

Phantom 2021 Limited - Highview Rest Home & Hospital

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: Phantom 2021 Limited

Premises audited: Highview Rest Home & Hospital

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

Dates of audit: Start date: 26 September 2023 End date: 27 September 2023

Proposed changes to current services (if any): The provider completed a notification of a reconfiguration request for four upstairs bedroom 214 (double room), 215, 216 and 219 to be verified as dual-purpose beds. These rooms were verified in July 2021 by BSI to be suitable for dual purpose use. This report reflects the correct dual-purpose beds as verified in criteria 1.2.1 and 1.4.4 of the surveillance and partial provisional audit completed in July 2021. The dual-purpose rooms then increased from 19 to 23 (one a double room). The overall bed numbers remain 41.

Total beds occupied across all premises included in the audit on the first day of the audit: 33

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

Highview Rest Home & Hospital is under ownership of Phantom 2021 limited since December 2022. Highview is one of four facilities owned by the provider and provides rest home and hospital (medical and geriatric) services for up to 41 residents. There were 33 residents on the days of the audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand - Southern. The audit process included a review of policies and procedures, the review of residents and staff files, observation, and interviews with residents, family/whānau, staff, management and the general practitioner.

There has been a change in clinical manager since the last audit. The new owners have completed several improvements including implementation of new policies and procedures. Several environmental and equipment upgrades were made since the change of ownership. An experienced facility manager oversees the day-to-day operations of the facility. They are supported by an acting clinical manager that will move into a full-time role in November 2023.

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

This certification audit identified improvements required related to registered nurse availability, care planning documentation, medication management and management of the environment.

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.

Highview Rest Home & Hospital provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery to Pacific peoples.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed.

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

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.		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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Phantom 2021 limited has a documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager, supported by registered nurses, oversees the day-to-day operations of the service. The business plan informs the site-specific operational objectives which are reviewed annually. Highview Rest Home & Hospital has a documented quality and risk management system. Quality and risk performance is reported across meetings and to the directors. Highview Rest Home & Hospital collates clinical indicator data and comparison of data occurs. There are human resources policies including recruitment, selection, orientation and staff training and development.

The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and include skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet care needs of the residents. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<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 medium or high risk and/or unattained and of low risk.</p>
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There is an admission package available prior to or on entry to the service. The registered nurse is responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly.

Resident files included medical notes by the general practitioner and visiting allied health professionals. Registered nurses and senior caregivers responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

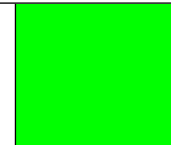
The activities coordinator provides and implements an interesting and varied activity programme which includes resident-led activities. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

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

Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care

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.

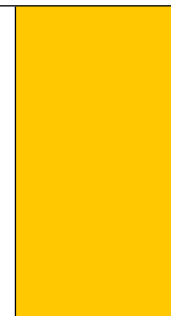
Highview Rest Home & Hospital has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Medical equipment and electrical appliances have been calibrated. Emergency management systems are being implemented. Six-monthly fire drills are held. There is always a staff member on duty with a current first aid certificate.

Resident rooms and bathroom facilities are spacious. There is plenty of natural light in all rooms and the environment is comfortable with adequate ventilation and heating. All communal areas within the facility are easily accessible. There is sufficient space to allow the movement of residents around the facility using mobility aids. There is a lift between floors that is large enough for a tilted ambulance stretcher.

External garden areas are available with suitable pathways, seating and shade provided.

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.



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.


Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on in a timely manner. Comparison of data occurs.

The service has a pandemic and outbreak management plan in place. Covid-19 response procedures are included, and sufficient supply of protective equipment is available. The internal audit system monitors for a safe environment. There were residents with Covid-19 at the time of the audit and they were appropriately managed.

There are documented processes for the management of waste and hazardous substances in place. Staff completed chemical training.. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

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.
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The restraint coordinator is the clinical manager. There are eight restraints used at Highview Rest Home & Hospital. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. Restraint use is monitored, and an appropriate review of quality processes occur.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	0	4	0	0
Criteria	0	171	0	1	4	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>The Māori Health plan is documented within the cultural awareness and cultural safety policy. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently does not have residents who identify as Māori. Highview Rest Home & Hospital (Highview) is committed to respecting the self-determination, cultural values, and beliefs of Māori residents. Māori mana motuhake is recognised and residents are supported to make choices around all aspects of their lives where possible.</p> <p>At the time of the audit there were Māori staff. The facility manager (FM) stated that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce; the Good Employer policy documented the leadership commitment. The FM interviewed stated they will interview Māori applicants when they do apply for employment opportunities. The Māori health plan and business plan 2022-2025 documents the commitment of Highview to build cultural capabilities, partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The quality and risk plan evidence a statement on cultural safety in provision of care. The FM described how at a local level they have established relationships with the Māori community, local iwi, and Māori community disability services in Dunedin. The service has relationships with Te Roopu</p>

