

Everil Orr Village Limited Partnership - Everil Orr Living

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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity:	Everil Orr Village Limited Partnership
Premises audited:	Everil Orr Living
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 May 2024 End date: 21 May 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:	30

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Everil Orr is owned and operated by three trusts. The facility can provide services for up to 68 residents requiring rest home and hospital levels of care. There were 30 residents in the facility on the first day of the audit.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts the service holds with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland). It included review of policies and procedures, review of resident and staff records, observations, and interviews with residents and family/whānau, governance representatives, staff, and a nurse practitioner. Residents and families were complimentary about the care provided.

Improvements are required in relation to the signing of any corrective action plans completed and the restraint policy needs to be reviewed to meet the Ngā Paerewa Standard.

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.

Everil Orr provides an environment that supports residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific people, and other ethnicities. Everil Orr worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination) by staff interviewed.

There were no Pasifika residents in Everil Orr at the time of the audit; however, systems and processes were in place to enable Pacific peoples to be provided with services that recognise their worldviews and are culturally safe. There were Pasifika staff employed by the service during the audit.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse, and they received services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans reviewed accommodated the choices of residents and whānau.

There was evidence that residents and their whānau were kept well informed. They confirmed that they received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law. Advance directives were followed wherever possible.

There is a complaints management system, and a complaints register is maintained. Any complaints are managed promptly and are used for quality improvement.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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Airedale Property Trust as the governing body is committed to delivering high-quality services, including at Everil Orr. Consultation with Māori is occurring at governance level, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Strategic and business planning ensures the purpose, values, direction, scope and goals for the organisation and of the facility are defined. Suitably qualified and experienced people manage the service. Ongoing monitoring of business, health and safety, and clinical services is occurring with regular reviews according to predetermined schedules.

Established quality and risk management systems are focused on improving service delivery and care outcomes. Residents and family/whānau provide feedback and annual surveys will be commenced August 2024. Staff are involved in quality activities. Actual and potential risks are identified and mitigated.

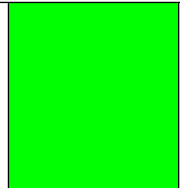
The National Adverse Events Reporting Policy is known to management and followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

An integrated approach includes collection and analysis of quality improvement data. The identification of trends, if any, leads to improvements.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. An education programme is in place. Care staff have access to the New Zealand Qualifications Authority (NZQA) approved health and wellbeing courses.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

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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When people enter the service a person-centred and whānau-centred approach is adopted. All relevant information is provided to the potential resident and their whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information, and accommodate any new problems that may arise. The files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their individual interests and are encouraged to participate in meaningful community and social activities, related to their culture, age and stage of life.

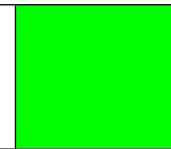
Medication is safely managed and administered by staff who have undertaken an annual medication competency assessment.

The food service meets the nutritional needs of residents, with their cultural needs catered for. Food is managed following safe food guidelines.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



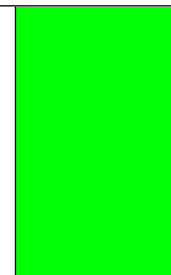
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There is a Certificate of Public Use (CPU) displayed at reception. Electrical and biomedical equipment has been checked and assessed as required. Internal and external areas are accessible and safe, and external areas have shade and seating provided and meet the needs of people with disabilities.

There is an approved fire evacuation plan. Staff are trained in hoist management and manual handling, emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely response to call bells. Security is maintained.

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

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



Subsections applicable to this service fully attained.

The senior care team at Everil Orr ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. It was adequately resourced. The experienced and trained infection control nurse led the programme, with oversight from the clinical manager (CM).

Both staff were engaged in procurement processes, any facility structure changes, and processes related to decontamination of any reusable devices.

The governing body oversees the infection prevention and control programme through policy, and this is linked to the quality management system. Significant infection events are reported to the management team and to the board.

Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the current pandemic/infectious diseases response plan.

Infection surveillance specific to aged care is conducted, with follow-up actions taken as required.

The new modern environment at Everil Orr is designed to support prevention and mitigation of transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry and housekeeping services at Everil Orr.

