

# Selwyn Care Limited - Sarah Selwyn

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## Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Selwyn Care Limited
<b>Premises audited:</b>	Sarah Selwyn
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 4 April 2024    End date: 5 April 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>	74

# 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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Sarah Selwyn provides care for up to 80 residents at hospital (geriatric and medical) and rest home level care. On the day of the audit, there were 74 residents.

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

The clinical manager is experienced and is supported by the board of trustees, an operations improvement manager, and a team of experienced clinical and non-clinical staff. Interviews with residents, family/whānau and the general practitioner were all positive and complimented the management and staff for providing a resident centred service for the community.

This certification audit identified the service meets the standards.

The service has been awarded a continuous improvement rating in relation to a palliative care quality improvement initiative.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Sarah Selwyn provides an environment that supports resident rights and safe care. Management and staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. A Pacific health plan is also in place. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Sarah Selwyn is owned and operated by the Selwyn Foundation Group. The strategic plan includes a mission statement and operational objectives. Services are planned, coordinated, and are appropriate to the needs of the residents. Sarah Selwyn has a documented quality and risk management system. A robust health and safety programme is implemented, and hazards are reviewed on a regular basis. There are human resources policies including recruitment, selection, orientation, staff training and development.

There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

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 fully attained.
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On entry to the service, information is provided to residents and their whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs and these are completed within the required timeframes. The general practitioner and nurse practitioner complete a medical assessment on admission and reviews occur thereafter on a regular basis. Long-term care plans are developed and implemented within the required timeframes. Residents' files reviewed demonstrated evaluations were completed at least six-monthly. Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.


There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

A diversional therapists manage the activity programme. The activity team provide an activities programme in the hospital. The programme provides residents with a variety of individual and group activities and maintains their links with the community. Opportunities are provided through the activities programme to participate in te ao Māori.

The food service meets the nutritional needs of the residents. Food services are provided by an external company. The service has a current food control plan. A dietitian has reviewed the menu plans. Residents and family confirmed satisfaction with meals provided.

Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Bedrooms are all single with their own ensuites. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

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

Subsections applicable to this service fully attained.

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

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been two Covid-19 outbreaks since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

There is leadership commitment to maintain a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. On the day of the on-site audit, there were no residents using a restraint. Restraint is only used as a last resort when all other options have been explored. Staff received the appropriate training and complete competencies to maintain a restraint-free environment.

### 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	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

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



# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan policy is documented for the service and was developed by an external consultant. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori and Pacific, although the policy focuses on Māori. At the time of the audit there were residents that identified as Māori.</p> <p>The Māori health plan policy includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake. There is Māori representation on the Board who has linkages with local iwi and marae. There is a cultural advisor employed to work alongside the facility and staff to ensure meaningful implementation of the Māori Health plan. The cultural advisor is available to residents as required.</p> <p>Sarah Selwyn is committed to providing a service that is responsive and inviting for Māori. The service currently has staff who identify as Māori and actively seeks to employ more Māori staff members. Staff have completed training around cultural safety and Te Tiriti o Waitangi.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The plan has been developed by an external consultant with Pacific input. The plan addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. There were no residents identifying as Pasifika during the audit.</p> <p>The service actively encourages and supports any staff that identifies as Pasifika during the interview process. There were staff that identified as Pasifika at the time of the audit. The service has links with the local Pasifika community through staff linkages and are strengthening relationships within the local community. Individual cultural beliefs are documented in the resident's care plan and activities plan. Family members of Pacific residents will be encouraged to be present during the admission process, including completion of the initial care plan.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Sarah Selwyn policies and procedures are being implemented and align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in the information pack. Other formats are available online. Resident meetings provide a forum for residents to discuss any concerns. The staff interviewed (one registered nurse, five healthcare assistants (HCAs), one admin/ receptionist, two diversional therapists, one maintenance and one chef) confirmed their understanding of the Code and its application to their specific job role and responsibilities.</p> <p>Staff have received education in relation to the Code at orientation and through the annual training programme, which includes (but not limited</p>

