

# Presbyterian Support Services (South Canterbury) Incorporated - The Croft Complex

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## Introduction

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

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

<b>Legal entity:</b>	Presbyterian Support Services (South Canterbury) Incorporated
<b>Premises audited:</b>	The Croft Complex (Rest Home, Hospital, Dementia Care)
<b>Services audited:</b>	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 22 January 2024      End date: 23 January 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	68



# Executive summary of the audit

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## 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

## General overview of the audit

The Croft Complex is located in Timaru and is part of the Presbyterian Support South Canterbury (PSSC) Organisation who have two other facilities in the area. The service provides care for up to 79 residents at rest home, hospital level care, dementia, and specialist dementia (psychogeriatric) level of care. Four serviced apartments are certified to provide rest home level care. On the day of audit there were 68 residents.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the service's contract with Te Whatu Ora Health New Zealand -South Canterbury. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and a general practitioner.

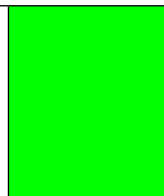
The nurse manager is a registered nurse and is very experienced in her role. They are supported by a registered nurse team leader and by a general manager for services for older persons across the organisation. Residents, family/whānau, and the general practitioner interviewed were complimentary of the service and care.

The previous shortfall identified at the certification audit around care plans have been rectified.

This surveillance audit identified a shortfall around training for staff.

## 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.

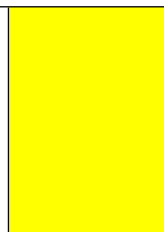


Subsections applicable to this service are fully attained.

The Croft provides an environment that supports resident rights and culturally safe care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

## 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.

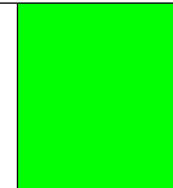


Some subsections applicable to this service are partially attained and of low risk.

The business plan is supported by quality and risk management processes that take a risk-based approach. Systems are in place for monitoring the services provided, including regular monthly reporting to the national quality manager, who in turn, reports to the Board and managing director/executive chairman. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service, with evidence of regular reviews. Staff receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff.

## 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.



Subsections applicable to this service are fully attained.

The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

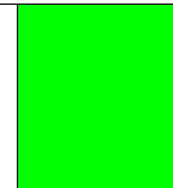
The organisation uses an electronic medicine management system for e-prescribing, and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes.

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 are fully attained.

There is a current building warrant of fitness. There is a planned and reactive maintenance programme in place.

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

<p>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.</p>		<p>Subsections applicable to this service are fully attained.</p>
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The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Surveillance data is collated. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Information is available in te reo Māori.

## Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Subsections applicable to this service are fully attained.</p>
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The service is committed to maintaining a restraint-free service. This is supported by the governing body, policies and procedures and staff training. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to prevent the use of restraint.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	1	0	0	0
Criteria	0	49	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>	<p>FA</p>	<p>On interview, the CEO, the general manager and nurse manager discussed the organisation's commitment to Te Tiriti o Waitangi through the company policies, its values, Te Kete Tuatahi training for all staff and the Eden approach of person-centred care.</p> <p>A Māori Health Plan and Māori Health policy is embedded in the national cultural policy Te Patikitiki o Kotatihanga and Presbyterian Support's national engagement with Tāngata Whenua policy. The PSSC policies aligns with the principles of Ta Patikitiki o Kotahitanga.</p> <p>Te Runanga o Arowhenua, Te Runanga o Waihoa Te Aitarakihi Trust were invited to establish a Māori Advisory Group (MAG). The MAG includes a whānau (consumer) representative, Māori staff member and non-Māori staff member. There is a quarterly MAG hui and attended by the CEO.</p> <p>Five caregivers, six registered nurses (RNs) and the clinical coordinator confirmed a proactive approach by management of providing employment opportunities to Māori staff. At the time of the audit, there were staff members who identify as Māori. There were no residents who identify as Māori at the time of audit.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>There is a Pacific health plan which was developed in partnership with the local Pacific Aoraki service. The plan addresses the Ngā Paerewa Health and Disability Standard 2021 and is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The service has linkages to Pacific groups through staff who work at the service. There are no residents that identify as Pasifika residing in the facility. There are staff who identify as Pasifika. Care planning is inclusive of identified cultural needs.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The service recognises Māori mana motuhake through the Eden Alternative model of care, and this is reflected in the current Māori health care plan.</p> <p>Interactions observed between staff and residents were respectful. Care plans reflected that residents were encouraged to make choices and be as independent as possible. Code of Rights training has been included as part of the annual training plan.</p> <p>Three hospital residents and ten family members (one rest home, four hospital, three from the dementia unit and two from the psychogeriatric unit) interviewed confirmed that they understand 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>	FA	<p>An abuse and neglect policy is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed are expected to uphold. The policies prevent any form of discrimination, coercion, harassment, or any other exploitation.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. There is a property list completed during the admission process, and residents stated their property and valuable items</p>