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.		Some subsections applicable to this service partially attained and of low risk.
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The service aims for a restraint-free environment. This is supported by the governing body representative interviewed. The restraint policies are currently being reviewed. There were no residents using a restraint at the time of the audit and no restraint has been used since the service commenced. A suitably qualified restraint coordinator leads the process. Staff interviewed demonstrated a good understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring. Restraint is reviewed annually, and staff education is presented and recorded by the educator.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	2	0	0	0
Criteria	0	166	0	2	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>Everil Orr has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values and vision of the organisation.</p> <p>A Māori health plan has been developed with input from cultural advisers and is available for all residents and those specifically who identify as Māori. The board and members of the three trusts approve and support the Māori health strategic plan and have approved and supported the establishment and employment of a Pou Manakura (cultural lead). This position has been filled prior to this audit. The organisation has a kaumatua available.</p> <p>Te reo workshops have been offered to staff. Governance held a board retreat two years ago with representatives of the three trusts, and a guest speaker provided a presentation on Te Tiriti o Waitangi and health equity for the trustees present. Two chief executive officers (CEOs) were present at the audit and were interviewed. The CEO of the Methodist Mission identifies as Māori and sits on all three boards.</p> <p>There were residents who identified as Māori on the day of the audit. No staff currently identified as Māori as per the staff register reviewed.</p> <p>The clinical manager (CM) and staff reported, and documentation</p>

		confirmed, that staff have completed cultural training.
<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>Everil Orr works to ensure Pacific peoples' worldview, and cultural and spiritual beliefs are embraced. An interim church and spiritual resource list were provided at the audit prepared by the Chaplin in residence, and this is reviewed annually for use across the organisation. There were staff who identify as Pasifika who bring their own skills and expertise. Staff reported at interview that they are guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan.</p> <p>Cultural needs assessments at admission are completed by the registered nurses (RNs) and the diversional therapist staff to identify any requirements.</p> <p>The Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan was sighted and is available for reference. Everil Orr has a Pacific plan with cultural guidelines and standard operating procedures developed with input from the wider Pasifika community. They both include Pacific models of care.</p> <p>There were no residents who identified as Pasifika at the time of the audit.</p> <p>Everil Orr identifies and works in partnership with the Methodist churches and social services and organisations in the community to support culturally safe practices and wellbeing for Pacific peoples using the service.</p> <p>The CM has links with the Pasifika community.</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</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was available and on display at Everil Orr in prominent locations throughout the facility. Residents identifying as Māori who have entered the facility have mana motuhake recognised and respected.</p> <p>Staff interviewed understood the requirements of the Code and were</p>

<p>in a way that upholds their rights and complies with legal requirements.</p>		<p>observed supporting residents in accordance with their individual needs and wishes. Education for staff on this topic was undertaken in February 2024.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.4: 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. 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>Records confirmed that the service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau confirmed that they had received services in a manner that has regard for their culture, religion, dignity and their individual social identities and characteristics. Processes were in place to assess individual resident needs during admission and ongoing care planning and review processes. The clinical manager (CM) and registered nurse (RN) reported that residents are supported to maintain their independence by staff through daily activities, and examples of this included resident-led activities, and individualised mealtimes if desired. Residents were able to move freely within and outside the facility, including in the garden areas.</p> <p>Staff at Everil Orr completed training on Te Tiriti o Waitangi in 2024. Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. Consent for two residents who share a care suite was sighted in both residents' files.</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. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Policies and procedures outlined the organisation's commitment to promoting an environment that does not support institutional and systemic racism. Staff understood the service's policy on abuse and neglect, including what to do should this become evident at Everil Orr. Cultural training included discussion on institutional and systemic racism. Staff were encouraged to talk with a manager if they had any concerns about racism or discrimination. Staff interviewed stated that</p>

		<p>any observed or reported racism, abuse or exploitation at the facility would be addressed promptly and that they would be guided by the service's code of conduct.</p> <p>Residents interviewed reported they had not witnessed any abuse or neglect, they were treated fairly, they felt safe and were protected from discrimination, coercion, harassment, abuse and/or neglect. Whānau had no concerns about how staff interacted with residents.</p> <p>Policies and procedures for handling residents' property and finances were evident. The organisation implemented a sound process to manage residents' sundry expenses. Professional boundaries are explained to staff during induction and orientation and were maintained by staff as observed and verified by resident and whānau interview. This was evident when observing staff interaction with residents during the audit.</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>	FA	<p>Residents and whānau reported that communication was open and effective, and they always felt listened to. Information was provided in an easy-to-understand format as well as accommodating different languages. Staff understood the principles of open disclosure, and this is supported by the organisation's policies and procedures.</p> <p>Changes to residents' health status or reported incidents/events was communicated to relatives in a timely manner and these communications were documented in the resident's record. Staff knew how to access interpreter services if required. Staff who are unable to speak te reo Māori advised they have learnt key phrases to share with residents who identified as Māori.</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</p>	FA	<p>Residents and/or their legal representatives were provided with the information necessary to make informed decisions. Interviews with residents and whānau verified this. They felt empowered by staff at Everil Orr to actively participate in decision-making. The CM, registered nurses and care staff interviewed understood the principles and practice of informed consent.</p>

