

Presbyterian Support Southland - Resthaven Village

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:

Legal entity:	Presbyterian Support Southland
Premises audited:	Resthaven Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 13 March 2024 End date: 14 March 2024
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:	45

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 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
	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
	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

Resthaven Village is located in Gore and is part of the Presbyterian Support South (PSS) Organisation who have three other facilities in Southland. The service provides care for up to 60 residents at rest home and hospital level care. On the day of audit there were 45 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 Health New Zealand Te Whatu Ora - Southern. 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 facility manager is a registered nurse and is experienced in aged care management. She is supported by a clinical manager, registered nurses, an organisational quality manager and by a director. Residents and family/whānau interviewed were complimentary of the service and care.

This surveillance audit identified a shortfall around 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 are fully attained.

Resthaven 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.

Subsections applicable to this service are fully attained.

The business plan is supported by quality and risk management processes that takes a risk-based approach. Systems are in place for monitoring the services provided, including regular monthly reporting to the organisational quality manager, who in turn, reports to the director and the Board. 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

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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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

<p>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.</p>		<p>Subsections applicable to this service are fully attained.</p>
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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

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 are fully attained.
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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 undertaken. Infections are recorded on an incident form with data collected and analysed for trends, and the information used to identify opportunities for improvements. Information on prevention and control of infections is available in te reo Māori.

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 are fully attained.
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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	0	1	0	0
Criteria	0	50	0	0	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health and wellbeing plan is documented for the service. This policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Presbyterian Support Southland (PSS) Resthaven Village (referred to as Resthaven) is committed to respecting the self-determination, cultural values and beliefs of Māori residents and whānau. Evidence of this is documented in the resident care plan and wellness map.</p> <p>Cultural objectives are documented in the PSS strategic plan 2021 - 2026 and include a Māori Health and wellbeing plan which embeds Te patikiti o Kotahitanga, an overarching PSS policy. The plan includes partnering with Māori and working in partnership with whānau to benefit Māori. There is a PSS cultural advisor assisting to maintain the established relationship with Te Kōhanga Reo o Kimihia Te Mātauranga o Ngā Tūpuna and Te Rau Aroha Marae at service level, and established partnerships with Ngāi Tahu as consultation partners.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, activities, and their dietary needs.</p> <p>Eleven staff including four health care assistants (HCA's), four registered nurses (RNs), the lead cook, health and safety and wellness advisor, and maintenance man confirmed a proactive approach by management to</p>

		supporting Māori residents and staff. At the time of the audit, there were staff members who identify as Māori.
<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>The is a Pacific health plan that has been 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 who 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 with this reflected in the Māori health and wellbeing plan, individual care planning process, goal setting and the completion of the Oranga Kaumatua wellness map.</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. Training around the Code has been included as part of the annual training plan.</p> <p>Seven residents (three hospital and four rest home) and two family members (one rest home and one hospital) 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>	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</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>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 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 health care assistant's confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies documented around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Five 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</p>	<p>FA</p>	<p>The complaints, concerns and suggestion policy is provided to residents and family/whānau on entry to the service. Access to complaint forms is located at the entrance to the facility or on request from staff. The facility manager maintains a record of all complaints, both verbal and written by using a complaint register. This register is in held electronically. The policy</p>

<p>disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>ensures that the complaints process shall work equitably for Māori with managers recognising that face to face communication is preferable 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 maintained. There have been no complaints lodged either internally or externally since the previous audit. Discussion with the facility manager and quality manager and policy documentation confirmed that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC) as per policy. Discussions with residents and relatives confirmed that they were provided with information on the complaints process and they remarked that any concerns or issues they have, are addressed promptly.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Resthaven is located in Gore and is part of the Presbyterian Support South (PSS) organisation who have two other facilities in the area. The service provides care for up to 60 residents at rest home and hospital level of care. All beds are certified as dual purpose. There are no double/ shared rooms.</p> <p>On day one of the audit, there were 45 residents: 23 rest home level including one on a younger person with disability contract (YPD), and two residents on respite; and 22 hospital level including one on respite care and on an Accident Corporation contract (ACC). All other rest home and hospital level residents were under the age-related residential care agreement (ARRC).</p> <p>There is a PSS charter and strategic plan 2021-2026 that documents the vision, values, and key service objectives. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. A full-time Pou Tohu Ahurea (cultural advisor) has been employed to guide the organisation on this haerenga (journey) and develop relationships with local iwi, key partners and is engaged with Māori residents and families/whānau as needed.</p> <p>The Trust Board has Ngai Tahu representation on its membership. The</p>