		<p>are respected.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with registered nurses, and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</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>	FA	<p>There are policies documented around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Six electronic resident files were reviewed, and all resident consents sighted were included in the residents' files. Consent for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent forms had been signed by residents or their activated enduring power of attorney (EPOA) for procedures, such as vaccines and other clinical procedures.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality</p>	FA	<p>Complaint forms are located at the entrance to the facility or on request from staff. All residents receive a copy of the complaint's procedure on admission to the service. The policy ensures that the complaints process shall work equitably for Māori. Residents and relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There have been two complaints lodged since the previous audit. Discussion with the nurse manager and general manager and policy documentation confirmed that complaints are</p>

improvement.		managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with residents and relatives confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they have, are addressed promptly. There have been no external complaints.
<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>	FA	<p>The Croft Complex is located in Timaru and is part of the Presbyterian Support South Canterbury (PSSC) Organisation who have two other facilities in the area. The service provides care for up to 79 residents at rest home, hospital level care, dementia, and specialist dementia (psychogeriatric) level of care. Four serviced apartments are certified to provide rest home level care. There are 33 dual purpose beds. There were no residents at rest home level care in the serviced apartments. There are no double/ shared rooms.</p> <p>On day one of the audit, there were 68 residents: 19 residents in the psychogeriatric unit (Lorna wing); 19 in the dementia unit (Hamish unit); 4 rest home level; and 26 hospital level, including one on a long term support-chronic health contract (LTS-CHC), one on a younger person with disability contract (YPD), and one resident on respite. All other rest home, hospital and dementia level residents were under the age-related residential care agreement (ARRC). The psychogeriatric (PG) level residents were under the Aged Related Residential Hospital Specialised (ARRHS) contract.</p> <p>The Croft Complex has a current, overarching strategic plan (until 2027) and a PSSC operational business plan, with business goals to support their Eden philosophy of care. The Eden Alternative Philosophy is based on ten core principles that help create living environments that nurture and celebrate companionship, spontaneity, enjoyment, choice, meaningful activity, and a balance between the giving and receiving of care. The PSSC incorporates Māori concept of wellbeing – Te Whare Tapa Whā into their Eden alternative model of care. There is also a Māori engagement plan and a Māori health and wellbeing plan (Te Ara Tika).</p> <p>The business plan includes a mission statement and operational objectives with site specific goals. The business plan has been reviewed six-monthly, a summary report documented, and changes made as needed. The nurse manager reports to general manager older person service. The CEO is</p>