<p>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>Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements, and processes for residents unable to consent were documented, as relevant, in the resident's clinical file.</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>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaint forms were located near the reception on the ground floor, and in other areas around the facility. The Code was displayed and available in te reo Māori and English. The Nationwide Health and Disability Advocacy Service pamphlets were readily available, and accessible for residents/families/whānau if required.</p> <p>One verbal complaint was received in August 2023, and this was resolved promptly and signed off by the general manager (GM). There have been no complaints received from external sources since the previous audit.</p> <p>Staff reported they knew what to do should they receive a complaint.</p> <p>The GM, who was not available on the day of the audit, is responsible for complaints management and follow-up. The CM is responsible for any complaints in the absence of the GM. Translation and advocacy services are available through Te Whatu Ora Te Toka Tumai Auckland interpreting and translation services (ITS), if needed. This service is comprehensive and provides telephone, on-site and video interpreting services.</p> <p>The CM interviewed reported, and documentation evidenced, that a translator who identified as Māori would be available to support people if needed. There have been no complaints received by Māori residents</p>

		to date.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Airdale Property Trust, Methodist Mission Northern and Lifewise Trust Boards, are the three trusts that own and operate Everil Orr Living. The executive leadership team assume accountability for delivering a high-quality service through supporting meaningful representation of Māori and tāngata whaikaha and honouring Te Tiriti through advice from previously external advisors but have now employed a cultural lead (prior to this audit). There is a kaumatua available.</p> <p>The GM has extensive knowledge of the aged residential care sector, regulatory and reporting requirements, and maintains currency as a RN and within the field through sector communication, ongoing training, colleagues and Te Whatu Ora Te Toka Tumai Auckland. The GM is well supported by the CM and registered nurses, who regularly discuss clinical indicators including medication errors, complaints, compliments, falls and infection prevention, and restraint elimination. Minutes of clinical meetings were reviewed for this care service. There is a separate GM for the Everil Orr Living (RVA), located in close proximity to the care suites.</p> <p>Everil Orr has access to a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice as needed.</p> <p>The CM is responsible for the care suites and can replace the GM as needed for temporary absences. There is a facility manager and a clinical educator (RN) available as part of the team, and the administrator. All were interviewed during the audit process.</p> <p>The CEO and the GM of Airdale Property Trust Board (APT) and Methodist Mission Northern were present during the audit and were interviewed. A full overview was provided of the organisation and the changes that have occurred over the last year. The three Trusts have developed values, and these were explained, and are displayed in the education room and other sites around the facility. These included compassion, courage, respect and integrity. The new branding for Everil Orr Living Care and Everil Orr Living was explained. Each GM reports to the CEO APT monthly, and more often if necessary.</p>

