

Calvary Hospital Southland Limited - Calvary Hospital

Introduction

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

The audit has been conducted by The DAA Group Limited, 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:	Calvary Hospital Southland Limited
Premises audited:	Calvary Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 October 2023 End date: 17 October 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	70

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

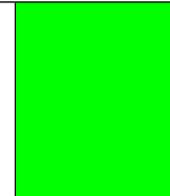
Calvary Hospital Southland (Calvary Hospital) provides rest home and hospital level care for up to 72 residents. The service is operated by the Calvary Hospital Southland Limited board and managed by a long-term facility manager and a clinical coordinator. There have been no significant changes to the service and facilities since the previous audit.

This unannounced surveillance audit against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, members of the governance group, managers, staff, a contracted dietitian, and a nurse practitioner.

There were no findings in the previous certification audit. This audit has identified improvements required related to medication management.

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.

Calvary Hospital works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

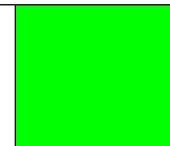
The service is set up to provide Pacific peoples with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy, and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training which is reflected in day-to-day service delivery. Residents are safe from abuse.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications, and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

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.		Some subsections applicable to this service partially attained and of low risk.
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When residents enter Calvary Hospital a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans were individualised and based on comprehensive information. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

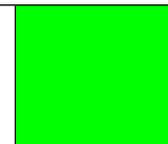
Medicines are safely managed and administered by staff who are competent to do so.

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

Residents are referred or transferred to other health services as required.

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

Includes 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.

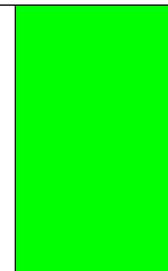


Subsections applicable to this service fully attained.

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

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

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



Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

Staff education occurs and staff demonstrated good principles and practice around infection control.

Infection surveillance is undertaken with follow-up action taken as required.

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 service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

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	17	0	1	0	0	0
Criteria	0	48	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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>	FA	<p>Calvary Hospital has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Manu motuhake is respected. Partnerships have been established with Te Whatu Ora – Health New Zealand Southern (Te Whatu Ora Southern) cultural advisors and the local iwi to support service integration, planning, equity approaches, and support for Māori. There were Māori residents at the time of audit, and those interviewed felt culturally safe.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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>Calvary Hospital provides services that are underpinned by Pacific worldviews. There were no Pasifika residents being supported on the day of the audit, but policies and systems are in place to ensure the Pasifika worldview, cultural and spiritual beliefs are embraced.</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>The Code of Health and Disability Services Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility, as was a range of signage in te reo Māori. A copy of the Code is given to all residents on admission. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed, including Māori, reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</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>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. There were no examples of discrimination, coercion, and/or harassment identified during the audit through staff and resident or whanau interviews, or in documentation reviewed.</p> <p>Residents reported that their property is respected.</p> <p>Professional boundaries are guided by a Code of Conduct and maintained by staff.</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</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Those interviewed felt empowered to actively participate in decision-making. Whānau were included in decision making with the consent of the resident.</p> <p>Nursing and care staff interviewed understood the principles and practice</p>