		<p>Presbyterian Support New Zealand (PSNZ) cultural advisory group comprises of Māori representatives from each region. There is also a pastoral care coordinator who enables the workforce to provide support to residents and whānau of Māori, non-Māori, and residents with a disability within age related services. This helps ensure cultural needs are met as required, (e.g., recent tangi have been held on site and there has been a development of whānau rooms).</p> <p>A clinical governance committee (created by the Trust Board) reviews reports monthly with meetings held two-monthly. Membership is from the Board and externally with clinical expertise from a general practitioner (GP) and two external nurse practitioners (NPs) who were added to the committee to also provide clinical support.</p> <p>The quality improvement plan is reviewed three-yearly (with updates provided quarterly). The risk management plan is reviewed two yearly. The quality manager is responsible for the implementation of the quality improvement plan for all PSS sites and provides a regular report to the clinical governance committee that highlights areas of risk. Presbyterian Support Southland undertakes clinical benchmarking with Presbyterian Support Otago, South Canterbury, and Presbyterian Support Central on key clinical indicators. The strategic plan and specific goals documented as part of the quality improvement plan related to PSS Resthaven, include measurable goals that are reviewed quarterly. Site specific goals relates to education, orientation, cultural responsiveness and recycling and sustainability are overseen and reported on in the quality minutes.</p> <p>The facility manager (RN) has been in the position for one year and prior to this was the clinical manager at Resthaven for several years. The facility manager is supported by a director (RN with current practising certificate) who oversees the four PSS care homes, a clinical manager, administrator, quality manager, and an experienced team of clinical and non-clinical staff.</p> <p>The facility manager and clinical manager have completed more than eight hours of training related to managing an aged care facility</p>
Subsection 2.2: Quality and risk	FA	The staff at Resthaven have fully implemented the PSS quality and risk management programme. The quality and risk management systems

<p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly meetings (including clinical, staff, combined quality, health and safety, and infection control) document review and discussion around all areas. Meetings handover, and sharepoint (an electronic communication platform) ensure good communication.</p> <p>Internal audits, satisfaction survey results, and the collation of data are documented and benchmarked. Presbyterian Support Southland undertakes clinical benchmarking with Resthaven, Presbyterian Support Otago and South Canterbury, and other aged care facilities in New Zealand. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard. Industry standards are analysed internally to identify areas for improvement. Results are reported to the bimonthly clinical governance committee who in turn report to the Board meeting. Quality and health and safety meetings are scheduled monthly. Meeting minutes reviewed reflected discussions around quality data (e.g., falls, infections, use of restraint, and other adverse event data), internal audit results, complaints received (if any), and satisfaction survey results).</p> <p>The February 2023 resident and family satisfaction survey results were reviewed. Results were very positive which was confirmed during resident and family interviews. The overall satisfaction for the resident and family survey was above the organisational medium. Results were communicated to residents, families and staff through meetings and noticeboards.</p> <p>A health and safety system is in place. PSS has a health and safety and wellness advisor (interviewed) who oversees the organisational health and safety programme and facilitates monthly meetings at sites. There are 14 health and safety representatives on site including representatives from each department. There are regular manual handling training sessions for staff. A staff noticeboard keeps staff informed on health and safety. Hazard identification forms are loaded onto Beware (health and safety platform). An up-to-date hazard register was sighted. Staff and external contractors are orientated to the health and safety programme and to any risks currently on site. Health and safety is discussed at staff meetings. Staff incident, hazards and risk information is collated at facility level, reported</p>
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		<p>to the organisational health and safety and wellness advisor, director, and a consolidated report and analysis of all facilities are then provided to the governance body monthly. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for two hours per week or as required. Strategies implemented to reduce the frequency of falls include intentional rounding/checks and the regular toileting of residents who require assistance.</p> <p>Electronic reports are completed for each accident/incident with immediate action noted and any follow-up action(s) required, evidenced in eight accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, bruising). Incident and accident data is collated monthly and analysed using VCare. Each event involving a resident reflected a clinical assessment and follow up by a RN. Neurological observations are recorded for suspected head injuries and unwitnessed falls. Relatives are notified following adverse events. Opportunities to minimise future risks are identified by the clinical manager who reviews every adverse event. Staff have completed cultural training in 2023 to ensure staff are equipped to provide high quality care for Māori.</p> <p>Discussions with the director and facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been several section 31 notifications completed to notify HealthCERT since the previous audit in relation to registered nurse shortages. Public health authorities have been notified of Covid-19 outbreaks in July and November 2023.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</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>FA</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 meeting minutes. The facility manager (RN) and clinical manager are available Monday to Friday. In the absence of the facility manager, the clinical manager is responsible for the running of the facility</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>with support from the director.</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>PSS provide education via an online training platform; toolbox talks and on site education sessions. All staff complete compulsory training on the online learning platform and are able to access additional learning on the same platform independently.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. All health care assistants are required to complete annual competencies for restraint; handwashing; correct use of personal protective equipment (PPE); cultural safety; and moving and handling. A record of completion is maintained on an electronic register.</p> <p>The service supports staff through New Zealand Qualification Authority (NZQA). There were 14 care staff with level 4 certificate, and 5 with level 3 qualifications on the day of audit. Level four health care assistants complete many of the same competencies as the RN/EN staff (e.g., restraint, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management). Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. The service currently has nine RNs. Seven RNs (including the facility manager and 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</p>	<p>FA</p>	<p>There are comprehensive human resource policies including recruitment, selection, orientation, and staff training and development. Five staff files reviewed included a signed employment contract, job description, police</p>