		<p>to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Staff completed training on advocacy services in March of this year. The three residents (hospital level) and five family/whānau interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Residents and family/whānau stated Māori mana motuhake is recognised as described in the Māori Health Plan. Interactions observed between staff and residents were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>There are cultural safety policies in place and resources readily available on the electronic resident management system. Resources include policies on consumer rights, diversity and inclusiveness, intimacy and sexuality, spirituality and counselling and a human rights and non-harassment policy. Policies are being implemented that align with the requirements of the Health and Disability Commissioner. Registered nurses and HCAs interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Staff are trained around the Code of Health and Disability Services Consumers' Rights at orientation and through regular in-services. The service recognises Māori mana motuhake, as evidenced in the policy and Māori Health Plan.</p> <p>Sarah Selwyn delivers training that is responsive to the diverse needs of people accessing services. Training provided to date included sexuality/intimacy; abuse and neglect; privacy/confidentiality; advocacy; tikanga Māori; cultural safety; and Te Tiriti o Waitangi. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The use of te reo Māori is encouraged throughout the service. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with resident and family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is in place. The Chief Executive Officer (CEO), and Chair Clinical Governance confirmed the services charitable views and strong Christian ethos, which was evident throughout the audit. There are a range of church representatives (where able) on the Board from all the denominations</p>

		<p>within the community.</p> <p>The staff and management described responding to tāngata whaikaha needs and enabling participation in te ao Māori as documented in the Māori Health Plan. Care staff interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys reviewed confirm that residents and families/whānau are treated with respect.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The abuse and neglect policy is implemented. Sarah Selwyn policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities and cultural days are held to celebrate diversity. Staff have been provided with education on how to identify abuse and neglect. Staff are aware of how to value the older person by showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements the protection of property and finances policy to manage residents' comfort funds, such as sundry expenses. Staff are educated on how to value the older person, showing them respect and dignity.</p> <p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with the management team and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are also covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>A comprehensive information pack is provided to residents and family/whānau on admission which includes information on the code of resident rights, advocacy services, complaints and information around service provision and Sarah Selwyn. Residents interviewed stated they were comfortable discussing any issues with staff. Residents and family/whānau complete annual surveys, which evidenced overall satisfaction with communication. Family/whānau interviewed felt they are promptly informed of any changes and GP consultations. There are policies and procedures documented relating to accident/incidents, complaints, and open disclosure that inform staff of their responsibility to notify family/next of kin of any accident/incident that occurs. Progress notes in the electronic resident files identified family/whānau are kept informed.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there was one resident who did not speak English. HCAs interviewed could explain how they communicate with language cards, google translate and the help of family/whānau if required. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice, wound care specialist and Health New Zealand - Auckland specialist services. The delivery of care includes a multidisciplinary team. The management team and RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p>	<p>FA</p>	<p>There are policies documented around informed consent. The resident files reviewed included informed consent forms signed by either the resident or the activated enduring power of attorney (EPOA) or appointed welfare guardian. Copies of enduring power of attorneys or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on</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>file for residents where required.</p> <p>Consent forms for vaccinations were also on file and appropriately signed. Residents and family/whanau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The clinical manager maintains a complaint/ compliment register and documents all verbal and written complaints. There were 18 complaints received in 2023 and seven in 2024 year to date. The complaints reviewed, included evidence of investigation, follow up and reply to the complainant within the timeframes set out by the Health and Disability Commission. The operations improvement manager advised that complaints are discussed at Board level, with learnings and corrective actions resulting from complaints evidenced in meeting minutes as being discussed with staff. A recent complaint resulted in increased ventilation equipment in resident's rooms (sighted during audit).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose; this is documented as an option in the outcome letter that is sent to the complainant and includes an online link and phone number to advocacy services. The resident meeting minutes sighted evidenced residents are given the opportunity</p>