		Tautoko Ki Te Tonga Community Health & Social Services and Ngāi Tahu.
<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>Highview has a Pacific people’s policy and ‘Health of Pacific peoples in Aotearoa is everyone’s business’ which notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs. The Pacific Health and Wellbeing Plan 2020-2025 forms the basis of the policy related to Pacific residents. There is a cultural awareness and cultural safety policy that aim is to uphold the cultural principles of all residents and to provide an equitable service for all. The service has established links with Pacific organisations through an established relationship with Pasifika leaders that sighted and signed the Pacific Peoples policy. Staff have been introduced to the Fonofale model as part of the training outcomes for the cultural training attended in September 2023.</p> <p>On admission all residents state their ethnicity. There are currently no residents that identify as Pasifika. The FM interviewed stated Pacific peoples’ cultural beliefs and values, knowledge, arts, and identity are respected when in their care. Information gathered during assessments includes identifying a resident’s specific cultural needs, spiritual values, and beliefs. Assessments also include obtaining background information on a resident’s cultural preferences, which includes (but is not limited to), beliefs, cultural identity, and spirituality. This information informs care planning and activities that are tailored to meet identified needs and preferences. The cultural safety policy includes consideration of spiritual needs in care planning.</p> <p>The Code of Health and Disability Services Consumer Rights (the Code) is accessible in Tongan and Samoan. There are no staff that identify as Pasifika. The FM described how Highview increases the capacity and capability of the Pacific workforce through equitable employment processes as documented in the good employer policy.</p> <p>Interviews with ten staff (four caregivers, two registered nurse (RNs), one cook, one maintenance person, one cleaner, one activities coordinator) identified that the service provides person-centred care.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Residents, Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required.</p> <p>Details relating to the Code of Health and Disability Services Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The FM or CM discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Seven residents (six rest home and one hospital) and six family/whānau (one rest home and five hospital) interviewed reported that the service respects residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links are documented in the spirituality and counselling policy. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and objectives of the business plan. Church services are held. Staff received education in relation to the Code at orientation and through the annual education (completed August 2023) and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Highview annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The Māori Health Plan and objectives in the business plan reflects how Te Tiriti o Waitangi is incorporated in day-to-day service delivery. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, health equity and the impact of institutional racism and cultural competency.</p>

		<p>It was observed that residents are treated with dignity and respect and was also confirmed during interviews with residents and family/whānau.</p> <p>An intimacy and sexuality policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There was one married couple in the double bedroom in the facility. The couple interviewed stated their privacy is respected. Staff were observed to respect residents' privacy by knocking on bedroom doors before entering.</p> <p>Staff were observed to use person-centred and respectful language with residents. Family/whānau interviewed were positive about the service in relation to their whānau values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with the residents and family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</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>The good employer policy acknowledges cultural diversity, includes how institutional and systemic racism is addressed and staff are educated to look for opportunities to support Māori. The Māori health plan aligns with the vision of Mana Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi to ensure wellbeing outcomes for Māori are prioritised.</p> <p>The Māori health plan and business plan reflect cultural strategies that include a goal to understand the impact of institutional, interpersonal and internalised racism on a resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. An abuse and neglect policy is being implemented. There are educational resources available.</p> <p>Cultural days are held to celebrate diversity. Staff completed Code of Conduct and Abuse and Neglect training and the education encourage reflectiveness, self-awareness and thoughtfulness within the team and</p>

		<p>foster the desire to be effective with people they come into contact with.</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy readings, cultural training, available resources, and the house rules (staff code of conduct).</p> <p>Family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The staff interviewed stated they are supported with a positive working environment that promotes teamwork.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The philosophy of Highview as stated in the business plan and Quality assurance policy promotes a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my 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>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Fourteen accident/incident forms sighted have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. Family/whānau interviewed confirmed they are kept informed.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. All residents could speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents, family/whānau and EPOA are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p>

		<p>There is information available related to the services provided.</p> <p>The service communicates with other agencies that are involved with the resident such as Te Whatu Ora-Southern specialist services and other allied health professionals including a physiotherapist, district nurse, dietitian speech language therapist, mental health services for older adults, and pharmacist. The delivery of care includes a multidisciplinary team approach and residents or family/whānau provide consent for other health professionals to be involved in their care. The CM described an implemented process around providing residents and family/whānau time for discussion around care, time to consider decisions, and opportunity for further discussion when planning care, if required. There was documented evidence that residents and family/whānau are involved in the six-monthly care review process.</p> <p>Residents and family/whānau interviewed confirmed they know what is happening within the facility through emails, newsletters and phone calls and felt informed regarding events or other information. Residents and family/whānau stated the FM, CM and staff are transparent, easily accessible and approachable to address any questions or concerns. Staff have completed annual education related to communication with residents with cognitive and sensory disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>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>A policy that guides informed consent is in place that include the guidance on advance directives. Informed consent processes were discussed with residents and family/whānau on admission. Six resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by the activated power of attorney (EPOA) or resident for procedures such as influenza and Covid-19 vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care. All EPOAs and residents have signed the new informed consent forms to align with the new policy implementation process.</p> <p>The admission agreement is appropriately signed by the resident or</p>

		<p>EPOA. Residents deemed not competent had a medical certificate for incapacity on file.</p> <p>Advance directives for health care including resuscitation status had been completed by the GP. Interviews with family/whānau identified that the service informs them of any health care changes. Training has been provided to staff around the Code that included informed consent.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy guides the cultural responsiveness to Māori perspective in relation to informed consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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>There is a documented process to address concerns and complaints. The complaints procedure is provided to residents and family/whānau on entry to the service. The FM maintains a record of all complaints, both verbal and written, by using a complaint register. There were three complaints documented related to the same resident since the last audit (July 2023). All complaints were investigated, responded to, and documented as resolved. One of the complaints were logged through Te Whatu Ora-Southern in August 2023 and Te Whatu Ora – Southern requested to follow up on aspects related to the complaint and include staff hoist competencies, pressure injury prevention training and maintenance of equipment. There were no issues identified related to the complaint at this audit. The resident and family/whānau were interviewed and stated they felt their complaint is resolved and they were provided contact details of the national advocacy service. The resident is on a waiting list to be transferred to another facility. The GP interviewed confirm the resident has complex needs.</p> <p>The FM provided documentation including follow-up letters to demonstrate that the complaints process is in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints register documentation evidence complaints are allocated a theme and a risk severity rating. The FM stated they are confident in investigating and provide a root cause analysis when they do receive serious complaints. Residents and family/whānau confirm during interview the FM is available to listen to concerns and acts promptly on</p>