	<p>Marketing strategies were approved in April 2023. The facility opened on 1 August 2023. There is a five-year APT strategic plan which has been developed and implemented for 2022 to 2027. The strategic plan further develops the shared services offered to the sister trusts and wider Methodist Connexion. The plan has a further focus on growing people and promoting a positive culture in line with the trusts and Methodist core values. The aims, objectives and opportunities are documented from a business perspective.</p> <p>The executive leadership team demonstrated leadership and commitment to quality and risk management through, for example, the business plan, risk register, improving services, reporting, policy, processes and through feedback mechanisms, and purchasing of equipment. The CM explained the content of the GM reports and the consistency of the format, which provides adequate information to monitor performance. The report included information on occupancy, the environment and improvements, infections, staffing and staff training provided.</p> <p>The governing body is focused on improving outcomes and achieving equity for Māori, Pacific peoples and people with disabilities. This is occurring through oversight of care planning and reviews, family/whānau meetings, feedback and communication with the resident and their family/whānau. Health care assistants' (HCAs) had a good knowledge of the individual residents, their likes and dislikes, including the residents' cultural and spiritual needs, and these are included in the six-monthly reviews. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>The CM reported that staff identify and work to address barriers to equitable service delivery through cultural needs assessments, training, and advice from external cultural advisors if needed. Residents receiving services and family/whānau participate in the planning, implementation, monitoring and evaluation of service delivery through the review of the care plans, surveys and meetings. A sample of resident meetings minutes evidenced positive feedback.</p> <p>The service holds contracts with Te Whatu Ora Te Toka Tumai Auckland for Age-Related Residential Care (ARRC) rest home, hospital and respite level care. On the day of the audit 30 care suites were occupied: 21 rest home including one respite rest home level</p>
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		<p>care resident, and nine hospital care suites, including one respite hospital level care resident. There is a total of 68 care suites. Only level 2 (23 care suites) and level 3 (26 care suites) are currently open. Level one has 19 certified care suites; however, these care suites are not open as yet. The facility has the potential for 18 double suites extending to 86 total beds.</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>PA Low</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls. Action plans were developed and implemented when trends or corrective actions were required. The corrective actions, once completed, were not being dated and signed off appropriately, and this was identified as an area for improvement. Progress against quality outcomes is evaluated.</p> <p>The GM is responsible for quality and implementing the quality plan. The CM and the educator are part of the quality committee. Residents, whānau and HCAs contribute to quality improvement through meetings and surveys. Minutes of meetings, such as the monthly quality and staff meetings, heads of department meetings held two-monthly, were maintained. Resident meetings were reviewed. Activities, kitchen, restraint and RN meetings were held monthly as well.</p> <p>A resident/family/whānau survey or staff survey have not been completed; however, the CM reported that the GM has surveys organised for when the service is one year from opening, which is August 2024. No projects are being undertaken presently during this transition time.</p> <p>The GM reports to the CEO APT monthly, who reports to the executive team and board. The GM is also responsible for the document control, and once developed they are approved by the CEO APT. Policies reviewed covered all necessary aspects of the service and contractual requirements except for the restraint policy (refer to 6.1.1).</p> <p>The CM and the facility manager (FM) interviewed described the</p>

		<p>processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Documented risks include falls, infection prevention and cross infection, sharps, and potential inequalities. Organisational risks are managed at board level. The hazard register sighted is due to be reviewed in June 2024.</p> <p>Staff document adverse and near-miss events. A sample of incident forms showed these were fully completed, incidents were investigated, action plans developed and followed up in a timely manner. Family/whānau are notified when residents have any incidents, and this is recorded on the electronic system. The CM understood the requirements for essential notification reporting including the national adverse event policy requirements. Section 31 notifications have included the notification of senior positions to HealthCERT in August 2023, a power outage experienced in November 2023, and a resident absconding from the facility on 1 January 2024.</p> <p>Staff are supported to deliver high quality health care for all residents, including residents who identify as Māori. Staff have completed cultural competencies, have been offered te reo education, and have had training on incorporating tikanga best practice into their daily work to achieve good positive outcomes for Māori residents.</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week across all levels (24/7). A safe rostering tool is used. The facility adjusts staffing in any unplanned absence. The physical environments are considered as the residents are currently placed in care suites located across two floors. Residents and family/whānau and HCAs interviewed confirmed there were sufficient staff. The CM explained the roster system and stated that the roster currently is fixed with one HCA to five residents.</p> <p>There are currently two of three levels being occupied with residents. Level two has 23 care suites, and 23 are occupied. Level three has 26 beds and seven are occupied. Level one has 19 care suites, and none were occupied on the day of the audit. Staffing levels are planned to</p>