		<p>to provide feedback. The residents and family/whānau all reported that due to the nature of the facility, any issues residents and relatives have, are discussed with the clinical manager directly and dealt with promptly. The operations improvement manager and clinical manager implement an 'open door' policy which was confirmed during interviews with staff, residents and family/whānau.</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>Sarah Selwyn is owned and operated by the Selwyn Foundation Group. The service provides care for up to 80 residents at hospital (geriatric and medical) and rest home level care. All rooms are designed for single occupancy and are certified as dual purpose.</p> <p>On the day of the audit, there were 74 residents all at hospital level. This included one resident on a long-term support- chronic health contract (LTS-CHC). All residents apart from the LTS-CHC were admitted under the age-related residential care contract (ARRC).</p> <p>The Selwyn Foundation Group Board of Directors is an experienced team of ten professionals, each with their own expertise. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight of their executive team. There is a strategic plan which is split into yearly increments in the annual business plan. The strategic plan is reviewed annually and progress towards meeting annual goals are reviewed regularly and discussed at Board meetings. Clinical governance is provided by a clinical governance committee, chaired by a retired Health New Zealand Chief Nurse.</p> <p>The Board is committed to supporting the strategies laid down by Manatū Hauora Ministry of Health's 'New Zealand Health Strategy.' Objectives listed in the business plan include (but are not limited to) a commitment to providing and assisting in the provision of good quality care to all people and to improving the health status of ethnic groups including Māori and Pacific people who do not currently enjoy the same outcomes as other New Zealanders; a belief in equity of access for all members of the community as a fundamental right in our society, and a belief in the benefits of early health interventions, proper integration of service, health education and the empowerment of people to achieve</p>

		<p>better health care.</p> <p>The annual business plan includes the vision, mission statement, philosophy, and measurable goals. Reporting includes (but is not limited to) occupancy, finances, health, and safety; staffing; infection; quality trend and analysis; and restraint minimisation. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, and tāngata whaikaha. There is Māori representation on The Selwyn Foundation Board, and staff employed who identify as Māori. The Board members work with an employed cultural advisor to offer expert support in te reo Māori and tikanga Māori. The Board, CEO, and management team have completed Mauri Ora training to ensure cultural competency.</p> <p>The clinical manager is a registered nurse and has been in the position for six months and has extensive experience in the aged care sector. They are supported by an operations improvement manager (registered nurse), an administrator/receptionist, and a team of clinical and non-clinical staff.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Selwyn Foundation Group has effective quality and risk management programmes in place. These systems include performance monitoring through internal audits and through the collection of clinical indicator data and health and safety data using electronic systems. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and meet the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. New policies or changes to policy are communicated to staff.</p> <p>Monthly staff meetings and quality meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; internal audits; restraints; strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place as scheduled. Corrective actions were</p>



	<p>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, located in the staffroom and nurses' station. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Quality improvement projects are documented and include the implementation of an improved palliative care pathway that occurred over the last 18 months and signed off as completed. The service is awarded a continuous improvement for the management and positive resident outcomes related to the palliative care pathway project.</p> <p>Results from the resident and family satisfaction surveys (completed in February 2024) were positive. Results were communicated to staff, residents and family/whānau as evidenced in meeting minutes. Corrective actions are documented to address specific comments made in the survey. All areas of care evidence high levels of satisfaction.</p> <p>Health and safety management aligns with our Selwyn health and safety policy, which includes staff representatives; monthly committee meetings; environmental audits; observations and reports; civil defence supply management and oversight; hazard reports; hazard register reviews; and support of injured staff incident reports. Hazard management, induction of bureau staff, and management of visitors, volunteers and contractors is appropriate to ensure a safe environment. Monthly meetings with the Selwyn health and safety coordinator ensures regular reporting of issues to the Board.</p> <p>Hazard identification forms and an up-to-date hazard register were sighted. Health and safety is discussed also in staff/quality meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form and staff are supported to return to work. Staff wellbeing programmes include a confidential counselling service for staff to access for advice and support.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in 10 accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, bruising, medication errors). Incident and</p>
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		<p>accident data is collated monthly and analysed using the electronic residents' management system. Opportunities to minimise future risks are identified by the clinical manager who reviews every adverse event. Discussions with the clinical manager and operations improvement manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notification completed to notify HealthCERT of pressure injuries and a theft of resident property. Two Covid outbreak exposure events in December 2023, and January 2024 were appropriately notified to Public Health.</p> <p>Critical analysis of organisational practices is done in consultation with the cultural advisor to improve health equity. Staff competencies are regularly assessed to ensure a high-quality service is provided for Māori through the promotion of The Selwyn Way philosophy, by celebrating cultural diversity and the review of all relevant policies and procedures through the health equity lens.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The Selwyn Foundation Group policy includes staff rationale and skill mix in their staff rostering policy. Sufficient staff are rostered daily to manage the care requirements of the residents. The roster reviewed provides sufficient coverage for the delivery of care. The operations improvement manager and clinical manager work full time from Monday to Friday. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the HCA and registered nurse interviews. Staff and residents are informed when there are changes to staffing levels.</p> <p>An education programme has been completed for 2023 and is progress for 2024. Study days are held to provide staff with opportunities to complete all required education. External speakers or staff provide an extra training session on the months between the study days. Education included (but not limited to) manual handling; infection control; outbreak/Covid-19 management; health and safety; hazards; restraint; abuse and neglect; pain management; and fire drills. Training is also provided to staff through toolbox talks. The education and training schedule lists all mandatory topics. Staff have been</p>