		<p>issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The FM acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include family/whānau participation.</p> <p>Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings (meeting minutes sighted).</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>Highview Rest Home and Hospital (Highview) is situated in Dunedin and one of four age care facilities owned by Phantom 2021 Limited. Highview is certified to provide rest home and hospital (medical and geriatric) care for up to 41 residents. There are 18 dedicated rest home beds including one double room suitable for two people and was occupied by a married couple on the day of the audit. There are 23 dual purpose beds.</p> <p>There were 33 residents at the time of the audit; 17 hospital level residents (including two on a young person with disability contract [YPD], one on Accident Compensation Corporation [ACC] funding and another young person on Residential Support Services (RSS). There were 16 rest home residents, including one on a YPD contract and one on ACC. All other residents were under the age-related residential care (ARRC) contract.</p> <p>Phantom 2021 Limited is a family-owned company and took ownership of Highview in December 2022. At the time of ownership, the managers (FM and CM) remained the same. There are two owners/ directors and both have experience in the management of aged care facilities. The FM stated there was a smooth transition during change of ownership.</p> <p>The FM and staff interviewed stated both owners are involved in the operations of the facility. One director visits weekly and complete a facility walk through with the FM and maintenance person followed by a weekly face-to face meeting with the FM. The facility managers provide</p>

	<p>a weekly managers report to the directors which covers all aspects of the service. At the time of the audit a quarterly clinical review meeting was introduced and include all facility managers, clinical managers, pharmacist and two GPs that support clinical governance for three facilities in Dunedin. The first meeting minutes held 9 August 2023 were sighted and include observations and reporting requirements of residents of concern, prescribing practices, and clinical issues of concern. Each CM provide clinical oversight of their facility. There were regular monthly facility managers meetings for 2023 where all facility managers and directors meet and discuss all aspects of the service including quarterly benchmarking.</p> <p>There is a business plan for 2022- 2025 that includes a mission and philosophy statement and operational objectives. Clear specific business goals are documented to manage and guide quality and risk and are reviewed at regular intervals. The annual review of the quality assurance and risk programme were reviewed in August 2023 by the outgoing CM as part of their handover to the new clinical manager.</p> <p>The two directors (interviewed) understand their responsibility in the implementation of health and disability services standard and explained their commitment to Te Tiriti obligations. The obligations to proactively help address barriers for Māori and to provide equitable health care services is documented in the business plan scope and review section of the business, quality and risk management plan. The Māori Health plan that is documented within the cultural awareness and cultural safety policy reflects a leadership commitment to collaborate with Māori (sighted input in policy development) and aligns with the Ministry of Health strategies.</p> <p>The directors have completed cultural training. The service has acquired Māori and Pacific leaders who have input into policy, ensuring equitable services are provided to tāngata whaikaha and Māori and other residents. Training around cultural safety and the Treaty of Waitangi has been completed by all staff in September 2023.</p> <p>The manager (non-clinical) is responsible for the day-to-day running of the home, implementation of the business strategy and quality plan. She has been in her role for the past 3 years. Currently the clinical oversight is delegated to an experienced full time acting clinical manager who has been in an RN role for two years. The current clinical manager</p>
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		<p>employment ends 31 October 2023. They are supported by a team of experienced caregivers. There is collaboration between the sister facilities for peer support.</p> <p>The facility manager has maintained at least eight hours annually of professional development activities related to managing a rest home. The acting clinical manager stated they received a comprehensive orientation to their role.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Highview is implementing a quality and risk management programme. Cultural safety is embedded within the documented quality programme and staff training. The Māori health plan and business plan supports outcomes to achieve equity for Māori and addressing barriers for Māori. There are quality focussed goals documented and the progress are discussed at monthly managers meetings with the directors.</p> <p>The quality system and resident files are paper based. Highview documentation evidences implementation of the newly acquired suite of policies. A documentation review was completed and confirmed policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. There are procedures to guide staff in the management of clinical and non-clinical practices. Highview have adopted the quality system and policies developed by an aged care industry leader. It is the FMs responsibility to provide document control that is site specific. The FM at Highview reviewed the policies in December 2022 and a printed suite of policies are available to staff. There is documented evidence that updated and new policies are discussed at staff meetings and staff sign when they read policies.</p> <p>Quality initiatives are documented, monitored, and discussed with staff. An improvement project is documented where the facility collaborates with hospice to implement a project around `share of goals`. The project is still ongoing till June 2024 and the service documented their progress in relation to upskilling staff in the implementation of Te Ara Whakapiri.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data that include falls, pressure injuries, challenging behaviour,</p>

	<p>medication errors, skin tears, bruising, fractures, restraint (if any) etc. Quality data are discussed through combined staff and quality meetings and opportunities are discussed to minimise risks that are identified. There is a meeting schedule in place for 2023 and being implemented. There are regular clinical meetings where clinical concerns are raised and discussed. Corrective action plans are well documented, followed up and signed off. Progress on corrective actions is reported monthly in the manager's report to the directors. Combined staff and quality meetings taking place as planned to address service improvements. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Internal audits were completed for 2023 year to date.</p> <p>The communication policies document guidelines for tāngata whaikaha to have meaningful representation through monthly resident meetings, complaints management system and annual satisfaction surveys. Family/whānau interviewed confirm opportunities to provide feedback and are involved.</p> <p>The FM has an open and transparent decision management process that includes regular staff meetings and correspondence to family/whānau either when they visit the facility or through regular emails as evidenced through family/whānau interviews. High levels of satisfaction were indicated through interviews with family/whānau, and feedback sighted from post admission surveys.</p> <p>A health and safety system is in place. The hazard register is current. One director is responsible for overseeing the health and safety programme implementation on each site. Directors interviewed explained the FM provides a monthly report to be discussed at facility managers meetings. Hazard identification forms are completed, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Incident reports are completed for each resident incident/accident, ethnicity is recorded, immediate action is documented with any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed</p>
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		<p>(witnessed and unwitnessed falls). Opportunities to minimise future risks are identified by the CM in consultation with the staff. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking activities occur by doing comparisons between months; internal benchmarking between facilities occur quarterly. Results are discussed in the staff meetings and facility managers meetings.</p> <p>Staff completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori. Quality data analysis occurs to ensure a critical analysis of Highview practice to improve health equity. Facility managers meeting minutes (sighted) with the directors reflect Māori health equity considerations.</p> <p>Discussions with the facility manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been three section 31 notifications required to be submitted since the last audit (two for RN shortages for four shifts over two days due to illness and one for a non-facility acquired pressure injury stage three).</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>The Good Employer policy includes the rationale for staff rostering and skill mix to ensure staffing levels are maintained at a safe level. The aim is to ensure a safe working environment, staffing levels will be consistent with current legislation, and ensure all staff employed will be appropriately qualified. The FM confirmed at the time of the roster development there is sufficient and appropriate coverage of caregivers and 24/7 coverage for RNs for the effective delivery of cultural and clinical safe care and support. Planned leave can be accommodated; however, it is not always possible to replace unplanned RN absences.</p> <p>Interviews with family/whānau and staff confirmed that staffing levels are sufficient.</p> <p>The manager works 40 hours per week, Monday to Friday, and participates in the on-call roster for any non-clinical emergency issues.</p>