		<p>be increased as the resident occupancy rises.</p> <p>All staff are trained, or being trained, for first aid. There is always a first aider on all shifts.</p> <p>The competency policy guides the service to ensure competencies are assessed and support equitable service delivery. A sample of competencies completed at the time of orientation included the aging process, cultural training, fire knowledge, handwashing, hoist, infection prevention, interRAI and restraint. These were confirmed in the training records reviewed.</p> <p>The educator was interviewed and explained the continuing education planned annually, including mandatory training requirements. There are currently 20 HCAs employed in this relatively new service; one is level 2, four are level 3, and six are level 4. Four staff are completing the level 4 dementia papers. One HCA (an international RN) is completing level 5. Nine HCAs are yet to be enrolled in the New Zealand Qualifications Authority (NZQA) education programme.</p> <p>There are eight registered nurses, and five including the CM are interRAI competent. A further four registered nurses are enrolled in the next course for 2024.</p> <p>The educator interviewed reported that Everil Orr is building on its own knowledge through cultural training, which includes all aspects of Te Tiriti. In addition to this, the service collaborates with, and has ongoing communication with the residents and families. The use of te reo in signage was sighted. Further training is planned to ensure staff fully understood about health equity and the collecting and sharing of high-quality Māori health information. The organisation is committed to including, providing, and investing in staff equity expertise.</p> <p>Staff reported feeling well supported and safe in the workplace through, for example, the employee assistance programme, flu vaccinations being provided, and cultural events occurring.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>Human resource management policies and processes are based on good employment practices and relevant legislation. The head of human resources (HR) at head office was present for the audit, and</p>

<p>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>explained the processes when staff are employed. Six staff records maintained electronically were randomly selected to follow through this process. The records verified that referee checks, police vetting, and validation of professional qualifications and annual practising certificates (where required) confirmed the organisation's policies are consistently being implemented. Position descriptions were documented, and a copy given to the staff member for the role they are to be employed as.</p> <p>Staff orientation includes all necessary components relevant to the role. HCAs interviewed reported that the orientation process prepared them well for their role. New HCAs described their orientation, and that they are buddied with an experienced HCA for up to three weeks if required. Orientation includes falls, bed making, documentation and communication, residents' personal cares, and hygiene and security.</p> <p>HCAs confirmed that performance is reviewed and discussed during orientation, and annually thereafter. Completed reviews were sighted.</p> <p>Staff records are maintained confidentially on the electronic system used. Ethnicity data is recorded and used in line with health information standards.</p> <p>HCAs reported incident reports are discussed at staff meetings. The RNs and HCAs have the opportunity, to be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible, and met current documentation standards. Information is accessible for all those who need it. Electronic data is username and password protected.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The service is not responsible for obtaining the National Health Index</p>

		(NHI) number for residents.
<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>Residents enter the service when their required level of care has been confirmed by Te Whatu Ora Te Toka Tumai Auckland Needs Assessment and Service Coordination (NASC) agency. Residents and whānau interviewed stated they were satisfied with the admission process and the information made available to them prior to and on admission. Admission information at Everil Orr was available in a variety of different formats, including information for residents that identify as Māori and Pasifika. The six files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed, including decline rates for Māori and Pasifika.</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>Six resident (rest home and hospital) files were reviewed. File reviews included residents who identified as Māori, who had experienced a fall and transferred to an acute facility, a recent admission, a resident with multiple high-needs health conditions and wound management, and a resident requiring management of behaviour that challenged.</p> <p>The RNs complete admission assessments, care planning and evaluation. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. Cultural assessments were completed by staff who have completed appropriate cultural safety training. All residents' files sampled evidenced that relevant interRAI outcome scores have supported care planning. Goals of care and appropriate interventions were documented.</p> <p>Behaviour management plans were completed for residents. The identified behaviours of concern, known triggers and strategies to manage the behaviours were documented. Behaviour monitoring charts were completed, and appropriate interventions implemented as required. The whānau or EPOAs of residents confirmed being involved</p>