		<p>provided with cultural safety training, including Māori equity and Te Tiriti o Waitangi. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities and health equity. External training opportunities for care staff include training through Health New Zealand – Auckland.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-one HCAs have completed their level four qualifications, eleven have completed level three, and two are recently. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) competencies completed include medication; restraint; hand hygiene; use of personal protective equipment (PPE); fire and emergency training; cultural safety and manual handling. There are fifteen registered nurses, all of whom are interRAI trained. Support systems promote staff wellbeing and a positive work environment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources policies are in place and include recruitment, selection, orientation, and staff training and development. Staff files are held securely in a locked office. Eight staff files reviewed evidenced implementation of the recruitment process, employment contracts, and police checking. There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work and expected outcomes to be achieved in each position. All files evidenced completed orientation documentation and annual appraisals where applicable. A copy of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment for Māori.</p> <p>An employee ethnicity database is maintained. Management and staff confirmed they have the opportunity to be involved in a debrief discussion to receive support following incidents, to ensure wellbeing</p>

		support is provided. Staff wellbeing is also recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. The Employee Assistance Programme is available to staff
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The service utilises an electronic format for resident information, documentation, and data. Electronic information (eg, policies and procedures, incident, and accidents) are backed up and password protected. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>On enquiry, an information booklet detailing entry criteria is provided to prospective residents and their family/whānau. There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>The service has a process in place if access is declined, should this occur. It requires that when residents are declined access to the service, residents and their family/whānau, the referring agency, and the general practitioner (GP) or nurse practitioner(NP) are informed of the decline to entry. The clinical manager states that there have been no declines since the last audit. The resident would only be declined entry if not within the scope of the service or if a bed were not available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service. The admission</p>

		<p>policy requires the collection of information that includes (but is not limited to) ethnicity; spoken language; interpreter requirements; iwi; hapu; religion; and referring agency. Interviews with residents and family/whanau and review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity, including Māori, is being collected and is being analysed. The operation improvement manager described relationships with identified Māori service provider groups within the community. There is access to kaumātua for cultural support. The governance body has employed a Māori consultant.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Nine resident files were reviewed all hospital level (inclusive of one resident on a LTS-CHC contract). Initial care plans are developed with the residents/EPOA consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>The individualised electronic long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment. All interRAI assessments and reassessments were completed within expected timeframes for residents under the ARRC contract. The resident on the LTS-CHC contract had appropriate risk assessments completed. The long-term care plans were completed within three weeks of the residents' admission to the facility for all long-term residents, including the resident on the LTS-CHC contract. Documented interventions and early warning signs meet the residents' assessed needs. Residents who identify as Māori have a Māori health care plan in place which describes the support required to meet their needs. The registered nurses interviewed describe removing barriers so all residents have access to information and services required to promote independence and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</p>