<p>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>of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Staff were observed to gain verbal consent for day-to-day cares and documented written consent was sighted in all files reviewed.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements, and processes for residents unable to consent were documented, as relevant, in the resident's record.</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.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that the board were kept informed about complaints, complainants had been informed of findings following investigation, and information about complaints and learning from these were shared with the staff team. The service assures the process works equitably for Māori by monitoring the complaint data, with no complaints in the past year involving Māori.</p> <p>One complaint closed earlier this year, is being reviewed by the Health and Disability Commissioner (HDC), after a request for documentation was received from them. Calvary Hospital has provided all of the requested documentation and is waiting to hear if any further action is required.</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>	FA	<p>The governing body assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving</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>outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed. A commitment to the quality and risk management system was evident. Members of the governance group interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the board of directors.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting to key roles and monitoring of resident safety and clinical indicators.</p> <p>Calvary Hospital has a strategic plan in place which is focused on the building of a new facility on a different site, to which Calvary Hospital will move in 2025. This will enable the organisation to continue to provide residents with the same levels of care, delivered in homes that are part of a village complex.</p> <p>The service holds contracts with Te Whatu Ora Southern for rest home, hospital, long term chronic health conditions, non-aged residential care, respite, and palliative care. A contract is also held with the Accident Compensation Corporation (ACC). Calvary Hospital has a total of 72 beds, and on the day of the audit 70 residents were receiving support. Twenty-eight residents were receiving rest home services, and 42 residents were receiving hospital level care, including one under the ACC contract and four young people with physical disabilities, including one with a long-term chronic health condition.</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</p>	<p>FA</p>	<p>The organisation utilises an online quality and risk management system that reflects the principles of continuous quality improvement. The system includes the management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and the benchmarking of quality data with other similar organisations.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The facility manager described the processes for the identification,</p>

<p>health care and support workers.</p>		<p>documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The clinical co-ordinator understood and has complied with essential notification reporting requirements.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is an RN onsite 24/7 in the hospital area.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. A register of annual practising certificates is maintained for all nursing staff and contracted health professionals.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the Te Whatu Ora Southern.</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>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration, where applicable.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was confirmed at interview and was seen in files reviewed.</p> <p>Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team work in partnership with the residents and their family/whānau to support wellbeing. A care plan, based on the Calvary Hospital model of care, is developed by a registered nurse following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required.</p> <p>Clinical assessments, including for falls risk, pressure injury risk, pain, continence, and nutritional needs, inform care planning. An interim care plan is completed on admission and guides care during the assessment process. InterRAI assessments are completed within three weeks of admission and at a minimum of six-monthly thereafter. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded. Long-term care planning detailed strategies required to meet cultural, spiritual and physical needs, and to maintain and promote independence and wellbeing. Care plans included interventions to manage behaviours that challenge if needed. A social profile and a life history document each resident's interests and personal history, and activity needs were well documented. Sufficient equipment was available and was suitable to meet the needs of residents at Calvary Hospital, including pressure relieving equipment and equipment to support</p>

		<p>mobility.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring. Evaluation occurs daily and is documented in progress notes. Formal evaluation occurs through six-monthly interRAI assessments. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau.</p> <p>Timeframes for the initial assessment, medical or nurse practitioner assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. Staff support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews with clinical staff, residents, and whānau.</p> <p>Falls incidents, wounds and infections were seen to be well managed and reported appropriately. Residents and family/whānau interviewed stated they were happy with the level of communication from staff and their responsiveness when needed. Residents and whānau confirmed active involvement in the assessment and care planning process; this included those with age-related disabilities. Examples of choices and control over service delivery were discussed with staff and residents.</p> <p>The nurse practitioner interviewed reported care was of an acceptable standard, that nurses identify when a resident's condition changes and that the doctor or nurse practitioner was called appropriately.</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</p>	<p>PA Low</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit.</p> <p>All staff who administer medicines are competent to perform their role, including the safe receiving, storage, administration, monitoring, safe</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>disposal and returning of drugs to pharmacy.</p> <p>Medications are supplied to the facility from a contracted pharmacy. All medications sighted were within current use-by dates, with medications stored safely, including controlled drugs. The required stock checks were completed safely in the correct timeframes. Medicines were stored within the recommended temperature range with good understanding from the registered nurse on how to respond to temperature variances. However, not all medications were appropriately labelled. (Refer criterion 3.4.1.)</p> <p>Medicine related allergies or sensitivities were recorded clearly, and any adverse events were reported and responded to appropriately.</p> <p>Prescribing practices meet requirements, including consideration of over the counter and herbal medications. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is facilitated, and the registered nurse was able to describe how this is safely managed.</p> <p>Residents and their family/whānau are supported to understand their medications. Partnerships with local Māori providers are in place to support Māori residents who wish to access traditional Māori medicines if requested.</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</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian. Recommendations made have been implemented.</p> <p>All aspects of food management comply with current legislation and</p>