	<p>in the assessment and care planning processes. Care planning for a resident who identified as Māori included accessing cultural advice and tikanga Māori knowledge. Whānau are encouraged by staff to be involved in wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives are included in the assessment process.</p> <p>The Māori health plan was developed in consultation with a cultural advisor who is a member of the Everil Orr governance board. The Māori health care plan used at Everil Orr supports residents who identify as Māori to identify pae ora outcomes in their care plan in consultation with their whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā, and spiritual assistance. The long-term care plans reviewed reflected partnership and support of residents, whānau, and the extended whanau, to support wellbeing. Tikanga principles are included within the Māori health plan. Evert Orr uses Te Whare Tapa Whā model of care for residents who identify as Māori and is developing the Fonofale model for Pasifika residents.</p> <p>The care plans evidenced service integration with other health providers including specialist services, medical, and allied health professionals. Any changes in residents' health were escalated to the nurse practitioner (NP). Referrals made to the NP when a resident's needs changed, and timely referrals to relevant specialist services as indicated was evidenced in the residents' files sampled. The NP interviewed confirmed satisfaction with the care being provided at Everil Orr. Medical assessments were completed by the NP and routine medical reviews were completed regularly, with the frequency increased as determined by the resident's condition. Timely medical records were evidenced in sampled resident files.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the caregivers. The handover between a shift was observed to be very comprehensive, capturing information to maintain safe follow-through of residents' care. Any changes noted were reported to the RNs, as confirmed in the residents' records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. The evaluations included the residents'</p>
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		<p>degree of progress towards the agreed goals and aspirations, as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with whānau, responded by initiating changes to the care plan. The CM interviewed stated that when there was a significant change in the resident's condition, an interRAI reassessment was completed and a referral made to the local NASC team for reassessment of level of care.</p> <p>Residents' records, observations, and six interviews with the whānau of residents verified that care to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were observed to be available, suited to the levels of care provided and in accordance with the residents' needs. The residents' whānau confirmed their involvement in evaluation of progress and any resulting changes. The staff confirmed they understood the process to support residents and whānau when required.</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. 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>There is one diversional therapist (DT) and another staff member who works as a health care assistant and activities co-ordinator, both of whom provide activity programmes at Everil Orr. A chaplain is also employed part-time to provide pastoral care for residents. The activities team operate in the hospital/rest-home five days a week. Other days, activities are prepared in advance by the diversional therapist to assist the care staff to facilitate activities. The 24/7 holistic programme was suitable for their ages and stages of life, improving and supporting residents' emotional wellbeing, cognitive status, physical function, and reducing any problematic behaviours.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life and included normal community activities. Activities included daily exercise, cardio drumming, meditation, book reading, weekly church, and outings in the van to community events and locations. Opportunities for Māori and whānau to participate in te ao Māori are facilitated by community organisations. Participation in te ao Māori included tikanga. Matariki and Waitangi days are celebrated with food,</p>

		<p>language, and activities.</p> <p>Residents and whānau are involved in evaluating and improving the programme. A satisfaction survey is planned in 2024 to ascertain residents and their whānau satisfaction with the activities programme provided at Everil Orr.</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>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. Twelve medication records were reviewed. There was a process in place to identify, record and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Staff who administer medicines are annually assessed as competent to perform the function they manage. All staff administering medication have completed the required assessments.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. The required three-monthly NP review was consistently recorded on the medicine chart. Standing orders were not used at Everil Orr.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</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,</p>	<p>FA</p>	<p>The food service at Everil Orr is in line with recognised nutritional guidelines for older people. The menu was reviewed on 14 March 2024 by a qualified dietitian. All recommendations have been incorporated into the menu and signed off by the dietitian.</p>

<p>values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the Auckland Council. The food control programme period of certification extends from September 2023 until September 2024.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, food sensitivities, any special diets and modified texture requirements are accommodated in the daily meal plan. Menu options are available for other cultures, including te ao Māori.</p> <p>Evidence of levels of resident satisfaction with meals was verified by residents and whānau interviews, through resident meeting minutes. A satisfaction survey has yet to be completed in 2024 to ascertain residents and their whānau satisfaction with the food services provided at Everil Orr.</p> <p>Residents could choose their time preferences to eat their meals. There was the availability of snack food 24/7. Residents were also given sufficient time to eat their meals. Assistance and monitoring were provided to residents who required this.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family. This was evident in the file review of a resident audited who required transfer to an acute care facility. The registered nurse's regular contact with the family was well documented.</p> <p>Resident transfer documentation was noted to be comprehensive, with a full and accurate account of the event in the resident's file.</p> <p>File notes of another resident identified that the registered nurse accompanied the resident back from hospital to Everil Orr due to family not being available.</p> <p>Prior to transfer of the resident back to Everil Orr, the registered nurse engaged with the hospital to ensure all relevant information for ongoing care of the resident was communicated and documented.</p>