	<p>Short-term care acute problems, for example, infections, wounds, and weight loss are added to the electronic long term care plan and removed once the issue has been resolved.</p> <p>The initial medical assessment is undertaken by the GP or NP within the required timeframe following admission. Residents have reviews by the GP or NP within required timeframes and when their health status changes. The GP visits the facility twice weekly and the NP weekly. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The facility is provided access to an after-hours service by the general practice. A physiotherapist (works for Selwyn) is available Monday to Friday. There is also a physio assistant. Residents are referred by the RN's.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status.</p> <p>There was a range of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There were nineteen wounds on the day of audit and eight pressure injuries, (one grade one, six grade two and one deep tissue injury). Section 31 notifications have been completed when required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls. The incident/ accident reports reviewed evidenced timely RN follow up and investigations.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift as observed on the day of audit.</p> <p>Resident care is evaluated on each shift and reported at handover and</p>
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		<p>in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the RN. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The residents' activities programme is implemented by two diversional therapists (DT). The activity staff also liaise and work with the healthcare assistants in each area. Activities for the residents in the hospital are provided six days a week. The activities programme is displayed in all communal areas and residents may have an individual copy if requested. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from the DTs occur regularly. The program includes van outings into the community twice weekly, residents go out shopping and to local cafes. The chaplains visit regularly and there is a weekly church service in the onsite chapel. Pet therapy and happy hour is weekly and every two weeks the residents enjoy a cooked breakfast. Residents attend knitting group and men's group. Onsite, there are a number of facilities for the residents to participate in, cinema, theatre, op shop, corner shop, bank, library, hairdresser, and café on site.</p> <p>The Selwyn group combine celebration events with other facilities within the group. Several volunteer groups participate in the program. Residents visit Pasadena School and talk to the children. Auckland University physiotherapy students visit and engage with residents through dance therapy. Monthly visits by The Candence Singers an independent volunteer group visit and sing in residents' rooms and a volunteer from Auckland Library runs a book club.</p> <p>The programme has included visits from local community groups, Kapa Haka groups and Matariki celebrations. Other cultural activities, such</p>

		<p>as Diwali, are held to include the variety of cultures within the facility. Family/whānau participation in the programme is encouraged.</p> <p>The residents' activities assessments are completed by the DT within three weeks of the residents' admission to the facility. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.</p> <p>The residents and their families reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Monthly resident meetings are held and include discussion around activities.</p>
<p><b>Subsection 3.4: My medication</b></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>FA</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the NP and GP were recorded. Resident allergies and sensitivities are documented on the electronic medication chart.</p> <p>The service uses robotic packs that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. There are no standing orders.</p> <p>The medication refrigerator temperatures and medication room temperatures are monitored daily and are within the required range.</p> <p>Medications are stored securely in accordance with requirements. There are medication safes in each residents' room; however, these are not currently being used, as there were no residents self-administering medication. Medications are administered by RN's or senior medication competent healthcare assistants. The staff observed</p>



		<p>administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities relating to medication policies and procedures. The RN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the RN. Medication information for residents and whānau can be accessed online as needed.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with and prescribed by a GP or NP. Interviews with RNs confirmed that there were no over the counter or alternative medications were being used; however, they would be added to the medication chart by the GP or NP following discussion with the resident and/or their family/whānau if required.</p>
<p><b>Subsection 3.5: Nutrition to support wellbeing</b></p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is contracted out. The contracted staff have food safety certificates and infection control training. A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents’ dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident’s dietary needs change. Diets are modified as needed and the chef manager at interview confirmed awareness of the dietary needs, likes and dislikes of residents. These are accommodated in daily meal planning. The service staff understanding of tapu and noa and menu options culturally specific to Māori.</p> <p>All meals are prepared in a central kitchen and transported by hotbox to Sarah Selwyn. Then served directly from a bain-marie to residents in the dining rooms or in the residents’ rooms if requested. There are two dining rooms in the facility, meals are transported to the dining rooms in scan boxes.</p> <p>The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. Residents and family/whānau</p>

