are celebrated. Individual, group activities and regular events are offered.</p> <p>Review of the activities programme occurs through satisfaction surveys, individual resident feedback, and resident meetings. The activities programme is developed with this information and provides a meaningful programme for the residents. Resident's activity needs are evaluated as part of the formal six-monthly interRAI assessments and care plan review and when there is a significant change in the residents' ability. This was evident in the records sampled.</p> <p>The activities programme reflected residents' goals, ordinary patterns of life and included normal community activities. Younger residents are supported to access community events and have the independence of going out on their own as desired. This was observed on the days of the audit. Residents are supported to access community events and activities where possible; there are also resident-led activities including (but not limited to) te reo Māori. A wide range of cultural events are celebrated, and these include Matariki Day, Waitangi Day, Māori language week and other cultural celebration days relevant to residents and staff. The activities coordinator leads a daily waiata when the programme starts.</p> <p>Residents were observed participating in a variety of activities on the days of the audit. Residents and family/whānau interviewed confirmed they find the programme satisfactory.</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 Low</p>	<p>The medication management system is electronic. Fourteen electronic medication charts were reviewed, and these evidenced the recording of allergies and three-monthly reviews by the GP or NP. Interviews with family/whānau stated that consultation with family takes place during these reviews; this was evident in the medical notes reviewed and NP interviewed. Medications are supplied to the facility by the contracted pharmacy. Regular medications and 'as required' medications are administered from these packs.</p> <p>All medications charts sighted were current and had been reviewed</p>

		<p>three-monthly. Medications were all prescribed appropriately on the electronic system, and all had allergies documented. As required medications had prescribed indications for use with outcomes and effectiveness completed in the sample of medication charts reviewed. Over the counter medications are prescribed on the electronic medication system, as requested by the resident. Standing orders are not in use. A senior caregiver was observed administering medication following medication guidelines. Staff who administer medicines were assessed as competent and evidence was sighted. There were no residents self-administering medications within the service. There are comprehensive policies in place should a resident wish to administer their medications. Staff interviewed were knowledgeable around these processes.</p> <p>Internal audits were completed around medication management. The medication room and medication refrigerators are checked daily to ensure they were within the required temperature range.</p> <p>The care manager provides information, support and advice around medications and potential side effects with all family/ whānau when they are not able to attend the NP review, or where required or requested. The care manager reported they would apply the same to any whānau within the service.</p> <p>There are policies and procedures in place for safe medicine management. Medications are stored safely. Caregivers who have completed medication competencies and RNs are responsible for medication administration. The clinical manager and medication competent caregivers administer medications and have been assessed for competency on an annual basis. Education around safe medication administration has been provided with the last training completed in 2023.</p> <p>Medications were appropriately stored in the medication area. The medication fridge temperature is monitored daily, with recorded temperatures within acceptable ranges. The medication room temperature was monitored and recorded as per guidelines. All medications are checked on delivery against the prescription and signed on the pack and electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired</p>
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		<p>medications are returned to pharmacy in a safe and timely manner.</p> <p>All eyedrops and creams have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, are reviewed, and prescribed by the NP. All medication charts reviewed identified that the NP had reviewed them three-monthly; however, the photographic identification was not present in all the fourteen medication files. All medication files had 'as required' medications that had prescribed indications for use. The effectiveness of 'as required' medication had not been documented in all of the files reviewed on the electronic medication system.</p> <p>The clinical files included documented evidence that enduring power of attorneys and family/whānau are updated about medication changes, including the reason for changing medications and side effects. The care manager described an understanding of working in partnership with Māori residents to ensure the appropriate support is in place if needed, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The meals at Alexandra House are all prepared and cooked on site. The menu follows summer and winter patterns in an eight-weekly cycle and was reviewed in August 2022 by a qualified dietitian. The spacious kitchen is situated downstairs, and meals are delivered to residents in the dining room in bain-marie containers via a service lift. The chef is assisted by the kitchen hands who have received required cultural and food safety training. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa. On the day of audit, meals were observed to be well presented.</p> <p>Food procurement, production, preparation, storage, transportation, delivery, and disposal complies with current legislation and guidelines. There is an approved food safety plan and registration issued by Wellington City Council. The current food control plan will expire on 1 March 2024. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention</p>