	<p>The clinical manager (registered nurse) works 40 hours per week and is available for afterhours clinical support.</p> <p>Family/whānau received emails to communicate any changes in staffing levels. Staffing requirements and occupancy are discussed as part of the combined staff and quality meetings and monthly facility manager's meeting. There are medication competent caregivers on morning, afternoons and nights to support medication administration duties.</p> <p>There are a sufficient number of caregivers on each shift. The roster provides flexibility to accommodate changes in residents' acuity.</p> <p>Cleaners and kitchen staff are appropriately rostered to perform non-clinical duties. Caregivers perform laundry tasks seven days a week and confirm the workload to be manageable. There is a housekeeper at night. There is a first aider with a current first aid certificate on each shift.</p> <p>Three of six RNs are interRAI trained. Staff are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications in Health and Wellbeing through Careerforce. The FM is an observer for Careerforce. There are 20 caregivers and ten are qualified at level 3 and above and include six caregivers that are international qualified nurses (IQN).</p> <p>There is a documented annual training programme that includes clinical and non-clinical staff training that covers mandatory topics. The training schedule is being implemented for 2023. Training and education is provided monthly and include guest speakers. The RNs has access to external education through Te Whatu Ora-Southern, Otago hospice. Registered nurses completed percutaneous endoscopic gastrostomy (PEG) feed training, suctioning training, management of diabetes, colostomy care and management, wound care, syringe driver training and palliative care/Te Ara Whakapiri, pressure injury management and infection control and antimicrobial stewardship training.</p> <p>The service collects resident ethnicity to inform data regarding Māori health information; this is an agenda topic at monthly facility manager's meetings. The service is implementing an environment that encourages and support cultural safe care through learning and support. Staff attended cultural awareness training in September 2023. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view and the Treaty of Waitangi. The</p>
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		<p>training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes, health equity and disparities through sharing of high-quality Māori health information.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All caregivers and CM are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE) and moving and handling/hoist transfer training. A record of completion is maintained(sighted). Medication competencies include training on Medimap, second checker and insulin administration.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, annual wellness surveys (completed September 2023) and performance appraisals. Staff interviewed stated the FM and CM has a transparent process when making decisions that affects staff.</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>The facility manager has access to a contracted human resources advisor. Human resource management follow policies and procedures which adhere to the principles of good employment practice. Review of staff records confirmed the organisation's policy is consistently implemented and records maintained. The recruitment processes include police vetting, reference checks, newly signed contract agreements, and job descriptions. Current practising certificates were sighted for all staff and contractors who require these to practice. Personnel involved in driving the van held current driver licences and first aid certificates. Non-clinical staff include cleaners, a maintenance person, and kitchen staff.</p> <p>There is a documented and implemented orientation programme and staff training records show that training is attended. There was recorded evidence of staff receiving an orientation, with a generic component specific to their roles, on induction. Staff interviews confirmed completing this and stated it was appropriate to their role.</p>

		<p>Annual performance appraisals continued as scheduled and were completed for all staff requiring these and three-monthly reviews had been carried out for newly appointed staff.</p> <p>Staff competencies and scheduled education are relevant to the needs and demographic of the residents of Highview. All staff completed manual handling competencies and a manual handling audit evidence full compliance.</p> <p>Records show that staff ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HSO) requirements. Staff meeting minutes reviewed show that staff can be involved in debriefing and discussion following incidents. Support for staff wellbeing is provided as required. Staff are supported with rehabilitation and to return to work as part of staff injury management.</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>Residents' records are managed in a paper-based format, while medicines are managed in an electronic system. Residents' information, including progress notes, is entered into the resident's record in an accurate and timely manner. The name and designation of the person making the entry is identifiable. Residents' progress notes are completed every shift, detailing residents' response to service provision.</p> <p>There are policies and procedures in place to ensure the privacy and confidentiality of resident information. The FM is the privacy officer. Staff interviews confirmed an awareness of their obligations to maintain the confidentiality of resident information. Resident care and support information can be accessed in a timely manner and is protected from unauthorised access. Any hard copy information is locked away when not in use. Documentation containing sensitive resident information is not displayed in a way that could be viewed by other residents or members of the public.</p> <p>Each resident's information is maintained in an individual, uniquely identifiable record. Records include information obtained on admission, with input from the residents' family/whānau where applicable.</p> <p>The clinical records are integrated, including information such as medical notes, assessment information and reports from other health</p>

		professionals. The service is not responsible for registering residents with the National Health Index (NHI).
<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>Entry into the service at Highview is facilitated in a competent, equitable, timely and respectful manner by the RNs. There are admission information packs available for potential residents and family/whānau prior to admission or on entry to the service. The six admission agreements reviewed met all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. A new suite of policies and procedures has been implemented 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 clinical manager or facility manager are available to answer any questions regarding the admission process and a waiting list is managed. The clinical manager advised that the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents which is recorded on the admission form and on the social profile. The facility also identifies entry, decline rates for Māori, and has a process to collate this information. The service has relationships with Te Roopu Tautoko Ki Te tonga Community Health & Social Services, to provide support for future residents and family/whānau who identify as Māori</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p>	PA Moderate	Care plans are on a paper-based format and are person centred, individualised, and identified all support needs, goals, and interventions to manage medical needs/risks. Evidence was seen in the care plans of allied health and external service provider involvement.