		<p>interviewed stated that they were satisfied with the meals provided. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal four-weekly menu has been developed by a dietitian. The food control plan is current. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The chef manager is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>Discussion and feedback on the menu and food provided is sought at the monthly residents' meetings.</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>There is a Selwyn resident transfer/discharge policy. Transition, discharge, or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents and family/whānau are advised of options to access other health and disability services, social support or kaupapa Māori agencies if indicated or requested.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with RN's and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</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>There is a building warrant of fitness certificate that expires on 18 June 2024. The facilities and maintenance manager works full time (Monday to Friday). There are four full-time maintenance assistants. Maintenance requests are logged through the electronic system and followed up in a timely manner. When completed, tasks are signed off by the facilities and maintenance manager. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Testing and tagging of electrical equipment was completed in March 2024. Checking and calibration of medical equipment, hoists and scales was completed on 12 February 2024. There are contracted gardeners.</p> <p>The facility is non-smoking. All corridors have safety rails that promote safe mobility. Corridors are wide and residents were observed moving freely around the areas with mobility aids where required. All rooms are single with ensuites. There are sufficient numbers of communal toilets. Fixtures, fittings, and flooring are appropriate. Ensuite facilities are easy to clean. There is ample space in ensuite areas to accommodate shower chairs and a hoist if appropriate. There are signs on all toilet doors.</p> <p>Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There are wall heaters in each room. The residents can change the temperature as required. Staff and residents interviewed stated that this is effective.</p> <p>The facility is over two levels, the first level consisting of 50 single rooms with ensuites, a reception, office, medication, treatment room, dining room and lounge. The second level consists of 30 single rooms with ensuites, medication and treatment room, dining room with a satellite kitchen and lounge. Tea and coffee making facilities are available as well as cold water. Activities occur in the larger lounge areas.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 21 June 2003. A recent fire evacuation drill has been completed on 13 December 2023 and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a locked cupboard on the ground floor and checked monthly.</p> <p>In the event of a power outage there is a generator on site and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and family/whānau</p>

		<p>interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. There is security lighting and an on-site security guard patrols regularly at night. All external doors are alarmed. Cameras monitor corridors and entrances.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the Sarah Selwyn quality programme which is linked to the strategic plan to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through Public Health and Health New Zealand – Auckland. Infection prevention, control and antimicrobial stewardship resources are accessible.</p> <p>Any significant events are managed using a collaborative approach involving the infection control team, the GP, and the Public Health team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the Board. The infection control coordinator (RN) was unavailable at the time of audit; however, the operations improvement manager, clinical manager and chair of clinical governance confirmed any outbreaks are reported immediately.</p> <p>The infection prevention control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</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</p>	FA	<p>The infection control programme has been developed by an external consultant (Bug Control) and has been approved by the management team, infection control coordinator and Board. The infection control programme is reviewed three monthly and discussed at infection control meetings. Infection control data is included in the clinical manager reports which are discussed at Board level.</p> <p>The infection prevention and control manual includes a comprehensive range of policies, standards, and guidelines. This includes defining</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the infection control team regularly to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand - Auckland.</p> <p>The infection prevention and control coordinator (RN) job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection prevention control coordinator has completed external infection control training including training provided through online sources and Health New Zealand-Auckland. The infection prevention and control coordinator has access to support from the infection control specialist at Health New Zealand - Auckland, Bug Control, the microbiologist, GP, and public health team.</p> <p>The infection prevention and control coordinator described the pandemic plan and confirmed the implementation of the plan proved to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention control policies and practices. The infection prevention and control audit monitors the effectiveness of education and infection control practices.</p> <p>The infection prevention and control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention and control information available in te reo Māori. The infection prevention and control coordinator and HCAs work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and</p>
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		<p>control practices.</p> <p>Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>Infection prevention and control is part of facility meetings. The management team described a clear process of involvement should there be plans for development and ongoing refurbishments of the building.</p> <p>The infection prevention coordinator is committed to the ongoing education of staff and residents as described in infection control policies. Infection prevention and control is part of staff orientation and included in the study days held. Staff have completed hand hygiene skin infections, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares. Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial stewardship policy and monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported to the Board immediately. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP and clinical manager provide additional oversight on antimicrobial use within the facility.</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 prevention control programme and is described in the Sarah Selwyn infection prevention control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the infection control coordinator, and clinical manager, and is included in the monthly report to the Board. Infection prevention and control surveillance is discussed at facility meetings as evidenced in the minutes and confirmed by staff interviewed.</p> <p>The clinical manager and operations improvement manager described developing action plans where required for any infection rates of concern. Short term care plans are utilised for residents with infections. Internal infection control audits are completed with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection. The service receives information from Health New Zealand - Auckland services for any community concerns.</p> <p>There have been two Covid-19 outbreaks since the last audit. These have been appropriately reported, infection outbreak logs and documentation maintained throughout the outbreaks, and documented evidence of debrief meetings held to discuss what went well and what improvements will be implemented on the next occasion. Staff data was collated, and there was an overall review of data monitoring the length of the outbreak and residents and staff affected.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and</p>	<p>FA</p>	<p>Policies are in place regarding chemical safety and hazardous waste and other waste disposal. Chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are stored on a lockable cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps</p>