		<p>supported by nine Board members that assist with advice and oversight of PSSC services. The Board meets monthly after receiving Board papers from the CEO. Each member of the Board has its own expertise, and the roles and responsibilities are documented in the Trust Charter.</p> <p>The strategic plan has been documented in collaboration with Māori and aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There is a Māori cultural advisor (staff member) that provide advice to the Board in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The Board also consult with kaumātua from Arowhenua. The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, quality meetings, and quality action forms that are completed for any quality improvements/initiatives during the year. The senior management team include the CEO, general manager and nurse manager who are all registered nurses and provide clinical governance for the service.</p> <p>The nurse manager is very experienced in older persons' health and wellbeing. The nurse manager is supported by a general manager older person service (overseeing PSSC older person service, with an office on site at The Croft Complex), a clinical coordinator, admin support/care supervisor, quality facilitator, Enliven liaison manager, food services manager, and an experienced team of clinical and non-clinical staff.</p> <p>The nurse manager has completed more than eight hours of training related to managing an aged care facility and include understanding interRAI information, privacy related training, cultural awareness and cultural competency completion, health and safety training, and workplace first aid.</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>FA</p>	<p>The staff at The Croft have fully implemented the PSSC quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly meetings (including clinical, staff, health and safety, and infection control) document review and discussion around all areas. Meetings, handover, and newsletters ensure good communication. Corrective actions are documented where indicated to</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>address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard. Data is benchmarked against other PSSC facilities, and Presbyterian Support facilities nationally. Industry standards are analysed internally to identify areas for improvement.</p> <p>The 2023 relative satisfaction survey has been recently completed and indicates that residents have reported an overall satisfaction level of 100% within the services provided. The survey results have been communicated to relatives. The Eden alternative resident survey was also completed April 2023. The overall target set by the company is 90%, which was achieved with 91% for cultural aspects of care, 97% for privacy, and 97% for choices in care. An action plan was documented for areas achieving less than 90% which has been followed up. Survey results were communicated to staff through meetings.</p> <p>Interviews with the general manager and the nurse manager confirmed health and safety training begins during staff induction to the service. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level, reported to the general manager, and a consolidated report and analysis of all facilities are then provided to the governance body monthly. External contractors complete an orientation and sign a health and safety agreement prior to undertaking work at the facility.</p> <p>Electronic reports are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. The electronic system escalates alerts to PSSC senior team members depending on the risk level.</p> <p>Discussions with the general manager and nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been four Section 31 notifications completed to notify HealthCERT for the 2023 and 2024 years to date relating to one deep tissue pressure injury, two Covid-19 outbreaks and one made in relation to registered nurse shortages. Public health authorities have been notified of a Covid-19 outbreak in 2023 and 2024.</p>
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<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 Low</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. Interviews with staff confirmed that the workload is manageable.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. The nurse manager (RN) and clinical coordinator are available Monday to Friday. In the absence of the nurse manager, the clinical coordinator will be responsible for the running of the facility with support from the general manager.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>PSSC conducts staff study days 3-4 times per year. All staff attend an annual compulsory study day which includes training around: the Eden Alternative; infection control; restraint; fire safety; team building; as well as a range of compulsory education subjects.</p> <p>In the dementia unit, there are 20 staff; 15 have completed the required unit standards and five are in the process of completion. In the psychogeriatric unit, there are 23 staff. The service is in the process of reviewing the specific limit credit programme (dementia modules) for staff working in this unit; however, this is not yet completed. It was noted that the service has provided a very high level of training for all staff around care of residents with dementia. The service supports staff through New Zealand Qualification Authority (NZQA).</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint; handwashing; correct use of personal protective equipment (PPE); cultural safety; Te Kete competency; and moving and handling. A record of completion is maintained on an electronic register.</p> <p>Level four caregivers complete many of the same competencies as the RN/EN staff (eg, restraint, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration,</p>
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		<p>oxygen administration, and wound management). Additional RN/EN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. The service currently has fourteen RNs. Eight RNs (including the clinical manager) are interRAI trained. All RNs are encouraged to attend external training, webinars and zoom training where available.</p> <p>There have been no agency staff used in the last twelve months.</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>	FA	<p>There are comprehensive human resource policies including recruitment, selection, orientation, and staff training and development. Seven staff files reviewed included a signed employment contract, job description, police check, induction documentation relevant to the role the staff member is in, application form and reference checks. Job descriptions of roles cover responsibilities. A register of RN and enrolled nurse (EN) practising certificates are maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. There is an annual performance process implemented for all staff and this was evidenced in seven staff files reviewed.</p> <p>There have been no agency staff used in the last twelve months.</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>	FA	<p>Six resident files were reviewed: three hospital level residents (including one younger persons with disability (YPD), one LTS-CHC, and one on a respite contract); one psychogeriatric resident; one dementia level resident; and one rest home resident. The registered nurses are responsible for conducting all assessments and for the development of care plans. There</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>was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes.</p> <p>All assessments, interRAI assessments and reassessments, long-term care plans and evaluations were completed within expected timeframes. All long-term resident files, including those on YPD and LTCH contracts, had an interRAI assessment completed within the required timeframes. Outcomes of the assessments are addressed in the long-term care plans. The Eden Alternative philosophy guides the care plan and includes 'getting to know me' and 'healthy me' sections, identifying the resident's needs for support. The care plan includes activities and interventions to ensure that resident's physical, mental health, cultural, and wellbeing needs are met. Additional risk assessment tools include behaviour and wound assessments as applicable.</p> <p>The long-term care plan includes aspects of daily living. Care plan interventions were holistic and addressed all needs in sufficient detail to guide staff in the management of the care of the resident. The previous partial attainment # 3.2.5 has been addressed. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. Short-term care plans are utilised for acute issues, including (but not limited to) weight loss, wounds and infections. The GP reviews residents at least three-monthly.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely weekly and provides out of hours cover. The GP (interviewed) commented positively on the communication and quality of care at the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service contracts with a physiotherapist eight hours a week and a podiatrist visits every six to eight weeks. Specialist services, including mental health, dietitian, speech language therapist, gerontology nurse specialist, wound care, and continence specialist nurse, are available as required through Te Whatu Ora - South Canterbury or the district nursing service.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written electronically every shift and as necessary by caregivers and daily by registered nurses for hospital level care residents</p>
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		<p>and at least weekly for rest home level care. The registered nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes, and any changes to health status, and this was consistently documented on the electronic resident record.</p> <p>There were sixteen current wounds (including skin tears, lesions, moisture wounds). A sample of six wounds reviewed had comprehensive wound assessments, including photographs to show the healing progress. An electronic wound register is maintained, and wound management plans are implemented. There is access to a wound nurse specialist. There was one pressure injury at the time of the audit (hospital resident, stage III/ deep tissue non-facility acquired). An incident report was sighted, and a Section 31 notification was submitted to the Ministry of Health. Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Caregivers and the registered nurses complete monitoring charts, including bowel chart; reposition charts; vital signs; weight; food and fluid chart; blood glucose levels; and behaviour as required. Incident and accident reports reviewed evidenced timely RN follow up, and relatives are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the clinical coordinator or nurse manager, who reviews every adverse event before closing, neurological observations have been completed as per the falls management policy and neurological observation policy.</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>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe</p>