		<p>The resident and family interviewed reported being kept well informed and supported by staff during the recent transfer to the acute facility.</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>A temporary Certificate of Public Use (CPU) was issued on 28 June 2023 for the facility to open in August 2023. The current CPU was issued on 22 January 2024. Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for purpose, well maintained and that they meet legislative requirements. The facilities manager interviewed explained the preventative maintenance programme, which was sighted.</p> <p>Residents confirmed that they know the processes they should follow if any repair or maintenance is required, and any requests are appropriately actioned.</p> <p>All equipment and resources were purchased new for this new facility and were checked and tested by a designated service provider on 2 May 2023. Equipment requiring calibration was also checked. Every care suite has a ceiling hoist. In addition to the ceiling hoists there are three standing and transfer hoists available, and these were checked new in 2023 and again on 17 April 2024. An inventory of all equipment is maintained.</p> <p>The facility has three lifts, and the certificate of compliance was displayed in each lift.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. There is adequate storage space for total mobility aids, and wheelchairs.</p> <p>Spaces are culturally and spiritually inclusive and suited the needs of the resident groups. A chapel is temporarily set up on the first floor for weekly church services.</p> <p>Each resident has their own ensuite. The number of toilet and bathroom facilities for staff and visitors are adequate. Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to promote residents' independence.</p>

		<p>Adequate personal space is provided to allow residents and staff to move around within the care suites safely. Occupied rooms are personalised, with photographs, paintings and other personal items displayed. Residents and family/whānau reported the adequacy of the care suites.</p> <p>Residents and whānau were pleased with the environment, including heating and ventilation, privacy, and maintenance. The temperature of each care suite and communal area can be individually adjusted. Each area was warm and well-ventilated throughout the audit.</p> <p>The CM reported, and documentation confirmed, that a cultural advisor was consulted and involved for this new build facility. All rooms were blessed and continue to be blessed as rooms are vacated.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The current fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 25 July 2023. A trial evacuation is planned six-monthly, with a copy sent to FENZ, the most recent being on 16 April 2024. Registered nurses completed fire warden training on 5 May 2024.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. The primary aim of this comprehensive disaster plan (EDP) is to establish a robust system to protect the health and safety and well-being of residents, staff and visitors at this care centre.</p> <p>Flip charts provide guidance for staff on responding to civil defence and disaster events. Emergency evacuation plans are displayed and known to staff. The emergency plan meets the needs of people with disabilities in an emergency.</p> <p>The orientation programme includes fire safety and security training. Staff records reviewed evidenced staff are trained in emergency procedures. HCAs confirmed their awareness of the emergency procedures and attend regular fire drills. Sprinklers, smoke detectors and exit signs were sighted.</p> <p>All staff have received training onsite for first aid and resuscitation.</p>

		<p>Current first aid certificates were sighted in the staff records reviewed.</p> <p>Call bells alert staff to residents requiring assistance. Residents and family reported staff respond promptly to call bells. Any emergency calls received from Everil Orr Living apartments are responded to after hours by an HCA (first aider), who assists and makes the necessary calls to emergency services if required.</p> <p>Adequate supplies for the use in the event of a civil defence, including food supplies (kept in the main kitchen), medical supplies, PPE, torches (including head torches) were available in the civil defence emergency room. Checklists were sighted and a list of all residents is maintained and updated monthly. Water tanks onsite meet the local council and the national emergency management agency recommendations for this region. Emergency lighting is available. The FM reported that emergency power is available for 48 hours and arrangements are in place for a generator to be sourced if required.</p> <p>There is an entry security gate that opens and closes at pre-set times. Entry is by a fob or swipe card access afterhours. Closed-circuit cameras have been installed throughout the grounds and specific internal areas. Residents and family/whānau are fully informed, and their use does not compromise personal privacy. Signing in and out for contractors and visitors is required on entry to reception. Residents are fully informed of the emergency and security arrangements at admission.</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>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. The programme is guided by a comprehensive and current infection control manual. The current business plan includes a goal to minimise the risk of infection.</p> <p>Expertise and advice can be sought following a defined process. Specialist support can be accessed through Te Whatu Ora Te Toka Tumai Auckland infection prevention nurse specialist team, the medical laboratory microbiologist, external consultants and the</p>

		<p>attending two nurse practitioners.</p> <p>An infection control component is included in monthly staff meetings.</p> <p>The incident/accident reporting documents the pathway for the reporting of issues and significant events to the GM and executive team.</p> <p>There have been no outbreaks since the service opened in August 2023.</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 plan and policies reflected the requirements of the Ngā Paerewa standard and are based on current accepted good practice. These policies were developed by Everil Orr senior clinical staff. The IP plan is currently being reviewed and a report will be completed for August 2024 (Everil Orr opened in August 2023). Cultural advice was accessed from the governance Māori representative (GMR). Policy and procedure, and staff interviewed, demonstrated compliance with decontamination of reusable medical devices and shared mechanical equipment.</p> <p>Governance at Everil Orr is aware of the need to consult with infection prevention personnel in relation to the proposed design of any new building or when significant changes are proposed to the existing facility. This has occurred in relation to the new build.</p> <p>Staff at Everil Orr were familiar with infection prevention and control (IPC) policies through education during orientation and ongoing education and were observed to follow policy and procedure correctly. Individual-use items were discarded after being used. Residents and whānau are educated about IPC practices relevant to their needs. The GMR provides the infection control nurse (ICN) with infection advice in te reo Māori if needed for Māori accessing the service.</p> <p>The pandemic/infectious diseases response plan was documented and had been tested. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at interview. Staff had been trained in their use. Residents and their whānau were educated about infection</p>