<p>traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, allergies, any special diets, and modified texture requirements are made known to the kitchen and accommodated in the daily meal plan. Cultural preferences are accommodated and provided in consultation with individual residents.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. File review confirmed documentation and transfer of information when a resident is transferred to hospital. Residents and family/whānau reported being kept well informed during the transfers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be</p>	FA	<p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This includes a current building warrant of fitness, electrical and bio-medical testing and the servicing of fire suppression equipment.</p> <p>Residents and whānau were happy with the environment, including</p>

<p>Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>heating and ventilation, natural light, privacy, and maintenance.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention (IP) and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme. The programme is approved by the governing body and linked to the quality assurance programme. There is a satisfactory infection prevention programme in place that is reviewed annually with a suite of relevant policies. This has been developed by an outside contractor with relevant IP expertise. IP policies include an outbreak management plan and testing procedure. The plan was tested during a recent infectious outbreak and was found to be satisfactory.</p> <p>There are sufficient resources available including personal protective equipment (PPE). Infection prevention education is coordinated by the IPCC and was documented clearly in the annual education plan and attendance sheets.</p> <p>There are clear processes for communication between staff and residents. Residents and family/whānau interviewed were happy with the communication from staff in relation to health care-acquired infection.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Education for staff and residents was relevant to the services being provided. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</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</p>	<p>FA</p>	<p>Evidence:</p> <p>The surveillance of health care-associated infections (HAIs) is appropriate to the size and setting of Calvary Hospital and in-line with priorities</p>

<p>the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>defined in the infection control programme. Standardised definitions are used, and monthly surveillance data is collated by the IPCC. Data is analysed to identify any trends, possible causative factors and any corrective actions required. Acuity, risk factors and the needs of people receiving services are taken into consideration.</p> <p>Surveillance includes the collection of ethnicity data. Results of the IP surveillance programme are clearly reported back to the governing body. Results are shared with staff through meetings, notice boards and email. A line listing report and infection summary report for a recent infectious outbreak were reviewed and demonstrated a thorough process for investigation and follow up.</p>
<p>Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrates commitment to this, supported by the clinical co-ordinator at the operational level, who is the restraint coordinator for the facility. At the time of audit there was no restraint used, and this has been the case for ten years. There are systems in place for the approval and monitoring of any restraint if restraint use was required, which would also be reported to the governing body.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</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 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	<p>A safe system for medicine management using an electronic system was observed on the day of audit. Medications are supplied to the facility from a contracted pharmacy and resupply can be ordered via the electronic system. Medicines are stored safely and there are processes in place for safe disposal of medications no longer required. However, not all aspects of medication storage and management met the required standards:</p> <ul style="list-style-type: none"> Not all prescribed medication contained a legible label with the required information, including the resident’s name and prescription details. This included six inhalers where the pharmacy label was absent, and the name of the prescriber and the administration instructions were not present. Medications individually dispensed to a resident were in use as communal stock and being administered to other residents. 	<p>Not all aspects of the medication management system met the expected standard to enable safe administration of medications.</p>	<p>The service implements monitoring to ensure that the corrective actions taken on the day of audit are maintained and ensure that:</p> <ul style="list-style-type: none"> all prescribed medication continues to be labelled correctly, including the resident’s name and the prescription details. individually dispensed medication is not used as communal stock. all eye drops continue to be labelled with the date of opening.

		<ul style="list-style-type: none"> Not all eye drops were labelled with the date of opening. <p>Corrective action was taken on the day of audit to ensure all medication was correctly labelled and individually dispensed medication was available to all residents. Because action was taken promptly and appropriately to rectify the problem and a plan is in place to monitor progress ensuring this does not happen again, the finding is rated low risk.</p>		180 days
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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.