<p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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>medication administration has been provided.</p> <p>Regular medications and 'as required' medications are administered from prepacked blister packs. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy (also available on call).</p> <p>Medications reviewed were appropriately stored in the medication trolley and medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. Expired medicines were being returned to the pharmacy promptly. All eyedrops have been dated on opening.</p> <p>Staff were observed to be safely administering medications. The registered nurses and caregivers interviewed could describe their role regarding medication administration. The effectiveness of 'as required' medications is recorded in the electronic medication system and in the progress notes.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each medication chart has photo identification and allergy status identified. There were three residents self-administering their medications in the hospital home that are deemed competent with three-monthly competency reviews, and their medication is safely stored. The medication policy describes the procedure for self-medicating residents, and this has been implemented as required. There are no standing orders in use.</p> <p>Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</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>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the service, in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. The diet cook interviews all new residents to ensure preferences are accommodated. Copies of individual dietary preferences</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>were available in the kitchen folder. A food control plan is in place and expires in December 2024.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer information printed from the electronic resident management system is utilised when residents are required to be transferred to the public hospital or another service. Residents and their families/whānau were involved in all discharges and transfers to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme and buildings, plant, and equipment are maintained to an adequate standard. There is a current building warrant of fitness that expires on 1 June 2024. All electrical equipment is tested and tagged, and bio-medical equipment calibrated. Water temperatures were monitored and recorded. Residents and family/whānau interviewed were happy with all aspects of the environment. Spaces were culturally inclusive and suited the needs of the resident groups.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff.</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>Policies and procedures are reviewed quarterly by the PSSC lead, in consultation with infection control coordinators. Policies are available to staff. An annual review of the programme is documented.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in The Croft Complex 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 on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, staff meetings and is included in reports to the Board. The service is incorporating ethnicity data into surveillance methods and data captured around infections and this is included in the meeting minutes. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Te Whatu Ora- South Canterbury for any community concerns.</p> <p>There have been two Covid-19 exposure events. The facility successfully followed and implemented their pandemic plan. Staff wore personal protective equipment (PPE), and residents and staff performed rapid antigen test (RAT) daily. Families/whānau were kept informed by phone or email, and visiting was restricted.</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>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation. This is supported by the Board, senior management team and policies and procedures. On the days of audit there was no restraint in use. The general manager is the restraint coordinator.</p> <p>Staff attend training in behaviours that challenge and de-escalation techniques. Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk are discussed at quality and staff meetings. Any use of restraint and how it is being monitored and analysed would be reported at these meetings.</p> <p>A comprehensive assessment, approval, monitoring, and quality review process is documented for all use of restraint. At all times when restraint is considered, the restraint coordinator described ways they will work in partnership with Māori, to promote and ensure services are mana enhancing. The cultural advisor will be consulted as required.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	The service has provided a high level of dementia training for staff; however, the specific competencies needed for all staff working in the psychogeriatric unit have not yet all been completed according to timeframes.	Not all staff working within the psychogeriatric unit have completed all the specific unit standards according to timeframes.	<p>Ensure all staff working in the psychogeriatric unit have completed the specific unit standards for psychogeriatric care,</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.