<p>diverse mix of people in adequate numbers meet my needs. 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>check, induction documentation relevant to the role the staff member is in, application form and reference checks. Job descriptions of roles cover responsibilities. Registered nurse practising certificates are maintained in staff files. 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. Health care assistant's 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 all staff files reviewed.</p> <p>There have been no agency staff used in the last twelve months. The service now is now fully staffed with registered nurses.</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>	FA	<p>Five resident files were reviewed: two hospital level residents (including one on an ACC contract) and three rest home (including one younger person with a disability (YPD), and one on a respite contract). The registered nurses are responsible for conducting all assessments and for the development of care plans. There 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 contracts, had an interRAI assessment completed within the required timeframes. The service uses a range of assessment tools contained in the electronic resident management system in order to formulate an initial support plan, completed within 24 hours of admission. The assessments include dietary details, falls risk, pressure area risk, skin, continence, pain (verbalising and non-verbalising), activities which includes cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment</p>

	<p>tools include behaviour and wound assessments as applicable. The outcomes of the risk assessments formulate the long-term care plan.</p> <p>Care plan interventions were holistic and addressed all needs in sufficient detail to guide staff in the management of the care of the resident. 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 was unavailable to interview on the days of audit. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service contracts with a physiotherapist two to three 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 Health NZ 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 were completed on every shift and more often if there were any changes in a resident's condition. 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 two residents with seven current wounds (including one skin tear and six pressure injuries). All seven 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</p>
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		<p>specialist. The six pressure injuries were all stage II and non-facility acquired. Incident reports were sighted and a wound nurse specialist was involved in the residents care. Health care assistants 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>Health care assistants and the RNs complete monitoring charts, including bowel chart; reposition charts; intentional rounding; vital signs; weight; food and fluid chart; blood glucose levels; and catheter output 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 manager or facility manager, who review 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>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>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 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.</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 however not all had been discarded as per manufacturer's instructions.</p> <p>Staff were observed to be safely administering medications. The registered nurses and health care assistants interviewed could describe their role regarding medication administration. The effectiveness of 'as required'</p>

		<p>medications is recorded in the electronic medication system and in the progress notes.</p> <p>Ten 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 no residents self-administering their medications. A process is documented including three-monthly competency reviews and safe storage for those who wish to self-administer their medication.</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>Controlled medications are stored securely, and processes are documented for safe management however weekly and six monthly controlled medication checks have not been completed as scheduled. The syringe drivers available for use did not evidence current calibration checks. The service does not use standing orders.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<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 lead cook (interviewed) ensures new residents preferences are accommodated. Copies of individual dietary preferences were available in the kitchen folder. A food control plan is in place and this expires 26 March 2024. The five week seasonal menu has been reviewed by a dietician as required.</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</p>	FA	<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.</p>

<p>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>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 24 June 2024. All electrical equipment is tested and tagged, and bio-medical equipment calibrated (link 3.4.1). 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>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 and 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. Policies and procedures are reviewed by the clinical governance committee in consultation with infection prevention and control nurses. Policies are available to staff. An annual review of the programme is documented as part of the quality annual review.</p> <p>The infection prevention and 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 Sharepoint noticeboards, handovers, and emails. Staff have completed handwashing</p>

		<p>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, phone calls, and emails.</p> <p>The infection prevention and control (IPC) coordinator is responsible for ensuring staff receive ongoing education. The IPC coordinator has completed recent external training relevant to her role.</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>	FA	<p>Infection surveillance is an integral part of the infection prevention and control programme and is described in Resthaven 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 prevention and control surveillance data is discussed at monthly organisational clinical manager meetings, quality, and staff meetings and is included in reports to the Board. The service incorporates 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 Health NZ for any community concerns.</p> <p>There have been two Covid-19 exposure events In June 2022 and Nov 2023. 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>	FA	<p>An interview with the restraint coordinator (facility manager) 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.</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>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 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>Medications are safely stored in locked trolleys and in locked medication room and eyedrops are dated on opening however these have not always been stored and discarded as per manufacturer’s instructions. Controlled drugs legislation requires weekly and six monthly checks; however, this was not consistently evidenced. The facility has three syringe drivers available for use. One of these was new however the other two did not evidence that calibration had been completed as required.</p>	<p>Two eyedrops in the medication trolley were in current use but dated as being past the manufacturers recommendations.</p> <p>Weekly controlled medication checks have not been consistently documented in November and December 2023, and in January and February 2024.</p> <p>The six monthly physical controlled medication check has not been completed as scheduled.</p> <p>Two of three syringe drivers do not evidence that they have</p>	<p>Ensure eye drops are stored and discarded as per manufacturer’s instructions.</p> <p>li – iii) Ensure that controlled medications checks are completed as per legislative requirements.</p> <p>Calibrate syringe drivers annually.</p> <p>60 days</p>

			calibration checks completed in the past 12 months.	
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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.