		prevention in a manner that met their needs.
<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>Everil Orr has a documented antimicrobial stewardship (AMS) programme, appropriate to the size, scope and complexity of the service, which sets out to optimise antimicrobial use and minimise harm. The AMS programme had been approved by governance. Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use to inform ongoing antimicrobial prescribing in the service.</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>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the IC programme. The programme included standardised surveillance definitions, data collection and analysis that included ethnicity data. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required interventions. A monthly surveillance programme report includes a summary of surveillance activities and areas for improvement. The report is shared with the managers, staff, residents, and whānau. Results of the surveillance programme were also reported to governance.</p> <p>Clear, culturally safe processes for communication between service providers and residents who developed or experienced a HAI were evidenced in file notes and in an interview with the ICN.</p> <p>There have been no outbreaks at Everil Orr since the facility open in September 2023. The IPN was aware of how to complete a surveillance summary report for an outbreak and the process for investigation and follow-up. This process was also clearly outlined in IP policy.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>A new facility and a clean and hygienic environment at Everill Orr support prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. The facility manager (FM) is responsible for oversight of the laundry, cleaning and maintenance at Everil Orr. Suitable PPE was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required.</p> <p>Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and cleansing gel were available throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>The FM and other staff interviewed, and observation demonstrated good knowledge of policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness via the internal audit programme and resident satisfaction survey, and these were sighted. Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility, communal and personal spaces, are kept clean and tidy. This was confirmed through observation during audit.</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>PA Low</p>	<p>Maintaining a restraint-free environment is the aim of the service. This is documented in the policy sighted. The CM is the restraint coordinator providing support and oversight for any restraint management. The position description was sighted. The restraint approval group is responsible for the approval of the use of restraint and the restraint processes. There are clear lines of accountability.</p> <p>The GM and the CM are involved in the purchase of any equipment should that be required. Two representatives from governance were interviewed at audit. The GM is the document controller, and both the</p>

		<p>GM and CM are aware the current policy needs to be reviewed and approved by governance (refer to 2.2). This was an area identified as requiring improvement.</p> <p>Orientation and ongoing education provided by the educator included alternative cultural-specific interventions, least restrictive practice, de-escalation techniques, restraint elimination and safe practice, and management of challenging behaviours. Training records are maintained by the educator. HCAs confirmed they have received training.</p> <p>Given there has been no restraint used since the service commenced in August 2023, subsections 6.2 and 6.3 have not been audited.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	The internal audit plan and activities were reviewed. When outcomes from the audits evidenced a quality improvement was required, the action plan was developed, and timeframes were recorded. When the action plans were completed, they were not signed off or dated by the GM.	The internal audits are being completed as per the audit schedule reviewed. However, the corrective action plans developed and implemented are not being signed off and dated when completed.	<p>Ensure the corrective action plans developed and implemented to improve service delivery are signed off and dated when completed.</p> <p>180 days</p>
<p>Criterion 6.1.1</p> <p>Governance bodies shall demonstrate commitment toward eliminating restraint.</p>	PA Low	The CM and two representatives from governance were interviewed. No residents were using a restraint at the time of the audit. The document review evidenced the current policy was outdated (refer to 2.2) and did not include the requirements of the restraint subsections for the Ngā Paerewa standard. There is no documented commitment from	The current restraint minimisation and safe practice policy needs to be reviewed to evidence the inclusion of governance commitment to restraint elimination. There is also referenced to NZS 8134:2008 which needs to be replaced and aligned to the Ngā	To ensure the restraint management policies and procedures are reviewed to meet the current NZS 8134:2021 Ngā Paerewa standard.

		governance toward eliminating restraint use.	Paerewa Standard NZS 8134:2021.	180 days
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Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.