<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>Six resident files were reviewed: two rest home and four hospital level care residents, this included an RSS agreement, an accident compensation contract (ACC) and a younger person with a disability (YPD). The clinical manager and RNs are responsible for conducting all assessments and for the development of care plans. The resident on a YPD contract had all assessments, interRAI, and long-term care plan completed as had the ARRC residents. There is evidence of resident and family/whānau involvement in the interRAI assessments, interim, and long-term care plans reviewed, and this is documented in progress notes.</p> <p>Admission assessment information is collected, and an initial care plan completed at the time of admission for all residents. Initial assessments, long-term care plans and interRAI reassessments were developed within the required timeframes in the files reviewed, except for the resident on an ACC contract and a three recently admitted residents. Written evaluations reviewed identified if the resident goals had been met or unmet. Four residents had not been at the service long enough for an evaluation of the long-term care plan to have taken place. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. When resident health needs change, such as falls, infections and wounds, appropriate assessments are completed and short-term care plans initiated. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. The clinical manager and RNs interviewed describe working in partnership with the resident and family/whānau to develop the initial care plans and long-term care plans.</p> <p>Interventions were not always documented to manage medical and physical needs appropriately or when health care needs changes.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP visits weekly from the local medical centre and is available on call until 10:00 pm. The GP is new to the service, and stated they felt communication had improved over the months as they had gotten to know the service. The facility manager and when required the clinical manager, provide on-call afterhours for phone support and advice when needed. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist available when</p>
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	<p>referred to. A podiatrist visits regularly and a dietitian, speech language therapist and wound care specialist nurse are available as required through Te Whatu Ora -Southern.</p> <p>The long-term care plan includes sections on mobility and transfers, activities of daily living, continence, nutrition, communication, medication, skin care, cognitive function, and behaviours, cultural, spiritual, sexuality, and social needs. The care plan aligns with the service's model of person-centred care. Risk assessments are conducted relating to falls, pressure injury, continence, nutrition, skin, and pain. A cultural assessment is a part of social profile which is completed by the activities coordinator and signed off by the clinical manager or RNs. Behavioural assessments with monitoring have been utilised where needed; however, one resident's behaviour chart was not completed as required. Care plans reflect the required health monitoring interventions for individual residents. Neurological observations have been routinely completed for unwitnessed falls.</p> <p>Caregivers interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers for hospital and rest home residents. The RNs write on progress notes at least daily for hospital level residents and at least weekly (or more for incidents or changes in health status) for rest home residents.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager or an RN initiates a review with a GP. Family/whānau was notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. Family/whānau contact is recorded on the paper-based family contact sheet and includes notifications and discussions following GP visits, incidents. A wound register is maintained with assessments and wound management plans in place. The wound plans were reviewed for the one resident with two wounds, a resolved stage 3 pressure injury (section 31 sited) and a second minor wound. The pressure injury has had input from Te Whatu ora - Southern wound specialist.</p> <p>Caregivers interviewed confirmed there are adequate clinical supplies and equipment provided including continence, wound care supplies and</p>
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		<p>pressure injury prevention resources. The continence specialist is available as required.</p> <p>The service has policies and procedures together with tāngata whaikaha to give choice and control over their support. The care plans in place follow a template but are individualised for all residents. The service has a policy in place to review systems and processes to support future Māori to identify their own pae ora outcomes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities coordinator has been in the role for six months, works 25 hours per week and is intending to enrol in the apprenticeship for diversional therapy. The activities coordinator has considerable prior experience in working with older people and tāngata whaikaha.</p> <p>A weekly programme is developed in consultation with residents and reflects their interests and abilities. The programme is varied and provides group and individual activities to meet the hospital, rest home and younger resident's recreational preferences and interests. Activities include (but are not limited to); fortnightly entertainers, group activities including baking and crafts, housie, quizzes and newspaper reading. The programme includes weekly van outings where they go on drives to places of interest, as requested by residents. Seasonal celebrations include, (but are not limited to) Anzac Day, Easter crafts and church services, Matariki, Waitangi Day, St Patricks day, Father's Day, and Mother's Day. The activities coordinator has been focusing on more one-on-one sessions with residents who are less able to attend group activities, based on their preference.</p> <p>An activities assessment is completed over the first few weeks after admission, which forms the basis of the activities plan and is then reviewed on a six-monthly basis. As the activities coordinator is not trained, the registered nurse/clinical manager signs the activities care plan and evaluations off. Activities assessments and evaluations were evidenced as being completed in resident's files reviewed. The resident/family/whānau/EPOA as appropriate, is involved in the development of the activity plan. Progress notes are maintained on a monthly basis. A record is kept of individual resident's activities.</p> <p>One-on-one sessions are had with residents who are unable to or</p>

		<p>choose not to participate in group activities. These activities include nail cares, one on one chats with residents. Younger residents are encouraged and supported to maintain community relationships.</p> <p>Feedback on the activities programme is provided at resident meetings and by verbal feedback. The residents interviewed were satisfied with the activities provided. The service includes opportunities for Māori to participate in te ao Māori.</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>Medicine management policies and procedures are in place, these align with recognised standards and guidelines for safe medicine management practice in accordance with current legislation. The service uses a fortnightly robotic roll system. All medications are checked on delivery against the electronic medication chart and pharmacy errors are recorded and fed back to the supplying pharmacy. All eye drops, and ointments sighted were dated on opening. Temperatures of the medication fridge, staffroom fridge and rooms where medications are stored are maintained within the acceptable ranges. The controlled drugs are checked weekly by two RNs; however, the six-monthly quality stock check had not been completed for December 2022 and June 2023.</p> <p>Registered nurses administer medications on the ground floor (hospital and rest home residents) and care givers with medication competencies administer medications upstairs (rest home level and one hospital level resident). Medication competencies have been completed annually and medication education is provided. Competencies include insulin, warfarin, and syringe drivers. Appropriate practice was demonstrated on the witnessed medication rounds.</p> <p>Twelve electronic medication charts reviewed met legislative requirements. All residents had individual medication orders with photo identification and allergy status documented. Medications had been signed as administered in line with prescription charts. As required, PRN medications had prescribed indications for use. The effectiveness of PRN medications had been documented in the medication system. There were no residents self-medicating on the day of audit. There are policies documented to guide staff around residents administering</p>