		<p>measures during food preparation and serving.</p> <p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A nutritional profile is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual dietary profiles were available in the kitchen folder. The chef (interviewed) was aware of the residents' preferences. Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes or religious preferences. Caregivers interviewed understand tikanga guidelines in terms of everyday practice.</p> <p>Kitchen fridge and freezer temperatures are monitored and recorded daily on the temperature monitoring records. Food temperatures are checked at all meals. These are all within safe limits. Kitchen staff were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Staff were observed assisting residents with meals in the dining room and modified utensils, such as lip plates, are available for residents to maintain independence with meals. Caregivers interviewed are knowledgeable regarding a resident's food portion size and normal food and fluid intake and confirm they report any changes in eating habits to the care manager or RN and record this in progress notes. The chef has completed food safety and hygiene courses.</p> <p>Meals are delivered to residents' rooms for those who chose not to go to the dining room for meals. Meals going to rooms on trays had covers to keep the food warm. On the days of the audit, mealtimes were observed. Residents who required assistance received this and there was sufficient time to eat their meal in an unhurried fashion. Satisfaction with meals was confirmed during resident and family/whānau interviews.</p>
Subsection 3.6: Transition, transfer, and discharge	FA	Planned exits, discharges or transfers were coordinated in

<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>collaboration with residents and family/whānau to ensure continuity of care. Resident change, transfer, or termination policy and procedures are documented to ensure exit, discharge, or transfer of residents is undertaken in a timely and safe manner by the RNs and care manager. The care manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. When residents are transferred to acute services, the “yellow envelope” Te Whatu Ora transfer documentation system is used. The care manager reported that an escort is provided for transfers as required. Transfer documentation in the sampled records showed the appropriate documentation and relevant clinical notes were provided to ensure the continuity of care.</p> <p>The residents (if appropriate) and families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 23 June 2024. The maintenance person works 35-40 hours per week and completes the maintenance programme. There is a maintenance request book for repair and maintenance requests located at reception. The book is checked daily and signed off when repairs have been completed. The annual preventative maintenance plan is documented and implemented. The maintenance person selects a random group of rooms to measure the hot water temperatures; these are consistently documented at 45 degrees. There are essential contractors/tradespeople available 24/7 as required. Testing and tagging of electrical equipment was last completed in April 2023. The ‘Welcome to Alexandra Rest Home’ documentation requires new residents to provide evidence of electrical checks for equipment they bring with them. The maintenance role includes maintenance of the gardens and grounds.</p> <p>The corridors are suitable for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas.</p>

		<p>There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. Caregivers interviewed stated there is adequate equipment to safely deliver care for rest home level of care residents.</p> <p>All rooms are single occupancy. There are a variety of room configurations with shared toilet ensuites with privacy locks and rooms with individual toilet ensuites; all other rooms have a hand basin. There are communal bathrooms/showers located close to the resident rooms within the facility with privacy signage. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There are sufficient communal toilets situated in the vicinity of the lounge and dining room. The dining room is adjacent to the lounge. The lounge is open plan with doors that lead to a courtyard garden, with outdoor seating and shade. A small conservatory off the main lounge has a selection of games and reading books. There is safe access to the courtyards and gardens. Communal areas are easily accessible for residents with mobility aids, with ramp access.</p> <p>A toilet near the main lounge is available for visitors. All bedrooms and communal areas have sufficient natural light and ventilation. There is electric wall heating (thermostat controlled and individually adjusted) in resident rooms, corridors, bathrooms, and all communal areas. Currently there are no plans to build or extend; however, should this occur in the future, the owner and facility manager advised that the service would liaise with local Māori providers to ensure aspirations and Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p>	<p>FA</p>	<p>Emergency management policies that include a pandemic plan outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. A business continuity plan is in place to help guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The fire evacuation plan has been approved by the New</p>

<p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>Zealand Fire Service, dated 7 February 2006. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness, with the most recent drill taking place on 8 August 2023. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence and pandemic/outbreak supplies are stored in an identified location and are regularly checked.</p> <p>In the event of a power outage, gas cooking (BBQ and gas burner) is available. The service has a small generator on site in the boiler room. There is adequate water supply (large water tank and header tanks in the ceiling) and dry food supplies in the event of a civil defence emergency. Emergency management is included in staff orientation and external contractor orientation. There is a first aid trained staff member available 24/7. There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in proximity to their current position. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secured after hours. Staff complete regular security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of 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>All infection control policies are provided by the external contractor, with policies reflecting the requirements of the standard and are based on current accepted good practice; policies include anti-microbial stewardship requirements. Cultural advice is accessed where appropriate. Staff were familiar with policies and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</p> <p>The care manager (RN) oversees infection control and prevention across the service. The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting systems. The infection control programme is reviewed annually by the management team. Infection control audits are conducted. Infection rates are presented and discussed at integrated quality, infection</p>