<p>environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and disposable visors are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms with sanitisers, a stainless-steel bench and separate handwashing facilities with flowing soap and hand towels. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Staff interviewed were knowledgeable around chemicals, infection control practices and cleaning practices during outbreaks.</p> <p>There is a laundry on site with all laundry completed by dedicated laundry staff. There are defined dirty and clean areas. Personal laundry is delivered back to residents' rooms. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection prevention control coordinator oversees the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy. The procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. A clinical manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation.</p> <p>The reporting process to the governance clinical body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the records for residents requiring restraint included assessment, consent, monitoring, and evaluation.</p>

		<p>Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>On the day of the audit there were no residents using restraint and there have been no restraints in use for over six months. When interviewed the restraint coordinator stated that they like to discuss restraint policy and procedure with residents/whānau before admission, whenever possible.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings.</p> <p>Training for all staff occurs at orientation (a handbook) and annually.</p>
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## Specific results for criterion where corrective actions are required

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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.

No data to display
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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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	CI	<p>The operations improvement manager identified an area for improvement required around residents and whānau experience around end-of-life care. There was collaboration with the care team to understand how service delivery could be improved to ensure an improved experience. The service then actively participated with the local hospice by improving the palliative care pathway within the clinical setting. The initiative begins with a family/whānau meeting, which then produces a plan for the RNs to implement, supported by the local hospice.</p>	<p>There was a process of early identification of residents with palliative care needs to provide care at the right time and place. The palliative pathway documents the care required to meet the residents' individual goals needs according to the phases of the illness. The completed care plans were sent to the palliative team for feedback. The palliative care team supported the service to discuss expectations with families/whānau, assist with anticipatory prescribing and assist with the grieving process. Regular meetings between the care staff and with the palliative care team-built capacity and capability for staff to feel comfortable and confident in the care they provide and for RNs to facilitate challenging discussions around end-of-life care. Staff completed training in palliative care, and two registered nurses completed formal palliative outcome initiative (POI) training to become link nurses between the service and hospice.</p>

			<p>As a result, there is an established collaborative relationship where advice can be obtained in a timely manner to manage deteriorating trajectories. The email of feedback from the hospice commended the service for embracing the Poi programme and embedding good palliative care in to practice. Thirty-four palliative care pathways were commenced between March 2023 and April 2024. Eleven families have responded to the service in writing to state their satisfaction, and gratitude for the care their relatives were provided during end-of-life stage. The responses centred around positive communication, care, and compassion. The end-of-life pathway is embedded into practice and RNs and HCAs interviewed stated their confidence in providing care.</p>
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End of the report.