		<p>medications. Staff interviewed were knowledgeable around safe practices for residents self administering medications. Standing orders were not in use. Over the counter medications are prescribed on the electronic medication system.</p> <p>Medications are stored in locked medication trolleys which are stored and chained to the wall when not in use in the dining room on both floors. There is a cupboard in the nurse's office on the ground floor that stores impress stock, and this was locked. Robotic roll packs are also kept in a locked cupboard in the nurse's office.</p> <p>The service works in partnerships with Māori residents. The RNs describe providing support and information around medications and side effects of medications to all residents and family/whānau, this was sighted in progress notes and multi-disciplinary meeting minutes.</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>There is a small centrally located kitchen. All meals are cooked on site for the facility. A food control plan is in place and expires 31 March 2024.</p> <p>A cook oversees the food services. Food is served from the kitchen to the adjacent ground floor dining area. There is a satellite kitchenette on level one adjacent to the dining room where meals are served to residents. Meals are delivered to the upstairs servery on trolleys. Food temperatures are taken before meals are taken upstairs. Residents may choose to have meals in their rooms.</p> <p>The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Nutritional assessments were evident in a folder for kitchen staff to access. This included consideration of any dislikes, food allergies and dietary needs (including cultural needs). This was reviewed six-monthly as part of the care plan review or sooner if required. The service caters for residents who require texture modified diets and other foods. All food services staff have completed online food safety training. Kitchen staff and caregivers interviewed understood basic Māori practices in line with tapu and noa. The service can provide a menu that considers cultural beliefs, values, and protocols around food. Māori and whānau shall have menu options culturally specific to te</p>

		<p>ao Māori.</p> <p>The menu is a four-weekly seasonal menu. A registered dietitian has reviewed the menu. There was evidence of residents receiving supplements, as prescribed by the GP. Residents on a weight loss plan or special diets are highlighted in the kitchen. Residents are weighed monthly unless this has been requested more frequently due to weight loss. The long-term care plan section for nutritional needs included food and fluid texture requirements and any swallowing difficulties are recorded on the care plan. These sections were completed in the six resident files reviewed.</p> <p>Fridge temperatures are monitored and recorded daily in the kitchen. Food in both the upstairs kitchenette and the downstairs kitchen was covered and dated. Cleaning schedules are maintained and signed by staff. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Feedback on the food service is given at the resident meetings. Residents interviewed were complimentary of the food service.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service as evidenced in resident files. The service is proactive around referrals to appropriate health and disability services and supports residents to access social supports and kaupapa Māori agencies as required. For public hospital transfer, RNs utilise the yellow envelope system. Registered nurses interviewed describe access to support through either GP or specialist and allied health professionals (evidenced in referrals).</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</p>	FA	<p>The building holds a current warrant of fitness which expires 20 December 2023. There is a maintenance request book for repair and maintenance requests that is located in the nurses' station. The book is</p>

<p>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>signed off when repairs completed. The annual maintenance plan includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. Electrical compliance checks of electrical equipment were completed in June 2023. Medical equipment, hoists and scales were checked and calibrated in June 2023. An environmental safety and van audit has been completed in July 2023.</p> <p>The maintenance person works Tuesday to Saturdays and provides on call support over the weekend. Residents were observed to mobilise safely within the facilities. There are sufficient seating areas throughout the facilities. There is safe wheelchair access to all communal areas. There is a lift between floors that is large enough for a tilted ambulance stretcher. The manager advised that if residents need to be transported from upstairs in a supine position, then they are transported down the fire escape. Slings and hoists have been checked and resident equipment is available.</p> <p>The provider completed a notification of a reconfiguration request for four upstairs bedroom 214 (double room), 215, 216 and 219 to be verified as dual-purpose beds. The double room was occupied by a married couple. However, these rooms were verified in July 2021 by BSI to be suitable for dual purpose use. The dual-purpose rooms then increased from 19 to 23 (one a double room). The overall bed numbers remain at 41.</p> <p>The facility is built over two levels. There are handrails around hallways and raised ramps. Residents and family/whānau are encouraged to personalise their rooms as viewed on the day of audit.</p> <p>All resident rooms have hand-washing facilities. There are sufficient communal toilets and showers to meet resident requirements. All communal toilets and bathrooms have appropriate signage and locks on the doors. Fixtures, fittings, and flooring is appropriate; however, one upstairs corner shower lining needs remediation (link 5.5.4). Communal, visitor and staff toilets are clearly identifiable, equipped with locks and flowing soap and paper towels. Door labels are written in both English and Māori language throughout the facility. The manager and owner are aware of their obligation to include Māori input to any new buildings to</p>
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		<p>ensure the design reflects Māori aspirations and identity.</p> <p>All living areas are heated via large heat pumps and resident rooms are appropriately heated with individual heaters. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed, stated they were happy with the temperature of the facility. Smoking is only allowed outside in designated areas.</p> <p>The external courtyards and gardens have seating and shade. There is safe access to all communal areas. Care givers interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the residents' care plans.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 3 October 2002. Fire evacuation drills have been completed every six months with the last one completed 14 September 2023. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, there is back-up generator available (not on site) and gas for cooking. There are adequate supplies in the event of a civil defence emergency, including 1600 litres of water stores to provide residents and staff with at least three litres per person per day for a minimum of three days. Emergency management is included in staff orientation and training plan. A minimum of one person trained in first aid is always available in the facility, and for resident van outings.</p> <p>The call bell system has been upgraded and staff carry pagers. There are call bells in the residents' rooms, communal toilets, bathrooms, and lounge/dining room areas. Sensor mats are available to residents when</p>