		<p>control and staff meetings and reported to the owners. This information is also available and shared with staff on the noticeboard in the staff room. Infection control is part of the strategic and quality plans. The service has access to an infection control specialist from Te Whatu Ora -Capital, Coast and Hutt Valley. Additional support and information are accessed from the community laboratory and public health unit, as required.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The care manager is the infection prevention coordinator and is responsible for overseeing and implementing the infection control programme, with reporting lines to the facility manager. The infection prevention coordinator role, responsibilities and reporting requirements are defined in their job description. The care manager has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The infection control programme was last reviewed in June 2023 when the electronic system was implemented.</p> <p>The care manager has appropriate skills, knowledge, and qualifications for the role. The care manager has attended education through Te Whatu Ora- Capital, Coast and Hutt Valley on infection prevention and online regarding sepsis management and Covid -19 pandemic, as verified in training records. Staff have received education around infection control at orientation and through ongoing annual education sessions. Education is provided by the care manager and an online education system. Content of the training is documented and evaluated to ensure it is relevant, current, and understood. Additional staff education has been provided in response to Covid-19 pandemic. Education with residents was on an individual basis and has included reminders about handwashing, advice about remaining in their room if they are unwell, and increasing fluids during hot weather. This was confirmed in the short-term care plans sampled.</p> <p>The care manager has input into other related clinical policies that impact on health care associated infection (HAI) risk and liaises with the facility manager on personal protective equipment (PPE) requirements and procurement of the required equipment, devices,</p>

		<p>and consumables through approved suppliers and Te Whatu Ora-Capital Coast and Hutt Valley.</p> <p>Medical reusable devices and shared equipment is appropriately decontaminated and reprocessed appropriately based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination policy to guide staff. Hand hygiene, staff practice, and cleaning audits are completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique, and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The Māori health plan in use has guidance to practices regarded as tapu by Māori and are applicable to the infection control programme. For example, kitchen sinks/tubs are not to be used for personal items (clothes) and towels used for the perineum cannot be used for the face. The RN reported that residents who identify as Māori will be consulted on infection control requirements as needed. During interviews, staff understood these requirements. There are educational resources in te reo Māori. If there are plans to make any significant changes or new buildings, then the infection control coordinator /care manager would be involved in early consultation regarding this.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Alexandra House has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the integrated quality, infection control and staff meetings, as well as to the facility manager. Results are discussed at the monthly governance meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from the incident reports, clinical and medication records. The infection control coordinator works in</p>

		partnership with the NP to ensure best practice strategies are employed.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at the integrated quality/staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data and incorporates this into surveillance methods and data captured around infections.</p> <p>There have been two outbreaks since the previous audit (March and May 2023). The pandemic plan was followed. There were clear communication pathways with responsibilities and included daily outbreak meetings and communication with residents, family/whānau, and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks, and family/whānau were kept informed by phone or email. Visiting was restricted.</p> <p>Residents were advised of any infections identified, as were family/whānau where required. This was confirmed in short-term care plans sampled and verified in interviews with residents and family/whānau.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. There is enough PPE available which includes masks, gloves, and aprons. Staff</p>

<p>safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>demonstrated knowledge and understanding about donning and doffing of PPE.</p> <p>A cleaner/laundry worker is on site seven days a week. Cleaning guidelines are provided. There is suitable, safe storage for cleaning equipment and supplies. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. There are regular internal environmental cleanliness audits. These did not reveal any significant issues.</p> <p>Laundry (linen and personals) are done on site. The laundry is operational seven days a week. Linen is distributed to the wings on covered trollies. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection control coordinator. The washing machines and dryers are checked and serviced regularly. Environmental audits are completed and monitored by the care manager and facility manager. Laundry staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the external chemical supplier and the internal audit programme. The laundry staff and cleaning staff demonstrated awareness of the infection prevention and control protocols.</p> <p>Resident surveys and residents' interviews 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>The restraint minimisation programme is led by the restraint coordinator (care manager). The service is committed to providing care without the use of restraint and remains restraint free. The use of restraint (if any) would be reported in the quality and staff meetings and reported at the monthly governance meetings.</p> <p>A new suite of policies has been updated to reflect the Ngā Paerewa Health and Disability Services Standard 2021. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the</p>

		<p>least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>Restraint minimisation is included as part of the training plan and orientation programme.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	<p>A medication management system in place that meets the service’s requirements. There were photographs in place for identification of residents and efficacy of as required - prn medications were recorded in the electronic medication system. A shortfall was noted as nine of ten residents’ photographs were not current. Further to this and of the ten medication charts reviewed, three had no outcomes recorded for as required – prn medication used, and a further three medication charts had incomplete outcomes.</p>	<p>i.) Seven of the fourteen medication files reviewed did not have current resident photographs.</p> <p>ii). Efficacy of “as required” - prn medications were not recorded in six of the fourteen files reviewed at each time of administration.</p>	<p>i). and ii). Ensure that the policies are followed for management of photographs and recording efficacy of “as required” medications.</p> <p>90 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 audit.

No data to display

End of the report.