		<p>required.</p> <p>The building is secure after hours and staff complete security checks at night. The facility has closed circuit television (CCTV) facing entry/exit doors. All doors leading to the outside are alarmed at night. Visitors and contractors are instructed to sign in and complete visiting protocols. Staff are easily identifiable.</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>	FA	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Highview business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Public Health, Te Whatu Ora - Southern and Southern community laboratories. Infection control and AMS resources are accessible.</p> <p>There is a facility infection control committee is part of the combined staff and quality meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach involving the support team, the GP, and the Public Health team. There is a documented communication pathway for reporting infection control and AMS issues to the directors.</p> <p>The infection control 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 system. The infection control and AMS programme is reviewed annually by the external contractor that developed the policies in collaboration with the FM and RN who the infection control coordinator (IC).</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.</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by an industry leader, FM and the CM. Policies are available to staff. The response</p>

<p>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>plan is clearly documented to reflect the current expected guidance from Te Whatu Ora - Southern.</p> <p>The IC coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The IC has completed an online training workshop with Te Whatu Ora in infection control. The IC coordinator has access to a network of professional aged care peer support within Dunedin when required.</p> <p>There were two residents in isolation and Covid-19 positive at the time of the audit. The IC coordinator was interviewed, described the pandemic plan, and confirmed the implementation of the plan proof to be successful. During the visual inspection of the facility and facility tour staff were observed to adhere to infection control policies and practices. The IC audit monitors the effectiveness of education and infection control practices.</p> <p>The IC has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted and these are regularly checked against expiry dates. The IC resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The IC coordinator and caregivers work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti (when required). Staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use; this was confirmed by observation on the days of the audit. The procedures to check these are monitored through the internal audit system.</p> <p>There were not documented evidence of involvement from the IC during recent refurbishment of the laundry (link 5.5.4).</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedure. A report on the usage of antibiotics or antimicrobials (if any) is collated. The IC coordinator includes the type of antibiotic, duration of treatment and effectiveness in the data collated as evidenced in the monthly infection control data reviewed for 2023. Antimicrobial use is included in the monthly report provided to the director. The monitoring process includes evaluation and monitoring of medication prescriptions, and antibiotic use through the electronic medication system. The IC coordinator communicates with the CM, GP if she has any concerns. As per the infection criteria there is no antibiotics prescribed for prophylactic use. The IC coordinator verifies the prescription with laboratory results, and resident clinical symptoms. There IC coordinator described a review process for antibiotics use required for more than 10 days.</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,</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Highview infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends and patterns, benchmarking between the sister facilities is completed quarterly. Infection control surveillance is discussed at combined quality and staff meetings. The service is</p>

<p>and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>incorporating ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates. Meeting minutes and graphs are displayed for staff. Action plans where required for any infection rates of concern, are documented, and completed. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare associated infection (HAI).</p> <p>The service receives information from Te Whatu Ora -Southern for any community concerns. There have been no outbreaks since the provisional audit and two residents were in isolation due to Covid-19 on the days of the audit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>PA Moderate</p>	<p>There is documented policy and processes for the secure storage and management of recycling, waste, infectious and hazardous substances. Appropriate signage is displayed. Staff received training by the external supplier of chemicals and cleaning products. Waste is collected at scheduled intervals by contractors and the local council. All chemicals were clearly labelled with manufacturer's labels. During the facility tour and visual inspections on the days of the audit; one sluice and the laundry were not secure. Cleaning chemicals are dispensed through a pre-measured mixing unit. Material safety datasheets are available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. There is a spill kit accessible. Posters provide a summary about the use of chemicals on site. Posters and sharps boxes are in the medication room. Personal protective equipment is readily available. There is a designated cleaner for seven days a week. The cleaners' chemicals on the cleaners trolley were always attended and are stored safely when not in use. All chemicals were labelled. There was appropriate personal protective clothing readily available. The cleaner interviewed demonstrated good knowledge of infection control and the importance of cleaning high touch areas. The cleaner could describe in detail cleaning practices required during an outbreak.</p> <p>There are policies and procedures to provide guidelines regarding safe</p>

		<p>and efficient laundry services including procedures, storage, distribution, and transportation. The laundry has been fully refurbished and is operational since August 2023. Laundry services audit was completed in March 2023 with corrective actions completed where required (prior to the new laundry). The laundry is detached from the main building. Staff confirm they transport clean laundry in baskets where it is folded in the building and not transported on a covered linen trolley. There is signage to the flow of dirty to clean area; however, it was difficult to ascertain the implementation thereof.</p> <p>All personal clothing, linen, towels, facecloths, are processed on site by the caregivers. The linen cupboards were well stocked with good quality linen. There is evidence that the infection control coordinator is overseeing the implementation of the cleaning and laundry audits but was not involved in relation to the building of the laundry. The Infection prevention and control during construction, renovations and maintenance policy guide the input required from the IC. The washing machines and dryers are checked and serviced regularly.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The clinical manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation.</p> <p>The reporting process to the owners includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the records for residents requiring restraint included assessment, consent, monitoring, and evaluation.</p> <p>The GP at interview confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p>

		<p>On the day of the audit, eight residents were using a restraint (bed rails) when in bed/night only.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings.</p> <p>Training for all staff occurs at orientation and annually with a written competency.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes and when the restraint will end. Completed assessment templates were sighted for the residents using restraint evidencing assessment, monitoring, evaluation, and GP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP, and staff, taking into consideration wairuatanga. Alternatives to restraint include low beds, and sensor mats. Documentation includes the method approved, when it should be applied, frequency of monitoring and when it should end. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process.</p> <p>Review of documentation and interviews with staff confirmed that restraint monitoring is carried out in line with policy.</p> <p>A restraint register is maintained and reviewed by the restraint coordinator who shares the information with staff at the quality, staff, and clinical meetings.</p> <p>All restraints are reviewed and evaluated as per policy and requirements of the standard. Use of restraints is evaluated monthly or more often according to identified risk. The evaluation includes a review of the process and documentation (including the resident's care plan and</p>

		<p>assessments), future risk options to eliminate use and the impact and outcomes achieved. Evaluations are discussed at the staff meetings and at the quality meetings.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>A review of documentation and interview with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraints. There is a restraint approval committee which includes the clinical manager, facility manager, RN's, a level four caregiver, and the GP. An annual review of restraint use is due in December 2023. Individual restraint use is monitored three-monthly as evidenced in resident's files.</p> <p>The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations.</p> <p>Staff monitor restraint related adverse events while restraint is in use. Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with staff (including RNs and caregivers), confirmed that the use of restraint is only used as a last resort.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>Six weeks of rosters were reviewed. The FM stated at the time of roster development there are sufficient number of RNs and caregivers to cover the shifts to provide a good skill mix and for the provision of cultural safe care. The roster can accommodate planned absences. The number of caregivers employed are sufficient to provide for unplanned absences, however, not the same for the RNs. There were two section 31 completed for two weeks in August 2023 for one afternoon and one night shift (on the same day) that could not be filled with a RN due to two RNs that were sick on the same day. Appropriate risk mitigation strategies were in place. There is currently one RN vacancy;</p>	<p>The number of employed RNs are insufficient to replace unplanned absences.</p>	<p>Ensure there are sufficient RNs for 24/7 RN coverage of the roster</p> <p>60 days</p>

		interviews were conducted with candidates at the time of the audit. Recruitment strategies is ongoing. At the time this audit was undertaken, there was a significant national health workforce shortage.		
<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>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for</p>	<p>PA Moderate</p>	<p>Paper based resident files includes assessments that addresses needs, values, individual preferences, and beliefs of residents; however, not all assessments were fully reflected in the residents' care plans.</p>	<p>(i) Four of the six files did not include sufficient information for interventions regarding the following (a) the management of seizures; (b) interventions related to suctioning requirement and emergency management; (c) Usage and management of a resident's brace and (d) Instructions for a soft diet.</p> <p>(ii) Two files did not have updated interventions for the increased level of care required for a resident (a) that is now bedbound; and (b) another who experiences frequent falls.</p>	<p>(i)-(ii) Ensure all care plan interventions are current, individualised and reflect the assessed needs of residents.</p> <p>60 days</p>

appropriate intervention; (h) People's care or support plan identifies wider service integration as required.				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Low	The service has access to a range of paper-based monitoring forms. Monitoring forms for turning, restraint, and behaviour were completed in five of the six files reviewed. A shortfall was noted in one hospital level resident's file where care givers were directed to complete a behaviour chart for a further period of time, and this had not occurred	(i) One hospital level resident's behaviour chart was not completed.	(i) Ensure all charts are completed as directed by the RN 90 days
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	Weekly medication counts of the controlled drugs occur, however the six-monthly quality stocktake of the controlled drugs have not been completed to meet policy requirements.	(i)The six-monthly quality stocktakes of the controlled drugs have not been completed December 2022 and June 2023.	(ii)Complete six-monthly quality stocktake of the controlled drugs to meet the policy requirements.

				60 days
<p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p> <p>(a) Methods, frequency, and materials used for laundry processes;</p> <p>(b) Laundry processes being monitored for effectiveness;</p> <p>(c) A clear separation between handling and storage of clean and dirty laundry;</p> <p>(d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy.</p>	<p>PA Moderate</p>	<p>The laundry is detached from the main building and has been refurbished and recently completed. There are two entrances to the laundry and an uncovered short distance pathway to the main building. Caregivers confirm the laundry is operational till 11 pm seven days a week. There are sufficient sensor lights outside. There is signage to indicate the clean and dirty flow; however, at visual inspection there were clean laundry stored in baskets but were placed on the shelves uncovered in the dirty flow area. There were clean mopheads in the dirty flow area. A sanitizer was in place but not yet operational; however, it was unclear if it is in the clean or dirty area of the laundry. There was a bench in the `dirty` area and it was unclear if this is used for folding of linen. Caregivers and one night housekeeper perform laundry tasks. Staff confirm during interviews they transport linen to the main building to be folded; however, there were no covered trolley available for transportation of clean linen. Caregivers are responsible for laundry processes, and all had received training in infection control practices related to handling of laundry and chemical training. There were chemicals on a shelf; however, the laundry was not locked. The FM holds a key and confirm the laundry is in a</p>	<p>(i) There was no IC input to ensure a clear process of how the separation between the clean and dirty flow is managed.</p> <p>(ii) There was no covered linen trolley available for the transportation of clean linen to the main building.</p> <p>(iii) Chemicals were stored on the shelf but the laundry was not always locked.</p> <p>(iv) The sluice room downstairs had chemicals but was not secure.</p> <p>(v) One upstairs corner shower wall lining needs remediation to minimise infection risk.</p>	<p>(i) Obtain IC expertise to determine a process to manage the separation between clean and dirty flow of the new laundry.</p> <p>(ii) Ensure that clean linen is transported in a covered trolley back to the main building.</p> <p>(iii)-(iv) Ensure that the chemicals in the laundry/sluice is securely stored and/or ensure the laundry is locked at all times.</p> <p>(v) Ensure the shower upstairs wall lining is remediated</p> <p>60 days</p>

		<p>staff only area.</p> <p>The IC has been in the role for 4 months and confirmed they did not have input into the renovations and refurbishment of the laundry.</p> <p>Visual inspection of the sluices was completed on both days of the audit. All but one sluice (where chemicals are stored) was found to be secured.</p> <p>There are several rooms upstairs that shared showers. One upstairs corner shower had lining coming off the wall that is an infection risk.</p>		
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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 audit.

No data to display

End of the report.